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

481—1.1(10A) Definitions. For purposes of this chapter, the definitions set forth in Iowa Code section 10A.101 are incorporated herein.
[**ARC 9151C**, IAB 4/30/25, effective 6/4/25]

481—1.2(10A) Organization.

1.2(1) *Overview of the department.* The department of inspections, appeals, and licensing is established by Iowa Code section 10A.102 and was created for the purpose of coordinating and conducting various audits, appeals, hearings, inspections, investigations, and licensing activities related to the operations of the executive branch of state government and administering the laws relating to employment safety, labor standards, and workers' compensation. The department's mission is to achieve compliance through education, regulation, and due process for a safe and healthy Iowa.

1.2(2) *Director and delegation of director authority.* The director of the department is appointed in accordance with Iowa Code section 10A.102. The director may designate employee(s) to administer the department in the director's absence. The director may also delegate the director's authority to administer the department to other employees as determined necessary for efficient and effective department operations. Delegations of the director's authority will be documented by the department.

1.2(3) *Divisions.* The department is comprised of divisions as described in Iowa Code section 10A.106 and on the department's website. The director may, from time to time, reorganize the department into administrative divisions to most efficiently and effectively carry out the department's responsibilities, as permitted by law. Reorganization may include creating new divisions, eliminating existing divisions, or combining divisions as the director deems necessary. Nothing herein prevents flexibility in interdepartmental operations or forbids divisional allocations of duties in the discretion of the director.

1.2(4) *Attached units.* The state public defender, racing and gaming commission, Iowa office of civil rights, and employment appeal board operate as attached units to the department for administrative support in accordance with Iowa Code chapter 10A and their authorizing statutes.
[**ARC 9151C**, IAB 4/30/25, effective 6/4/25]

481—1.3(10A) Information. The general public may obtain information about the department by contacting the department at its offices located at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321; by telephone at 515.281.3425; or through its website at dial.iowa.gov. The department maintains additional contact information for divisions and programs on its website.
[**ARC 9151C**, IAB 4/30/25, effective 6/4/25]

481—1.4(10A,17A) Subpoenas.

1.4(1) *Issuance of subpoenas.* The director, or designee of the director, is authorized to issue subpoenas in accordance with the provisions of Iowa Code sections 10A.104(6), 10A.209, and 17A.13. In connection with audits, appeals, investigations, inspections, hearings, and any other permissible matters conducted by the department, the director, or designee of the director, may, upon written request or the director's own initiative, issue the following:

a. Subpoenas duces tecum for the production and delivery of books, papers, records, and other real evidence; and

b. Subpoenas for the appearance of persons to provide statements, statements under oath, and depositions.

1.4(2) *Contents of subpoenas.* Each subpoena shall contain the following:

a. The name and address of the person to whom the subpoena is directed;

b. The date, time, and location for the appearance of the person;

c. A description of the books, papers, records, or other real evidence requested;

d. The date, time, and location for production, inspections, or copying of the books, papers, records, or other real evidence;

e. The signature and address of the director or designee;

f. The name, address, and telephone number of a department employee who can be contacted for purposes of providing clarification or assistance in compliance with the subpoena;

g. The date of issuance; and

h. A return of service.

1.4(3) *Motions to quash or modify subpoena.* A person who desires to challenge a subpoena directed to that person must, within ten days after service of the subpoena, or before the time specified for compliance, if such time is less than ten days, file with the director a motion to quash or modify the subpoena. Upon receipt of a timely motion to quash or modify a subpoena, the director or the director's designee may issue a decision or request an administrative law judge to issue a decision. Oral argument may be scheduled and conducted at the discretion of the director, the director's designee, or the administrative law judge. The director, the director's designee, or the administrative law judge may quash or modify the subpoena, deny the motion, or issue other appropriate orders. A person who is aggrieved by a ruling of an administrative law judge and who desires to challenge that ruling must appeal the ruling to the director by serving the director, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge. The decision of the director or the director's designee is final for purposes of judicial review.

1.4(4) *Failure to comply with subpoena.* If the person to whom the subpoena is directed refuses or fails to obey the subpoena, the director, or the director's designee, may cause a petition to be filed in the Iowa district court seeking an order for the person's compliance.

[**ARC 9151C**, IAB 4/30/25, effective 6/4/25]

481—1.5(10A,68B) Consent for the sale of goods and services. An official or employee of the department shall not directly or indirectly sell or lease any goods, real estate, or services to individuals, associations, or corporations subject to the regulatory authority of the official's or employee's agency except as provided by Iowa Code section 68B.4 and rule 351—6.11(68B).

[**ARC 9151C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code chapters 10A, 17A, and 68B.

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[Filed ARC 6862C (Notice ARC 6741C, IAB 12/14/22), IAB 2/8/23, effective 3/15/23]
[Filed ARC 9151C (Notice ARC 9001C, IAB 3/5/25), IAB 4/30/25, effective 6/4/25]

CHAPTER 2
PETITIONS FOR RULEMAKING

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 3
DECLARATORY ORDERS

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 4
AGENCY PROCEDURE FOR RULEMAKING

[481—Chapter 4 renumbered as 481—Chapter 10, effective 3/16/88.]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 5
PUBLIC RECORDS AND FAIR INFORMATION PRACTICES

[481—Chapter 5 renumbered as 481—Chapter 11, IAB 2/10/88, effective 3/16/88]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/9/31

The department of inspections, appeals, and licensing hereby adopts, with the following additions, 7—Chapter 2505, "Fair Information Practices." These rules are applicable to any division, board, or commission under the administrative authority of the department pursuant to Iowa Code chapter 10A unless a division, board, or commission has separate rulemaking authority and has adopted rules governing public records and fair information practices.

[**ARC 0461D**, IAB 8/5/26, effective 9/9/26]

481—5.1(10A,17A,22) Definitions. As used in this chapter:

"Agency" means the department of inspections, appeals, and licensing (department) or any division, board, or commission under the administrative authority of the department pursuant to Iowa Code chapter 10A, as applicable.

"Custodian" means an agency that owns and exercises control over public records. The originating agency, if any, is the custodian of records that are used to perform work or a service for the originating agency.

"Originating agency" means any government agency that has requested the department to perform work or a service on its behalf. An originating agency retains custody of all records provided by the originating agency to the department pursuant to Iowa Code section 10A.105.

[**ARC 0461D**, IAB 8/5/26, effective 9/9/26]

481—5.9(17A,22) Personally identifiable information, storage, and data processing systems. The department maintains systems of records that contain personally identifiable information. Records are collected in accordance with the agency's duties set forth in Iowa Code chapters 10A and 272C and other state and federal law governing programs administered by the agency. Specific personally identifiable information collected and the agency's authority to collect said information is contained in pertinent Iowa Code sections and Iowa Administrative Code rules governing such programs. The department stores information in paper and on a cloud-based system and other electronic data management and storage systems. All data processing systems that have common data elements can potentially match, collate, and compare personally identifiable information as appropriate and legally authorized.

[**ARC 0461D**, IAB 8/5/26, effective 9/9/26]

These rules are intended to implement Iowa Code chapters 10A, 22, and 272C.

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]
[Filed emergency 11/30/95—published 12/20/95, effective 11/30/95]
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[Content rescinded by 2026 Iowa Acts, Senate File 2463, section 4—editorially removed in IAC Supplement 7/8/26, effective 7/1/26]
[Filed ARC 0461D (Notice ARC 9887C, IAB 1/7/26), IAB 8/5/26, effective 9/9/26]

CHAPTER 6
UNIFORM WAIVER STANDARDS

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 7
MILITARY SERVICE, VETERAN RECIPROCITY, AND SPOUSES OF ACTIVE-DUTY SERVICE MEMBERS

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/3/29

481—7.1(272C) Applicability and definitions. These rules are applicable to any licensing authority under the administrative authority of the department pursuant to Iowa Code chapter 10A unless that licensing authority has separate rulemaking authority and has adopted governing rules. As used in this chapter:

"Department" means the department of inspections, appeals, and licensing.

"License" means a license, certification, registration, permit, approval, renewal, or other similar authorization issued by a licensing authority authorizing a person to engage in a profession, occupation, or business.

"Licensing authority" means a board, a commission, or any other division or entity of the department that has the authority within this state to suspend or revoke a license or deny the renewal or issuance of a license authorizing a person to engage in a business, occupation, or profession pursuant to Iowa Code chapter 272C.

"Military service" means honorably serving on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1; in the military services of other states, as provided in 10 U.S.C. Section 101(c)(2021); or in the organized reserves of the United States, as provided in 10 U.S.C. Section 10101(2006).

"Military service applicant" means an individual requesting credit toward licensure for military education, training, or service obtained or completed in military service.

"Spouse" means the spouse of an active-duty member of the military forces of the United States.

"Veteran" means an individual who meets the definition of "veteran" in Iowa Code section 35.1(2).

[**ARC 8036C**, IAB 5/29/24, effective 7/3/24]

481—7.2(272C) Military education, training, and service credit. A military service applicant may apply for credit for verified military education, training, or service toward any experience or educational requirement for licensure in accordance with Iowa Code chapter 272C by submitting a military service application form to the licensing authority.

7.2(1) The application may be submitted with an application for licensure or examination, or prior to applying for licensure or to take an examination. No fee is required with submission of an application for military service credit.

7.2(2) The applicant shall identify the experience or educational licensure requirement to which the credit would be applied if granted. Credit will not be applied to an examination requirement.

7.2(3) The applicant shall provide documents, military transcripts, a certified affidavit, or forms that verify completion of the relevant military education, training, or service, which may include, when applicable, the applicant's Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET) (DD Form 2586).

7.2(4) Upon receipt of a completed military service application, the licensing authority will promptly determine whether the verified military education, training, or service will satisfy all or any part of the identified experience or educational qualifications for licensure.

7.2(5) The licensing authority will grant credit requested in the application in whole or in part if the licensing authority determines that the verified military education, training, or service satisfies all or part of the experience or educational qualifications for licensure.

7.2(6) The licensing authority will inform the military service applicant in writing of the credit, if any, given toward an experience or educational qualification for licensure or explain why no credit was granted. The applicant may request reconsideration upon submission of additional documentation or information.

7.2(7) An applicant who is aggrieved by the licensing authority's decision may request a contested case hearing. A request for a contested case shall be made within 30 days of issuance of the licensing authority's decision. Unless the licensing authority has adopted rules governing contested case hearings under the jurisdiction of that licensing authority, the provisions of 7—Chapter 2506 apply, except that no

fees or costs will be assessed against the applicant in connection with a contested case conducted pursuant to this subrule.

7.2(8) The licensing authority will grant or deny the military service application prior to ruling on the application for licensure. The applicant will not be required to submit any fees in connection with the licensure application unless the licensing authority grants the military service application. If the licensing authority does not grant the military service application, the applicant may withdraw the licensure application or request that the application be placed in pending status for up to one year or as mutually agreed. The withdrawal of a licensure application does not preclude subsequent applications supported by additional documentation or information.

[**ARC 8036C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 8/5/26]

481—7.3(272C) Veteran and active-duty military spouse reciprocity.

7.3(1) A veteran or spouse with an unrestricted professional license in another jurisdiction may apply for licensure in Iowa through reciprocity in accordance with Iowa Code chapter 272C. A veteran or spouse must pass any examinations required for licensure to be eligible for licensure through reciprocity and will be given credit for examinations previously passed when consistent with the licensing authority's laws and rules on examination requirements. A fully completed application for licensure submitted by a veteran or spouse under this subrule will be given priority and will be expedited.

7.3(2) Such an application shall contain all of the information required of all applicants for licensure who hold unrestricted licenses in other jurisdictions and who are applying for licensure by reciprocity, including but not limited to completion of all required forms, payment of applicable fees, disclosure of criminal or disciplinary history, and, if applicable, a criminal history background check. The applicant will use the same forms as any other applicant for licensure by reciprocity and shall additionally provide such documentation as is reasonably needed to verify the applicant's status as a veteran under Iowa Code section 35.1(2) or as a spouse.

7.3(3) Upon receipt of a fully completed licensure application, the licensing authority will promptly determine if the scope of practice of the jurisdiction where the veteran or spouse is licensed is substantially equivalent to the scope of practice in Iowa. The licensing authority shall make this determination based on information supplied by the applicant and such additional information as the licensing authority may acquire from the applicable jurisdiction.

7.3(4) The licensing authority will promptly grant a license to the applicant if the applicant is licensed in the same or similar profession in another jurisdiction whose scope of practice is substantially equivalent to the scope required in Iowa unless the applicant is ineligible for licensure based on other grounds, including, for example, the applicant's disciplinary history or criminal background.

7.3(5) If the licensing authority determines that the scope of practice in the jurisdiction in which the applicant is licensed is not substantially equivalent to the scope of practice in Iowa, the licensing authority will promptly inform the applicant of the additional education or training required for licensure in Iowa. Unless the applicant is ineligible for licensure based on other grounds, such as disciplinary history or criminal background, the following will apply:

a. If the applicant has not passed the required examination(s) for licensure, the applicant may not be issued a temporary license but may request that the licensure application be placed in pending status for up to one year or as mutually agreed to provide the applicant with the opportunity to satisfy the examination requirements.

b. If additional education or training is required, the applicant may request that the licensing authority issue a temporary license for a specified period of time during which the applicant will successfully complete the necessary education or training. The licensing authority will issue a temporary license for a specified period of time upon such conditions as the licensing authority deems reasonably necessary to protect the health, welfare, or safety of the public unless the licensing authority determines that the deficiency is of a character by which public health, welfare, or safety will be adversely affected if a temporary license is granted.

c. If a request for a temporary license is denied, the licensing authority shall issue an order fully explaining the decision and shall inform the applicant of the steps the applicant may take to receive a temporary license.

d. If a temporary license is issued, the application for full licensure will be placed in pending status until the necessary education or training has been successfully completed or the temporary license expires, whichever occurs first. The licensing authority may extend a temporary license on a case-by-case basis for good cause.

7.3(6) An applicant who is aggrieved by the licensing authority's decision to deny an application for a reciprocal license or a temporary license or is aggrieved by the terms under which a temporary license will be granted may request a contested case hearing as set forth in subrule 7.2(7).

[**ARC 8036C**, IAB 5/29/24, effective 7/3/24]

These rules are intended to implement Iowa Code sections 272C.4, 272C.12, and 272C.12A.

[Filed ARC 8036C (Notice ARC 7754C, IAB 4/3/24), IAB 5/29/24, effective 7/3/24]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 8
LICENSING AND CHILD SUPPORT NONCOMPLIANCE, STUDENT LOAN REPAYMENT NONCOMPLIANCE, AND NONPAYMENT OF STATE DEBT

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—8.1(252J,272D) Definitions. For the purpose of this chapter, the following definitions apply:

"Applicant" means a person seeking the issuance of a license.

"Department" means the department of inspections, appeals, and licensing.

"License" means the same as defined in Iowa Code sections 252J.1 and 272D.1.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

CHILD SUPPORT NONCOMPLIANCE

481—8.2(252J) Definitions. For the purpose of this division, the following definitions apply:

"Certificate of noncompliance" means the same as defined in Iowa Code section 252J.1.

"Licensing authority" means the same as defined in Iowa Code section 252J.1 and includes the department and any board, commission, or other entity of the department having authority within this state to suspend or revoke a license or deny the renewal or issuance of a license authorizing a person to engage in a business, occupation, or profession.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

481—8.3(252J) Child support certificates of noncompliance. The licensing authority will suspend, revoke, or deny the issuance or renewal of a license upon the receipt of a certificate of noncompliance from the child support recovery unit in accordance with Iowa Code chapter 252J. In addition to the procedures set forth in Iowa Code chapter 252J, the rules in this chapter apply.

8.3(1) Notice required by Iowa Code section 252J.8 will be served upon the applicant or licensee by restricted certified mail, return receipt requested; personal service in accordance with Iowa Rule of Civil Procedure 1.305; or the acceptance of service by the applicant or licensee personally or through authorized counsel.

8.3(2) The effective date of the denial, revocation, or suspension is 60 days following service of the notice upon the applicant or licensee.

8.3(3) The licensing authority is authorized to prepare and serve the notice mandated by Iowa Code section 252J.8 upon the applicant or licensee.

8.3(4) Applicants and licensees are responsible for keeping the licensing authority informed of all court actions and all child support recovery unit actions taken under or in connection with Iowa Code chapter 252J, including providing the licensing authority copies, within seven days of filing or issuance, of applications filed with the district court pursuant to Iowa Code section 252J.9, court orders entered in such actions, and withdrawals of certificates of noncompliance by the child support recovery unit.

8.3(5) All licensing authority fees required for license application, renewal or reinstatement must be paid before a license will be issued, renewed or reinstated after proceedings under Iowa Code chapter 252J.

8.3(6) A licensee or applicant may file an application with the district court within 30 days of service of a licensing authority notice pursuant to Iowa Code sections 252J.8 and 252J.9. The filing of the application stays the licensing authority's action until the licensing authority receives a court order lifting the stay, dismissing the action, or otherwise directing the licensing authority to proceed. For purposes of determining the effective date of the denial, revocation, or suspension, the licensing authority will count the number of days before the action was filed and the number of days after the action was disposed of by the court.

8.3(7) The licensing authority will notify the applicant or licensee in writing within ten days of the effective date of the denial, suspension, or revocation of a license, and will similarly notify the applicant or licensee when the license is issued, renewed, or reinstated following the licensing authority's receipt of a withdrawal of the certificate of noncompliance.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

These rules are intended to implement Iowa Code chapter 252J.

STUDENT LOAN REPAYMENT NONCOMPLIANCE

481—8.4(272C) Student loan repayment noncompliance. Pursuant to Iowa Code section 272C.10(4), a person who is in default or delinquent on student loan payments will not be denied a license or have a license suspended or revoked solely on the basis of such default or delinquency.

This rule is intended to implement Iowa Code section 272C.4.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

NONPAYMENT OF STATE DEBT

481—8.5(272D) Definitions. For the purpose of this division, the following definitions apply:

"Certificate of noncompliance" means the same as defined in Iowa Code section 272D.1.

"Licensing authority" means the same as defined in Iowa Code section 272D.1 and includes the department and any board, commission, or other entity of the department having authority within this state to suspend or revoke a license or deny the renewal or issuance of a license authorizing a person to engage in a business, occupation, or profession.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

481—8.6(272D) State debt certificates of noncompliance. The licensing authority will suspend, revoke, or deny the issuance or renewal of a license upon the receipt of a certificate of noncompliance from the centralized collection unit of the department of revenue in accordance with Iowa Code chapter 272D. In addition to the procedures set forth in Iowa Code chapter 272D, the rules in this chapter apply.

8.6(1) Notice required by Iowa Code section 272D.8 will be served upon the applicant or licensee by restricted certified mail, return receipt requested; personal service in accordance with Iowa Rule of Civil Procedure 1.305; or the acceptance of service by the applicant or licensee personally or through authorized counsel.

8.6(2) The effective date of the denial, revocation, or suspension is 60 days following service of the notice upon the applicant or licensee.

8.6(3) The licensing authority is authorized to prepare and serve the notice mandated by Iowa Code section 272D.8 upon the applicant or licensee.

8.6(4) Applicants and licensees are responsible for keeping the licensing authority informed of all court actions and all actions of the department of revenue taken under or in connection with Iowa Code chapter 272D, including providing the licensing authority copies, within seven days of filing or issuance, of applications filed with the district court pursuant to Iowa Code section 272D.9, court orders entered in such actions, and withdrawals of certificates of noncompliance by the centralized collection unit.

8.6(5) All licensing authority fees required for license application, renewal or reinstatement must be paid before a license will be issued, renewed or reinstated after proceedings under Iowa Code chapter 272D.

8.6(6) A licensee or applicant may file an application with the district court within 30 days of service of a licensing authority notice pursuant to Iowa Code sections 272D.8 and 272D.9. The filing of the application stays the licensing authority's action until the licensing authority receives a court order lifting the stay, dismissing the action, or otherwise directing the licensing authority to proceed. For purposes of determining the effective date of the denial, revocation, or suspension, the licensing authority will count the number of days before the action was filed and the number of days after the action was disposed of by the court.

8.6(7) The licensing authority will notify the applicant or licensee in writing within ten days of the effective date of the denial, suspension, or revocation of a license, and will similarly notify the applicant or licensee when the license is issued, renewed, or reinstated following the licensing authority's receipt of a withdrawal of the certificate of noncompliance.

[**ARC 7809C**, IAB 4/17/24, effective 5/22/24]

These rules are intended to implement Iowa Code chapter 272D.

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[Filed ARC 7809C (Notice ARC 7649C, IAB 2/21/24), IAB 4/17/24, effective 5/22/24]

CHAPTER 9
CONTESTED CASES

[Prior to 12/20/17, see 481—Ch 10]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 10
RULES OF PROCEDURE AND PRACTICE BEFORE THE ADMINISTRATIVE HEARINGS DIVISION

[Prior to 2/10/88, see Inspections and Appeals Department[481],Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 10/1/31

481—10.1(10A) Scope and application. To the extent not otherwise provided by law of the transmitting agency or licensing board, this chapter applies to all contested case proceedings before the division or for which an ALJ is assisting another agency or board.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.2(10A) Definitions.

"AEDMS" means the administrative electronic document management system, which is the division's electronic filing and case management system.

"Agency" means the same as defined in Iowa Code section 17A.2(1) or a governmental entity pursuant to Iowa Code section 10A.801(5), which has original subject matter jurisdiction in the contested case.

"ALJ" means the administrative law judge, who is the person who presides over or assists with contested cases and other proceedings.

"Board" means a licensing board as defined in Iowa Code section 272C.1(6).

"Division" means the division of administrative hearings in the department of inspections, appeals, and licensing (DIAL).

"Issuance" means the date of a decision or order, mailing of a decision or order, or date of delivery if service is by other means.

"Presiding officer" means any person or body who acts as a presiding officer of a contested case proceeding under the authority of Iowa Code section 17A.11(1).

"Proposed decision" means the ALJ's recommended findings of fact, conclusions of law, and decision and order in contested cases where the agency did not preside.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.3(10A,17A) Time requirements. Time shall be computed as provided in Iowa Code section 4.1(34). For good cause, the presiding officer may extend or shorten the time to take any action, except as provided otherwise by rule or law.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.4(10A) Requests for a contested case hearing. Requests for a contested case hearing are made to the agency with subject matter jurisdiction. That agency shall determine whether to initiate a contested case proceeding.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.5(10A) Transmission of contested cases.

10.5(1) The agency shall transmit the matter either by creating a new case in AEDMS or by submitting a transmittal form. The following information is required:

a. The name of the transmitting agency;

b. The name, address, email address, and telephone number of the contact person in the transmitting agency;

c. The name or title of the proceeding;

d. Any agency docket or reference number;

e. A citation to the jurisdictional authority of the agency regarding the matter in controversy;

f. Any anticipated special features or requirements that may affect the hearing;

g. Whether the hearing should be held in person, by telephone, or by video conference call;

h. Any special legal or technical expertise needed to resolve the issues in the case;

i. The names, phone numbers, email addresses, and addresses of all parties and their attorneys or other representatives;

j. The date the request for a contested case hearing was received by the agency;
k. A statement of the issues involved and a reference to statutes and rules involved;
l. Any mandatory time limits that apply to the processing of the case;
m. Earliest appropriate hearing date; and
n. Whether a petition or answer is required.

10.5(2) The following documents shall be attached to the completed transmittal form or uploaded into AEDMS upon filing of a new case:

a. A copy of the document showing the agency action in controversy; and
b. A copy of any document requesting a contested case hearing.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.6(17A) Notices of hearing and prehearing conference.

10.6(1) A contested case is commenced when the division or board issues a notice of hearing or notice of prehearing conference. Responsibility for issuance of the notice and the manner of service shall be resolved by agreement between the division and the transmitting agency or board.

10.6(2) Notices shall contain the information required by Iowa Code section 17A.12(2) and any additional information required by statute or rule. Notices shall be served by first-class mail or by AEDMS to all parties who are registered users unless otherwise required or permitted by statute or rule or agreed to pursuant to subrule 10.6(1).

10.6(3) Any party may request a prehearing conference, or it may be set upon the presiding officer's own motion. Prehearing conferences may provide an opportunity to be heard on the selection of date, time, manner of hearing, and any other matter set forth in the notice or raised by the parties or presiding officer.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.7(10A,17A) Manner of proceedings. Unless otherwise provided by statute or rule, the presiding officer holds the discretion to conduct hearings by telephone conference, video conference, or in person. Upon request, the presiding officer may allow witnesses to testify remotely, either via phone or video, in an in-person hearing.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.8(10A,17A) Scheduling. Contested case hearings are scheduled according to the following criteria.

10.8(1) *Agency hearings.* The division will promptly schedule hearings, with consideration of the availability of an ALJ, the requests of the parties or transmitting agency, and any special circumstances.

10.8(2) *Board hearings.* When a board requests an ALJ to assist with a contested case proceeding, the board shall consult with the division prior to scheduling hearings to determine the availability of an ALJ.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.9(17A) Disqualification. An ALJ shall withdraw from a contested case under the circumstances listed in 481—subrule 15.2(11) or as otherwise required by law.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.10(10A,17A) Consolidation—severance.

10.10(1) *Consolidation.* The presiding officer may, upon motion by any party or upon the presiding officer's own motion, consolidate any or all matters at issue in two or more proceedings docketed under these rules when:

a. There exist common parties or common questions of fact or law;
b. Consolidation would expedite and simplify consideration of the issues; and
c. Consolidation would not adversely affect the rights of parties engaged in otherwise separate proceedings.

10.10(2) *Severance.* The presiding officer may, upon motion by any party or upon the presiding officer's own motion, for good cause shown, order any proceeding or portion of the proceeding severed.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.11(10A,17A) Pleadings. Pleadings may be required by the notice of hearing or by order of the presiding officer.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.12(17A) Service and filing of documents.

10.12(1) *When service is required.* Except where otherwise specifically authorized by law, every pleading, motion, or other document filed in the contested case proceeding and every document relating to discovery in the proceeding shall be served upon each of the parties to the proceeding, including the originating agency. The party filing a document is responsible for service on all parties.

10.12(2) *Methods of performing service.* Service upon a party represented in the contested case proceeding by an attorney shall be made upon the attorney unless otherwise ordered. Service is made by electronically filing in AEDMS or delivering, mailing, or transmitting by fax or by email a copy to the party or attorney at the party's or attorney's last-known mailing address, fax number, or email address. Service by first-class mail is complete upon mailing, except where otherwise specifically provided by statute, rule, or order.

10.12(3) *Filing with the division.* After a matter has been assigned to the division, and until a decision is issued, every pleading, motion, or other document shall be filed with the division, rather than the originating agency. All documents that are required to be served upon a party shall be filed simultaneously with the division.

Except where otherwise provided by law, a document is deemed filed with the division at the time it is:

a. Delivered to the division at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321, and date-stamped received;

b. Mailed to the division by first-class mail or by state interoffice mail so long as there is adequate proof of mailing;

c. Transmitted by fax to 515.281.4477 or by email to adminhearings@dia.iowa.gov; or

d. File stamped in AEDMS.

10.12(4) *Proof of mailing.* Adequate proof of mailing includes the following:

a. A legible United States postal service postmark on the envelope;

b. A certificate of service;

c. A notarized affidavit; or

d. A certification in substantially the following form:

> I certify under penalty of perjury and pursuant to the laws of Iowa that, on (date of mailing), I mailed copies of (describe document) addressed to the Department of Inspections, Appeals, and Licensing, Administrative Hearings Division, 6200 Park Avenue, Des Moines, Iowa 50321, and to the names and addresses of the parties listed below by depositing the same in (a United States post office mailbox with correct postage properly affixed) or (state interoffice mail).
>
> (date) (signature)

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.13(17A) Discovery.

10.13(1) Discovery procedures applicable in civil actions are applicable in contested cases. Unless lengthened or shortened by rules of the agency or by order of the presiding officer, time periods for compliance with discovery shall be as provided in the Iowa Rules of Civil Procedure.

10.13(2) Any motion relating to discovery shall allege that the moving party has made a good-faith attempt to resolve the issues raised by the motion with the opposing party.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.14(10A,17A) Subpoenas.

10.14(1) *Form and contents.*

a. *Requirements.* Every subpoena must:

(1) State that the subpoena is issued by the division;

(2) State the title of the proceeding and its case number;

(3) Command each person to whom it is directed to do the following at a specified time and place: attend and testify; produce designated documents, electronically stored information, or tangible things in that person's possession, custody, or control; or permit the inspection of premises; and

(4) Set out the text of subrules 10.14(4) and 10.14(5).

b. Command to attend a deposition; notice of the recording method. A subpoena commanding attendance at a deposition must state the method for recording the testimony.

c. Combining or separating a command to produce or to permit inspection; specifying the form for electronically stored information. A command to produce documents, electronically stored information, or tangible things or to permit the inspection of premises may be included in a subpoena commanding attendance at a deposition, hearing, or trial, or may be set out in a separate subpoena. A subpoena may specify the form or forms in which electronically stored information is to be produced.

d. Command to produce; included obligations. A command in a subpoena to produce documents, electronically stored information, or tangible things requires the responding party to permit inspection, copying, testing, or sampling of the materials.

10.14(2) *Issuance.* The division will issue a subpoena, signed but otherwise in blank, to a party who requests it in writing. That party must complete it before service. An attorney licensed or otherwise authorized to practice law in Iowa also may issue and sign a subpoena as an officer of the court.

10.14(3) *Service.*

a. By whom; tendering fees; serving a copy of certain subpoenas. Any person who is at least 18 years old and not a party may serve a subpoena. Serving a subpoena requires delivering a copy to the named person and, if the subpoena requires that person's attendance and, if demanded, tendering the fees for one day's attendance and traveling fees to and from the court. If the subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, then before it is served, a notice must be served on each party.

b. Permissible place of service. A subpoena may be served at any place within the state of Iowa.

c. Proof of service. Proving service, when necessary, requires filing with the division a statement showing the date and manner of service and the names of persons served. The server must certify the statement in accordance with Iowa Code section 622.1.

10.14(4) *Protecting a person subject to a subpoena.*

a. Avoiding undue burden or expense. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

b. Command to produce materials or permit inspection.

(1) *Appearance not required.* A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(2) *Objections.* A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing or sampling any or all of the materials or to inspecting the premises, or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

1. At any time, on notice to the commanded person, the serving party may move the division for an order compelling production or inspection.

2. These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

c. Attendance. Any party shall be permitted to attend at the same time and place and for the same purposes specified in the subpoena. No prior notice of intent to attend is required.

d. Quashing or modifying a subpoena.

(1) *When required.* On timely motion, the division must quash or modify a subpoena that:

1. Fails to allow a reasonable time to comply;

2. Requires a person who is neither a party nor a party's officer to travel more than 50 miles from where that person resides, is employed, or regularly transacts business in person, except that a person may be ordered to attend trial anywhere within the state in which the person is served with a subpoena;

3. Requires disclosure of privileged or other protected matter, if no exception or waiver applies; or

4. Subjects a person to undue burden.

(2) *When permitted.* To protect a person subject to or affected by a subpoena, the division may, on motion, quash or modify the subpoena if it requires:

1. Disclosing a trade secret or other confidential research, development, or commercial information; or

2. Disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party.

3. A person who is neither a party nor a party's officer to incur substantial expense to travel more than 50 miles to attend a hearing.

(3) *Specifying conditions as an alternative.* In the circumstances described in subparagraph 10.14(4) *"d"*(2), the division may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

1. Shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and

2. Ensures that the subpoenaed person will be reasonably compensated.

10.14(5) *Duties in responding to a subpoena.*

a. Producing documents or electronically stored information. These procedures apply to producing documents or electronically stored information:

(1) *Documents.* A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(2) *Form for producing electronically stored information not specified.* If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(3) *Electronically stored information produced in only one form.* The person responding need not produce the same electronically stored information in more than one form.

(4) *Inaccessible electronically stored information.* The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the division may nonetheless order discovery from such sources if the requesting party shows good cause. The division may specify conditions for the discovery.

b. Claiming privilege or protection.

(1) *Information withheld.* A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

1. Expressly make the claim; and

2. Describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(2) *Information produced.* If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for the claim. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information to the court under seal for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

10.14(6) *Duties of issuer of subpoena; producing copies of materials obtained by subpoena.* When a party on whose behalf a subpoena has been issued thereby creates or obtains copies of designated

electronically stored information, books, papers, documents or tangible things, that party shall make available a duplicate of such copies at the request of any other party, who shall be responsible for payment of the reasonable cost of making the copies.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.15(10A,17A) Motions.

10.15(1) No technical form is required for motions. Any motion for summary judgment shall be filed in compliance with the requirements of Iowa Rules of Civil Procedure.

10.15(2) Any party may file a written resistance or response to a motion within 14 days after the motion is served unless the time period is extended or shortened by rules of the agency or by order of the division or the presiding officer.

10.15(3) The presiding officer may schedule oral argument on any motion upon the request of any party or upon the presiding officer's own motion.

10.15(4) Except for good cause, all motions pertaining to the hearing must be filed and served at least ten days prior to the hearing date, unless the time period is shortened or lengthened by order of the presiding officer, or the rules of the agency provide otherwise.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.16(10A) Continuances.

10.16(1) A request for continuance shall be made at the earliest opportunity and state the specific reasons for the request.

10.16(2) No application for continuance will be made or granted ex parte except in an emergency where notice is not feasible. The agency may waive notice of requests for a case or a class of cases.

10.16(3) Except where otherwise provided, a continuance may be granted at the discretion of the presiding officer. Factors to consider include:

a. Any prior continuances;
b. The interests of all parties;
c. The likelihood of informal settlement;
d. Existence of emergency;
e. Objection to the continuance;
f. Any applicable state or federal statutes or regulations;
g. The existence of a conflict in the schedules of counsel or parties or witnesses;
h. The timeliness of the request; and
i. Other grounds stated in the motion or resistance.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.17(10A,17A) Withdrawals. The party that requested the contested case may move to withdraw the party's request for a hearing at any time prior to the hearing. The ALJ may require the party to submit a written request after an oral request. Unless otherwise provided, a withdrawal shall be with prejudice.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.18(10A,17A) Intervention.

10.18(1) *Motion.* A motion for leave to intervene must be filed as early in the proceeding as possible and must state the grounds for the proposed intervention, the position and interest of the proposed intervenor, and the possible impact of intervention on the proceeding.

10.18(2) *When filed.* Motion for leave to intervene shall be filed at least 20 days before the hearing. Any later motion must contain a statement of good cause for the failure to file in a timely manner.

10.18(3) *Grounds for intervention.* The movant must demonstrate that:

a. Intervention would not unduly prolong the proceedings or otherwise prejudice the rights of existing parties;

b. The movant will be aggrieved or adversely affected by a final order; and

c. The interests of the movant are not being adequately represented by existing parties; or that it is otherwise entitled to intervene.

10.18(4) *Effect of intervention.* A person granted leave to intervene is a party to the proceeding. The order granting intervention may restrict the issues to be raised or otherwise condition the intervenor's participation in the proceeding.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.19(17A) Hearing procedures.

10.19(1) When an ALJ has been appointed as the presiding officer in a contested case, the ALJ may:

a. Rule on motions;

b. Preside at the hearing;

c. Require the parties to submit briefs;

d. Ensure that the record is fully and fairly developed by inquiring into matters at issue; and

e. Issue orders and rulings to ensure the orderly conduct of the proceedings.

10.19(2) All objections to procedures, admission of evidence, or any other matter shall be timely made and stated on the record.

10.19(3) Parties in a contested case have the right to participate or to be represented in all hearings or prehearing conferences related to their case. Agencies or partnerships, corporations or associations may be represented by any member, officer, director, or duly authorized agent. Any party may be represented by an attorney or as otherwise authorized by law.

10.19(4) Parties in a contested case have the right to introduce evidence on points at issue, to cross-examine witnesses, and to present evidence in rebuttal.

10.19(5) The ALJ shall maintain the decorum of the hearing and may refuse to admit or may expel anyone whose conduct is disorderly or disruptive.

10.19(6) Witnesses may be sequestered during the hearing.

10.19(7) The ALJ may allow the parties to make opening statements and closing arguments and may determine the order of presentation of evidence. Each witness shall be sworn or affirmed by the ALJ and be subject to examination.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.20(17A) Evidence.

10.20(1) The presiding officer shall rule on admissibility of evidence and may take official notice of facts.

10.20(2) Stipulation of facts is encouraged.

10.20(3) Evidence shall be confined to the issues on which there has been fair notice prior to the hearing. The presiding officer may take testimony on a new issue if the parties waive the right to notice and no other objection is made. If there is objection, the presiding officer may refuse to hear the new issue and may make a decision on the original issue in the notice or may grant a continuance to allow the parties adequate time to amend pleadings and prepare their cases on the additional issue.

10.20(4) Exhibits and a list of witnesses must be submitted to all parties and the presiding officer prior to the hearing as set forth in the notice of hearing or other order.

10.20(5) Whenever evidence is ruled inadmissible, the party offering that evidence may submit an offer of proof on the record. The party making the offer of proof for excluded oral testimony shall briefly summarize the testimony on the record but need not actually examine that witness. If the evidence excluded consists of a document or exhibits, it shall be marked as part of an offer of proof and inserted in the record.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.21(17A) Default.

10.21(1) If a party fails to appear in a contested case proceeding or prehearing conference after proper service of notice, the presiding officer may either find the party to be in default or, if no adjournment is granted, proceed with the hearing and render a decision in the absence of the party.

10.21(2) Where appropriate and not contrary to law, any party may move for default against a party who has requested an evidentiary hearing to contest adverse agency action that has already occurred but has failed to file a required pleading after proper service.

10.21(3) A party against whom a default has been entered may move to vacate the default decision within 14 days following the issuance of the order. Good cause to vacate a default decision means mistake, inadvertence, surprise, excusable neglect, or unavoidable casualty as provided in Iowa Rule of Civil Procedure 1.977.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.22(17A) Ex parte communication.

10.22(1) Ex parte communications are those communications, oral or written, to an ALJ or other decision-maker in a contested case without notice and an opportunity for all parties to be heard. Ex parte communication is prohibited except as provided in Iowa Code section 17A.17 or as otherwise provided by law.

10.22(2) Any presiding officer who receives prohibited communication shall submit the written communication or a summary of the oral communication for inclusion in the record.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.23(10A,17A) ALJ decisions.

10.23(1) *Proposed decisions.* Except as otherwise provided by law, when the agency did not preside at the reception of evidence, the ALJ shall issue a proposed decision based on the record of the contested case that includes findings of fact and conclusions of law stated separately. A ruling dismissing all of a party's claims or a voluntary agency dismissal is a proposed decision.

10.23(2) *Record.* The record in a contested case shall include all materials specified in Iowa Code section 17A.12(6), any request for a contested case hearing, and other relevant procedural documents.

10.23(3) *Review of proposed decisions.* Request for review of a proposed decision shall be made to the agency in which the contested case originated in the manner and within the time specified by that agency's rules. In contested cases in which the director of DIAL has final decision-making authority, request for review shall be made as provided in rule 7—2506.27(17A).

10.23(4) *Final decisions.* If there is no appeal from or review of the proposed decision, the ALJ's proposed decision becomes the final decision of the agency.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.24(10A,17A,272C) Board hearings. Boards may request an ALJ from the division to assist in conducting contested case hearings and other related prehearing matters.

10.24(1) In scheduling hearings, boards will consult with the division to determine the availability of an ALJ. The board will determine the time and place of hearing.

10.24(2) *Review of proposed decisions.* Request for review of a proposed decision shall be made to the agency in which the contested case originated in the manner and within the time specified by that agency's rules. In contested cases in which the director of the department of inspections and appeals has final decision-making authority, request for review shall be made as provided in rule 7—2506.27(17A).

10.24(3) The ALJ may assist in conducting the hearing for the board and may, when delegated by the board:

a. Open the record and receive appearances;
b. Administer oaths;
c. Issue subpoenas;
d. Receive testimony and exhibits presented by the parties;
e. Rule on objections and motions;
f. Close the hearing; and
g. Prepare decisions and orders as directed by the board.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.25(10A) Recordings. The division shall record each hearing or other formal proceeding by any mechanized means. The division may provide a copy of the audio recording to any party to a pending proceeding upon request. Parties may arrange for a hearing to be recorded by certified shorthand reporters but shall bear the cost unless otherwise provided by law. Parties are to alert the division prior to the hearing if a reporter has been engaged.

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.26(10A) Agency reporting requirements. Agencies and boards shall notify and provide copies to the division of any final agency decision, petition for judicial review, and ruling on judicial review.
[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

481—10.27(724) Appeals in cases involving permits to carry weapons and acquire firearms. An applicant or permittee may appeal a decision to deny an application for a permit to carry weapons or acquire firearms or to suspend or revoke a permit to carry weapons or acquire firearms pursuant to Iowa Code section 724.21A and this chapter. To the extent this rule is inconsistent with the other provisions of this chapter, this rule will govern such appeals.

10.27(1) *Definitions.* For purposes of this rule:

"Agency" means the commissioner of public safety or the sheriff of the county in which the aggrieved party resides.

"Applicant" means a person who has applied for a permit to carry weapons or acquire firearms.

"Permittee" means a person who has received a permit to carry weapons or acquire firearms.

10.27(2) *Filing of appeal.* Within 30 days of the applicant's or permittee's receipt of the agency's decision, the applicant or permittee shall file the written appeal, a copy of the agency's written decision, and a fee of $10 with the Iowa Department of Inspections, Appeals, and Licensing, Division of Administrative Hearings, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321, or electronically pursuant to 481—Chapter 16.

10.27(3) *Service on the agency.* At the time the appeal is filed with the division, the applicant or permittee shall serve a copy of the appeal on the agency that made the decision on the permit to carry weapons or acquire firearms.

10.27(4) *Denial of appeal.* The division may deny any appeal that does not meet the requirements in subrules 10.27(2) and 10.27(3).

10.27(5) *Agency record.* Upon receipt of a copy of the notice of hearing, the agency shall file with the division and send to the applicant or permittee:

a. A copy of all documents used by the agency in reaching the decision; and

b. A form identifying the name, address, email address, and telephone number of the agency's contact person or attorney representative.

10.27(6) *Notice of hearing.* In addition to the information set forth in Iowa Code section 17A.12(2) and rule 481—10.6(17A), the notice of hearing shall contain the following information:

a. Notification that failure to appear and participate in the contested case proceeding may result in the entry of a default judgment; and

b. Notification that court costs and reasonable attorney fees will be awarded pursuant to Iowa Code section 724.21A(8).

10.27(7) *Attorney fees, court costs, and contested case costs.* An applicant or permittee or an agency may be eligible for an award of reasonable attorney fees pursuant to Iowa Code section 724.21A(8).

a. Within 14 days of the date of the ALJ's decision, a party may seek an award of attorney fees by filing with the division a request and documentation supporting the request. A resistance to the request for attorney fees must be filed within seven days of the filing of the request. Upon request of either party or on the ALJ's own motion, a hearing may be scheduled on the request.

b. An award of attorney fees shall be paid within 30 days of the issuance of the order unless an interested party seeks rehearing or judicial review or the parties agree to an alternative payment schedule.

c. The ALJ's decision is not final for purposes of judicial review under Iowa Code chapter 17A until the ALJ has issued a written decision determining the amount of any attorney fees to be awarded under this subrule or determining that no attorney fees are to be awarded.

d. Costs of the division in conducting a contested case proceeding arising out of a decision of the commissioner of public safety shall be charged to the department of public safety pursuant to Iowa Code section 10A.801(9).

[**ARC 0462D**, IAB 8/5/26, effective 10/1/26]

These rules are intended to implement Iowa Code chapters 10A, 17A, and 724.

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[1] Effective date of first unnumbered paragraph of Ch 10, Scope and applicability, delayed 70 days by the Administrative Rules Review Committee at its 6/13/90 meeting; this paragraph rescinded IAB 8/22/90, effective 8/1/90.

CHAPTER 11
PROCEDURE FOR CONTESTED CASES INVOLVING PERMITS TO CARRY WEAPONS AND ACQUIRE FIREARMS

Rescinded **ARC 0462D**, IAB 8/5/26, effective 10/1/26

CHAPTERS 12 to 14
Reserved

CHAPTER 15
IOWA CODE OF ADMINISTRATIVE JUDICIAL CONDUCT
[Prior to 12/20/17, see rule 481—10.29(10A)]

Chapter rescission date pursuant to Iowa Code section 17A.7: 10/1/31

481—15.1(10A) Canon 1. A presiding officer shall uphold and promote the independence, integrity, and impartiality of the administrative judiciary and shall avoid impropriety and the appearance of impropriety.

15.1(1) *Compliance with the law.* A presiding officer shall comply with the law, including the Iowa Code of Administrative Judicial Conduct, hereafter referred to as "this Code."

15.1(2) *Promoting confidence in the administrative judiciary.* A presiding officer shall act at all times in a manner that promotes public confidence in the independence, integrity, and impartiality of the administrative judiciary and shall avoid impropriety and the appearance of impropriety.

15.1(3) *Avoiding abuse of the prestige of an administrative judicial position.* A presiding officer shall not abuse the prestige of the administrative judicial position to advance the personal or economic interests of the presiding officer or others or allow others to do so.

[**ARC 0463D**, IAB 8/5/26, effective 10/1/26]

481—15.2(10A) Canon 2. A presiding officer shall perform administrative judicial duties impartially, competently, and diligently.

15.2(1) *Giving precedence to administrative judicial duties.* The administrative judicial duties, as prescribed by law, shall take precedence over all of a presiding officer's personal and extrajudicial activities.

15.2(2) *Impartiality and fairness.* A presiding officer shall uphold and apply the law and shall perform all administrative judicial duties fairly and impartially.

15.2(3) *Bias, prejudice, and harassment.*

a. A presiding officer shall perform all administrative judicial and other duties without bias or prejudice.

b. A presiding officer shall not, in the performance of administrative judicial duties, by words or conduct manifest bias or prejudice or engage in harassment, including but not limited to bias, prejudice, or harassment based upon race, sex, gender, religion, national origin, ethnicity, disability, age, sexual orientation, marital status, socioeconomic status, or political affiliation, and shall not permit others subject to the presiding officer's direction and control to do so.

c. A presiding officer shall require lawyers and party representatives in proceedings before the presiding officer to refrain from manifesting bias or prejudice or engaging in harassment, based upon attributes including but not limited to race, sex, gender, religion, national origin, ethnicity, disability, age, sexual orientation, marital status, socioeconomic status, or political affiliation against parties, witnesses, lawyers, party representatives, or others.

d. The restrictions of paragraphs 15.2(3)*"b"* and *"c"* do not preclude presiding officers, lawyers, or party representatives from making legitimate reference to the listed factors, or similar factors, when they are relevant to an issue in a proceeding.

15.2(4) *External influences on administrative judicial conduct.*

a. A presiding officer shall not be swayed by public clamor or fear of criticism.

b. A presiding officer shall not permit family, social, political, financial, or other interests or relationships to influence the presiding officer's administrative judicial conduct or judgment.

c. A presiding officer shall not convey or permit others to convey the impression that any person or organization is in a position to influence the presiding officer.

15.2(5) *Competence, diligence, and cooperation.*

a. A presiding officer shall perform administrative judicial and other duties competently and diligently.

b. A presiding officer shall cooperate with other presiding officers and other executive branch employees in the administration of agency business.

15.2(6) *Ensuring the right to be heard.*

a. A presiding officer shall accord to every person who has a legal interest in a proceeding, or that person's lawyer or authorized representative, the right to be heard according to law.

b. A presiding officer may encourage parties to a proceeding and their lawyers or authorized representatives to settle matters in dispute but shall not act in a manner that coerces any party into settlement.

15.2(7) *Responsibility to decide.* A presiding officer shall hear and decide matters assigned to the presiding officer, except when disqualification is required by subrule 15.2(11) or other law.

15.2(8) *Decorum and demeanor.*

a. A presiding officer shall require order and decorum in proceedings before the presiding officer.

b. A presiding officer shall be patient, dignified, and courteous to parties, board members, witnesses, lawyers, party representatives, agency staff, agency officials, and others with whom the presiding officer deals in an official capacity and shall require similar conduct of lawyers, party representatives, and others subject to the presiding officer's direction and control.

15.2(9) *Ex parte communications.*

a. A presiding officer shall not initiate, permit, or consider ex parte communications or consider other communications made to the presiding officer outside the presence of the parties or their lawyers, concerning a pending matter or impending matter, except as permitted by Iowa Code section 17A.17.

b. A presiding officer shall not investigate facts in a matter independently and shall consider only the evidence presented and any facts that may be officially noticed pursuant to Iowa Code section 17A.14.

15.2(10) *Statements on pending and impending cases.*

a. A presiding officer shall not make any public statement that might reasonably be expected to affect the outcome or impair the fairness of a pending matter or impending matter before the presiding officer or another presiding officer in the same agency or make any nonpublic statement that might substantially interfere with a fair hearing.

b. A presiding officer shall not, in connection with cases, controversies, or issues that are likely to come before the presiding officer, make pledges, promises, or commitments that are inconsistent with the impartial performance of the presiding officer's adjudicative duties.

c. A presiding officer shall require others subject to the presiding officer's direction and control to refrain from making statements that the presiding officer would be prohibited from making by paragraphs 15.2(10)*"a"* and *"b."*

d. Notwithstanding the restrictions in paragraph 15.2(10)*"a,"* a presiding officer may explain agency procedures and may comment on any proceeding in which the presiding officer is a party in a personal capacity.

e. Subject to the requirements of paragraph 15.2(10)*"a,"* a presiding officer may respond directly or through a third party to allegations in the media or elsewhere concerning the presiding officer's conduct in a matter.

15.2(11) *Disqualification.*

a. A presiding officer shall disqualify the presiding officer in any proceeding in which the presiding officer's impartiality might reasonably be questioned, including but not limited to the following circumstances:

(1) The presiding officer has a personal bias or prejudice concerning a party or a party's lawyer or other representative or has personal knowledge of facts that are in dispute in the proceeding.

(2) The presiding officer knows that the presiding officer, the presiding officer's spouse or domestic partner, or a person within the third degree of relationship to either of them, or the spouse or domestic partner of such a person is:

1. A party to the proceeding, or an officer, director, general partner, managing member, or trustee of a party;
2. Acting as a lawyer or party representative in the proceeding;
3. A person who has more than a de minimis interest that could be substantially affected by the proceeding; or
4. Likely to be a material witness in the proceeding.

(3) The presiding officer knows that the presiding officer, individually or as a fiduciary, or the presiding officer's spouse, domestic partner, parent, or child, or any other member of the presiding officer's family residing in the presiding officer's household has an economic interest in the subject matter in controversy or in a party to the proceeding.

(4) The presiding officer, while a presiding officer, has made a public statement, other than in an agency proceeding, decision, opinion, or order, that commits or appears to commit the presiding officer to reach a particular result or rule in a particular way in the proceeding or controversy.

(5) The presiding officer:

1. Served as a lawyer in the matter in controversy or was associated with a lawyer who participated substantially as a lawyer in the matter during such association;

2. Served in governmental employment and in such capacity participated personally and substantially as a lawyer or public official concerning the proceeding or has publicly expressed in such capacity an opinion concerning the merits of the particular matter in controversy; or

3. Was a material witness concerning the matter.

(6) The presiding officer personally investigated, prosecuted, or advocated in connection with the matter, the specific controversy underlying the matter, or another pending factually related matter, or pending factually related controversy that may culminate in a contested case, involving the same parties, or is subject to the authority, direction, or discretion of any person who has personally investigated, prosecuted, or advocated in connection with that contested case, the specific controversy underlying that contested case, or a pending factually related contested case or controversy, involving the same parties. But the presiding officer is not required to disqualify the presiding officer solely because the presiding officer determined there was probable cause to initiate the proceeding.

b. A presiding officer shall keep informed about the presiding officer's personal and fiduciary economic interests and make a reasonable effort to keep informed about the personal economic interests of the presiding officer's spouse or domestic partner and minor children residing in the presiding officer's household.

c. A presiding officer subject to disqualification under this rule, other than for bias or prejudice under subparagraph 15.2(11)*"a"*(1), may disclose on the record the basis of the presiding officer's disqualification and may ask the parties and their lawyers or representatives to consider, outside the presence of the presiding officer, whether to waive disqualification. If, following the disclosure, the parties and lawyers or party representatives agree, without participation by the presiding officer, that the presiding officer should not be disqualified, the presiding officer may participate in the proceeding. The agreement shall be incorporated into the record of the proceeding.

15.2(12) *Supervisory duties.*

a. A presiding officer shall require others subject to the presiding officer's direction and control to act in a manner consistent with the presiding officer's obligations under this Code.

b. A presiding officer with supervisory authority for the performance of other presiding officers shall take reasonable measures to ensure that those presiding officers properly discharge their administrative judicial responsibilities, including the prompt disposition of matters before them.

15.2(13) *Disability and impairment.* A presiding officer having a reasonable belief that the performance of a lawyer, party representative, or another presiding officer is impaired by drugs or alcohol, or by a mental, emotional, or physical condition, shall take appropriate action, which may include a confidential referral to a lawyer or employee assistance program.

15.2(14) *Responding to administrative judicial and lawyer misconduct.*

a. A presiding officer having knowledge that another presiding officer has committed a violation of this Code that raises a substantial question regarding the presiding officer's honesty, trustworthiness, or fitness as a presiding officer in other respects shall inform the appropriate authority.

b. A presiding officer having knowledge that a lawyer has committed a violation of the Iowa Rules of Professional Conduct that raises a substantial question regarding the lawyer's honesty, trustworthiness, or fitness as a lawyer in other respects shall inform the appropriate authority.

c. A presiding officer who receives information indicating a substantial likelihood that another presiding officer has committed a violation of this Code shall take appropriate action.

d. A presiding officer who receives information indicating a substantial likelihood a lawyer has committed a violation of the Iowa Rules of Professional Conduct shall take appropriate action.

e. This rule does not require disclosure of information gained by a presiding officer while participating in an approved lawyers assistance program.

15.2(15) *Cooperation with disciplinary authorities.*

a. A presiding officer shall cooperate and be candid and honest with a lawyer disciplinary agency or other appropriate authority investigating a violation of this Code or the Iowa Rules of Professional Conduct.

b. A presiding officer shall not retaliate, directly or indirectly, against a person known or suspected to have assisted or cooperated with an investigation of a presiding officer or a lawyer.

[**ARC 0463D**, IAB 8/5/26, effective 10/1/26]

481—15.3(10A) Canon 3. An administrative law judge shall conduct the administrative law judge's personal and extrajudicial activities to minimize the risk of conflict with administrative judicial obligations.

15.3(1) *Extrajudicial activities in general.* An administrative law judge may engage in extrajudicial activities, except as prohibited by law or this Code. However, when engaging in extrajudicial activities, an administrative law judge shall not:

a. Participate in activities that will interfere with the proper performance of the administrative law judge's administrative judicial duties;

b. Participate in activities that will lead to frequent disqualification of the administrative law judge;

c. Participate in activities that would appear to a reasonable person to undermine the administrative law judge's independence, integrity, or impartiality;

d. Engage in conduct that would appear to a reasonable person to be coercive; or

e. Make use of agency premises, staff, stationery, equipment, or other resources, except for incidental use for activities that concern the law, the legal system, the provision of legal services, or the administration of justice, or unless such additional use is permitted by law.

15.3(2) *Testifying as a character witness.* An administrative law judge shall not testify as a character witness in a judicial, administrative, or other adjudicatory proceeding or otherwise vouch for the character of a person in a legal proceeding, except when duly subpoenaed.

15.3(3) *Appointments to governmental positions.* An administrative law judge shall not accept appointment to a governmental committee, board, commission, or other governmental position that would appear to a reasonable person to undermine the administrative law judge's independence, integrity, or impartiality or would lead to frequent disqualification of the administrative law judge.

15.3(4) *Use of nonpublic information.* An administrative law judge shall not intentionally disclose or use nonpublic information acquired in an administrative judicial capacity for any purpose unrelated to the administrative law judge's administrative judicial or other duties.

15.3(5) *Affiliation with discriminatory organizations.*

a. An administrative law judge shall not hold membership in any organization that practices invidious discrimination on the basis of race, sex, gender, religion, national origin, ethnicity, or sexual orientation. An administrative law judge's membership in a religious organization as a lawful exercise of the freedom of religion is not prohibited.

b. An administrative law judge shall not use the benefits or facilities of an organization if the administrative law judge knows or should know that the organization practices invidious discrimination on one or more of the bases identified in paragraph 15.3(5)*"a."* An administrative law judge's attendance at an event in a facility of an organization that the administrative law judge is not permitted to join is not a violation of this rule when the administrative law judge's attendance is an isolated event that could not reasonably be perceived as an endorsement of the organization's practices.

15.3(6) *Participation in educational, religious, charitable, fraternal, or civic organizations and activities.*

a. Subject to the requirements of subrule 15.3(1), an administrative law judge may participate in activities sponsored by organizations or governmental entities concerned with the law, the legal system, the provision of legal services, or the administration of justice, and those sponsored by or on behalf of

educational, religious, charitable, fraternal, or civic organizations not conducted for profit, including but not limited to the following activities:

(1) Assisting such an organization or entity in planning related to fundraising, volunteering goods or services at fundraising events, and participating in the management and investment of the organization's or entity's funds;

(2) Soliciting contributions for such an organization or entity but only from members of the administrative law judge's family or from other administrative law judges or coworkers in the administrative law judge's immediate office over whom the administrative law judge does not exercise supervisory authority;

(3) Appearing or speaking at, receiving an award or other recognition at, being featured on the program of, and permitting an administrative law judge's title to be used in connection with an event of such an organization or entity, but if the event serves a fundraising purpose, the administrative law judge may participate only if the event concerns the law, the legal system, the provision of legal services, or the administration of justice;

(4) Making recommendations to such a public or private fund-granting organization or entity in connection with its programs and activities but only if the organization or entity is concerned with the law, the legal system, the provision of legal services, or the administration of justice; and

(5) Serving as an officer, director, trustee, or nonlegal advisor of such an organization or entity unless it is likely that the organization or entity:

1. Will be engaged in proceedings that would ordinarily come before the administrative law judge; or

2. Will frequently be engaged in adversary proceedings before the agency in which the administrative law judge serves.

b. An administrative law judge may encourage lawyers to provide pro bono publico legal services.

c. Subject to the requirements of subrule 15.3(1), an administrative law judge may:

(1) Provide leadership in identifying and addressing issues involving equal access to the justice system; developing public education programs; engaging in activities to promote the fair administration of justice and convening, participating or assisting in advisory committees and community collaborations devoted to the improvement of the law, the legal system, the provision of legal services, or the administration of justice.

(2) Endorse projects and programs directly related to the law, the legal system, the provision of legal services, and the administration of justice to those coming before the courts or the administrative judiciary.

(3) Participate in programs that concern the law or that promote the administration of justice.

15.3(7) *Appointments to fiduciary positions.*

a. An administrative law judge shall not accept an appointment to serve in a fiduciary position, such as executor, administrator, trustee, guardian, attorney-in-fact, or other personal representative, except for the estate, trust, or person of a member of the administrative law judge's family, and then only if such service will not interfere with the proper performance of administrative judicial duties.

b. An administrative law judge shall not serve in a fiduciary position if the administrative law judge as fiduciary will likely be engaged in proceedings that would ordinarily come before the administrative law judge or if the estate, trust, or ward becomes involved in adversary proceedings before the agency in which the administrative law judge serves.

c. An administrative law judge acting in a fiduciary capacity shall be subject to the same restrictions on engaging in financial activities that apply to an administrative law judge personally.

d. If a person who is serving in a fiduciary position becomes an administrative law judge, the administrative law judge must comply with this subrule as soon as reasonably practicable but in no event later than six months after becoming an administrative law judge.

15.3(8) *Services as arbitrator or mediator.* An administrative law judge shall not act as an arbitrator or a mediator or perform other judicial functions apart from the administrative law judge's official duties unless expressly authorized by law.

15.3(9) *Practice of law.* An administrative law judge shall not engage in the private practice of law. An administrative law judge may act pro se and may, without compensation, give legal advice to and draft or review documents for a member of the administrative law judge's family but is prohibited from

serving as the family member's lawyer before the agency in which the administrative law judge serves. An administrative law judge serving in the administrative hearings division of the department is prohibited from serving as the family member's lawyer in any proceeding in which another administrative law judge serving in the division is the presiding officer, regardless of whether the proceeding is being conducted on behalf of the department or another state agency.

15.3(10) *Financial, business, or remunerative activities.*

a. An administrative law judge may hold and manage investments of the administrative law judge and members of the administrative law judge's family.

b. An administrative law judge shall not serve as an officer, director, manager, general partner, advisor, or employee of any business entity, except that an administrative law judge may manage or participate in:

(1) A business closely held by the administrative law judge or members of the administrative law judge's family; or

(2) A business entity primarily engaged in investment of the financial resources of the administrative law judge or members of the administrative law judge's family.

c. An administrative law judge shall not engage in financial activities permitted under paragraphs 15.3(10)*"a"* and *"b"* if the financial activities will:

(1) Interfere with the proper performance of administrative judicial duties;

(2) Lead to frequent disqualification of the administrative law judge;

(3) Involve the administrative law judge in frequent transactions or continuing business relationships with lawyers or other persons likely to come before the agency in which the administrative law judge serves; or

(4) Result in violation of other provisions of this Code.

15.3(11) *Compensation for extrajudicial activities.* An administrative law judge may accept reasonable compensation for extrajudicial activities permitted by this Code and other law unless such acceptance would appear to a reasonable person to undermine the administrative law judge's independence, integrity, or impartiality.

15.3(12) *Acceptance of gifts, loans, bequests, benefits, or other things of value.* An administrative law judge, an administrative law judge's spouse, and an administrative law judge's dependent child shall not accept or receive any gift, loan, bequest, benefit, or other thing of value if acceptance or receipt is prohibited by Iowa Code chapter 68B or any other law or if acceptance or receipt would appear to a reasonable person to undermine the administrative law judge's independence, integrity, or impartiality.

15.3(13) *Reimbursement of expenses and waivers of fees or charges.*

a. Unless otherwise prohibited by subrules 15.3(1) and 15.3(12), Iowa Code chapter 68B, or other law, an administrative law judge may accept reimbursement of necessary and reasonable expenses for travel, food, lodging, or other incidental expenses, or a waiver or partial waiver of fees or charges for registration, tuition, and similar items, from sources other than the administrative law judge's employing entity, if the expenses or charges are associated with the administrative law judge's participation in extrajudicial activities permitted by this Code.

b. Reimbursement of expenses for necessary travel, food, lodging, or other incidental expenses shall be limited to the actual costs reasonably incurred by the administrative law judge and, when appropriate to the occasion, by the administrative law judge's spouse, domestic partner, or guest.

[**ARC 0463D**, IAB 8/5/26, effective 10/1/26]

481—15.4(10A) Canon 4. An administrative law judge shall not engage in political or campaign activity that is inconsistent with the independence, integrity, or impartiality of the administrative judiciary.

15.4(1) *Political and campaign activities of administrative law judges.*

a. Except as permitted by law, an administrative law judge shall not:

(1) Act as a leader in, or hold an office in, a political organization;

(2) Make speeches on behalf of a political organization;

(3) Publicly endorse or oppose a candidate for any public office;

(4) Solicit funds for, pay an assessment to, or make a contribution to a political organization, a candidate for judicial retention, or a candidate for public office;

(5) Attend or purchase tickets for dinners or other events sponsored by a political organization or a candidate for public office; or

(6) Participate in a precinct caucus, except as provided for in paragraph 15.4(1)*"b."*

b. Paragraph 15.4(1)*"a"* does not prohibit an administrative law judge from participating in a precinct caucus merely to vote for, or support in the delegate selection process, a candidate for the office of President of the United States, provided that the administrative law judge does not speak publicly on behalf of or against a candidate, encourage other caucus participants to support or oppose a candidate, or otherwise engage in conduct that is inconsistent with the independence, integrity, or impartiality of the administrative judiciary.

c. An administrative law judge shall take reasonable measures to ensure that other persons do not undertake, on behalf of the administrative law judge, any activities prohibited under paragraph 15.4(1)*"a."*

15.4(2) *Activities of administrative law judges who become candidates for nonjudicial office.*

a. Upon becoming a candidate for nonjudicial elective office, an administrative law judge shall resign from the administrative law judge position unless permitted by law to continue to hold the administrative law judge position.

b. Upon becoming a candidate for nonjudicial appointive office, an administrative law judge is not required to resign from the administrative law judge position provided that the administrative law judge complies with the other provisions of this Code.

[**ARC 0463D**, IAB 8/5/26, effective 10/1/26]

481—15.5(10A) Scope, definitions, and application.

15.5(1) *Scope.*

a. This Code consists of four canons, each of which is codified as the introductory paragraph of an administrative rule, and numbered rules under each canon, which are codified as subrules. Subrule 15.5(3) establishes when the various rules apply to a presiding officer or an administrative law judge.

b. The canons state overarching principles of judicial ethics that all administrative law judges and presiding officers, as applicable, must observe. Although an administrative law judge or presiding officer may be disciplined only for violating an applicable rule, the canons provide important guidance in interpreting the rules. Where a rule contains a permissive term, such as "may" or "should," the conduct being addressed is committed to the personal and professional discretion of the administrative law judge or presiding officer in question, and no disciplinary action should be taken for action or inaction within the bounds of such discretion.

c. Consistent with the requirement of Iowa Code section 10A.801(7)*"d,"* this Code is similar in function and substantially equivalent to the Iowa Code of Judicial Conduct adopted by the Iowa Supreme Court and contained in Chapter 51 of the Iowa Court Rules. The Iowa Code of Judicial Conduct includes accompanying comments to the rules that may provide useful guidance regarding the purpose, meaning, and proper application of the corresponding rule in this Code. The comments contain explanatory material and, in some instances, provide examples of permitted or prohibited conduct. The comments may also identify aspirational goals for administrative law judges and presiding officers. To implement fully the principles of this Code as articulated in the canons, administrative law judges and presiding officers should strive to exceed the standards of conduct established by the rules, holding themselves to the highest ethical standards and seeking to achieve those aspirational goals, thereby enhancing the dignity of the administrative judicial position.

d. The rules of this Code are rules of reason that should be applied consistent with constitutional requirements, statutes, administrative rules, and decisional law, and with due regard for all relevant circumstances. The rules should not be interpreted to impinge upon the essential independence of administrative law judges and presiding officers in making administrative judicial decisions.

e. Although the black letter of the rules is binding and enforceable, it is not contemplated that every transgression will result in the imposition of discipline. Whether discipline should be imposed should be determined by the presiding officer's appointing authority through a reasonable and reasoned application of the rules and should depend upon factors such as the seriousness of the transgression, the facts and circumstances that existed at the time of the transgression, the extent of any pattern of improper activity,

whether there have been previous violations, and the effect of the improper activity upon the administrative judicial system or others.

f. This Code is not designed or intended as a basis for civil or criminal liability. Neither is it intended to be the basis for parties to seek collateral remedies against each other or to obtain tactical advantages in proceedings before a presiding officer.

15.5(2) *Definitions.* For purposes of this chapter, the following definitions apply:

"Administrative law judge" means a person who acts as a presiding officer under the authority of Iowa Code section 17A.11(1) who is not an agency head or a member of a multimembered agency head. This includes but is not limited to administrative law judges employed by the administrative hearings division of the department, the board of parole, and deputy workers' compensation commissioners.

"Affiliate" or *"affiliated"* mean any person, domestic or foreign, that controls, is controlled by, or is under common control with any other person.

"Appropriate authority" means the authority having responsibility for the initiation of a disciplinary process in connection with the violation to be reported.

"Associate" or *"associated"* means any person who employs, is employed by, or is under common employment with another person; any person who acts in cooperation, consultation, or concert with, or at the request of, another person; and any spouse, domestic partner, or person within the third degree of relationship of any of the foregoing.

"Contribution" means both financial and in-kind contributions, such as goods, professional or volunteer services, advertising, and other types of assistance, which, if obtained by the recipient otherwise, would require a financial expenditure.

"Control" or *"controlled"* each refers to the power of one person to exercise, directly or indirectly or through one or more persons, a dominating, governing, or controlling influence over another person, whether by contractual relationship (including without limitation a debtor-creditor relationship), by family relationship, by ownership, by dominion over, or by power to vote any category or voting interest (including without limitation shares of common stock, shares of voting preferred stock, and partnership interests), or by exercising (or wielding the power to exercise) in any manner dominion over a majority of directors, partners, trustees, or other persons performing similar functions. For more information, see definition of "affiliate" and "affiliated."

"De minimis," in the context of interests pertaining to disqualification of an administrative law judge, means an insignificant interest that could not raise a reasonable question regarding the administrative law judge's impartiality.

"Domestic partner" means a person with whom another person maintains a household and an intimate relationship, other than a person to whom he or she is legally married.

"Economic interest" means ownership of more than a de minimis legal or equitable interest. Except for situations in which the presiding officer participates in the management of such a legal or equitable interest, or the interest could be substantially affected by the outcome of a proceeding before a presiding officer, economic interest does not include:

1. An interest in the individual holdings within a mutual or common investment fund;
2. An interest in securities held by an educational, religious, charitable, fraternal, or civic organization in which the presiding officer or the presiding officer's spouse, domestic partner, parent, or child serves as a director, an officer, an advisor, or other participant;
3. A deposit in a financial institution or deposits or proprietary interests the presiding officer may maintain as a member of a mutual savings association or credit union, or similar proprietary interests; or
4. An interest in the issuer of government securities held by the presiding officer.

"Fiduciary" includes relationships such as executor, administrator, trustee, or guardian.

"Impartial," "impartiality," and *"impartially"* mean absence of bias or prejudice in favor of, or against, particular parties or classes of parties, as well as maintenance of an open mind in considering issues that may come before a presiding officer or administrative law judge.

"Impending matter" is a matter that is imminent or expected to occur in the near future.

"Impropriety" includes conduct that violates the law, court rules, or provisions of this Code and conduct that undermines a presiding officer's or administrative law judge's independence, integrity, or impartiality.

"Independence" means a presiding officer's or administrative law judge's freedom from influence or controls other than those established by law.

"Integrity" means probity, fairness, honesty, uprightness, and soundness of character.

"Knowingly," "knowledge," "known," and *"knows"* mean actual knowledge of the fact in question. A person's knowledge may be inferred from circumstances.

"Law" encompasses administrative rules and regulations, court rules, ordinances, statutes, constitutional provisions, and decisional law.

"Member of a presiding officer's family residing in the presiding officer's household" means any relative of a presiding officer by blood or marriage, or a person treated by a presiding officer as a member of the presiding officer's family, who resides in the presiding officer's household.

"Member of the administrative law judge's family" means a spouse, domestic partner, child, grandchild, parent, grandparent, or other relative or person with whom the administrative law judge maintains a close familial relationship.

"Member of the presiding officer's family" means a spouse, domestic partner, child, grandchild, parent, grandparent, or other relative or person with whom the presiding officer maintains a close familial relationship.

"Nonpublic information" means information that is not available to the public. "Nonpublic information" may include but is not limited to information that is confidential or sealed by statute or court or administrative order or impounded or communicated in camera.

"Pending matter" is a matter that has commenced. A matter continues to be pending through any appellate process, including director review and judicial review, until final disposition.

"Person" means any natural or juridical person, including without limitation any corporation, limited liability company, partnership, trust, union, or other labor organization; any branch, division, department, or local unit of any of the foregoing; any political committee, party, or organization; or any other organization or group of persons.

"Political organization" means a political party or other group sponsored by or affiliated with a political party or candidate, the principal purpose of which is to further the election or appointment of candidates for political office.

"Presiding officer" means a person who acts as a presiding officer of a contested case proceeding under the authority of Iowa Code section 17A.11(1).

"Third degree of relationship" includes the following persons: great-grandparent, grandparent, parent, uncle, aunt, brother, sister, child, grandchild, great-grandchild, nephew, and niece.

15.5(3) *Application.*

a. The provisions of this Code apply to all persons who act as presiding officers under the authority of Iowa Code section 17A.11(1), except as specified in paragraph 15.5(3)*"b"* for agency heads or members of multimembered agency heads. Canons and rules that apply to all presiding officers use the terminology "presiding officer" in their text. This Code only applies to an agency head or a member of a multimembered agency head who actually acts as a presiding officer and does not apply merely because the agency head or member of a multimembered agency head is authorized to serve as the presiding officer when another person serves as the presiding officer.

b. The provisions of rules 481—15.3(10A) and 481—15.4(10A) of this Code do not apply to agency heads or members of multimembered agency heads. These provisions apply only to administrative law judges and thus the terminology "administrative law judge" is used in their text.

c. This Code does not apply to persons who participate only in the making of a final decision in a contested case without serving as a presiding officer pursuant to Iowa Code section 17A.11(1) in that contested case unless a statute or administrative rule requires such a person to abide by this Code or a particular provision of this Code. This Code may nevertheless provide useful ethical guidance for a person participating in the making of a final decision in a contested case.

[**ARC 0463D**, IAB 8/5/26, effective 10/1/26]

These rules are intended to implement Iowa Code section 10A.801.

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CHAPTER 16
ADMINISTRATIVE ELECTRONIC DOCUMENT MANAGEMENT SYSTEM

Chapter rescission date pursuant to Iowa Code section 17A.7: 10/1/31

481—16.1(10A) Scope. This chapter governs the filing of documents through the division's AEDMS. To the extent the rules in this chapter are inconsistent with any other administrative rule of the division, the rules in this chapter will govern. Pursuant to Iowa Code section 10A.802, these rules prevail over any other law, including Iowa Code chapter 17A, or agency rule that specifies the method, manner, or format for sending, receiving, serving, retaining, or creating paper records or other documents related to a contested case proceeding, including but not limited to a request or demand for a contested case proceeding, a notice of hearing, and a proposed or final decision.
[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.2(10A) Definitions.

"AEDMS" means the administrative electronic document management system, the division's electronic filing and case management system.

"Agency record" means, for all cases, the electronic files maintained in AEDMS, filings the division maintains in paper form, and exhibits and other materials filed with or delivered in relation to a contested case hearing.

"Confidential" means agency files, documents, or information excluded from public access by federal or state law or administrative rule, court rule, court order, or case law.

"Division" means the division of administrative hearings in the department.

"Electronic filing" means the receipt of a document submitted to AEDMS for filing as confirmed by the transmission of the notice of electronic filing.

"Electronic record" means a record, file, or document created, generated, sent, communicated, received, or stored by electronic means.

"Electronic service" means the AEDMS electronic transmission of a link where registered users of AEDMS who are entitled to receive notice of the filing may view and download filed documents.

"File stamp" means the date and time that is affixed at the top of the first page of a document when it is filed in AEDMS.

"Nonelectronic filing" means a process by which a paper document or other nonelectronic item is filed with the division.

"Notice of electronic filing" means a document generated by AEDMS when a document is electronically filed.

"PDF" means an electronic document filed in a portable document format that is readable by the free Adobe® Acrobat® Reader.

"Protected information" means personal information, the nature of which warrants protection from unlimited public access, including but not limited to:

1. Social security numbers.
2. Financial account numbers.
3. Dates of birth.
4. Names of minor children.
5. Individual taxpayer identification numbers.
6. Personal identification numbers.
7. Other unique identifying numbers.
8. Confidential information.

"Public" refers to agency files, documents, or information that is not confidential or protected.

"Registered user" means an individual who has registered for an electronic filing account through AEDMS. A registered user can electronically file documents and electronically view and download files through the use of a username and password.

"Signature" means the following:

1. For a registered user electronically filing a document in AEDMS, "signature" means the registered user's username and password accompanied by one of the following approved signature representations:

- "Digitized signature" means an electronically embeddable image of a person's handwritten signature;
- "Electronic signature" means an electronic symbol ("/s/" or "/registered user's name/") executed or adopted by a person with the intent to sign the document; or
- "Nonelectronic signature" means a handwritten signature applied to an original document that is then scanned and electronically filed.

2. For a party signing a document that another registered user will electronically file, "signature" means the signatory's name affixed to the document as a digitized or nonelectronic signature.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.3(10A) Registration, username, and passwords.

16.3(1) *Registration.*

a. Registration. Every individual filing documents or viewing or downloading filed documents in the AEDMS must register as a registered user of AEDMS.

b. Changes in registered user's contact information. If a registered user's email address, mailing address, or telephone number changes, the user must promptly make the necessary changes to the registered user's information contained in AEDMS. The registered user shall promptly give notice of changes in contact information to any nonregistered party in every active proceeding in which the registered user is a party.

c. Duties of registered user. Each registered user shall ensure that the user's email account information is current, that the account is monitored regularly, and that email notices sent to the account are timely opened.

d. Division-initiated registration. The division may complete the registration process on behalf of an individual in certain instances and email the username and password to the user. When the division completes the registration process, the user is required to promptly log in and change the password. Following initial notification regarding account registration, the user is required to promptly update and maintain accurate contact information for the AEDMS account.

16.3(2) *Use of username and password.* A registered user is responsible for all documents filed with the user's username and password unless proven by clear and convincing evidence that the registered user did not make or authorize the filing.

16.3(3) *Username and password security.* If a username or password is lost, misappropriated, misused, or compromised, the registered user of that username or password shall notify the division promptly.

16.3(4) *Denial of access.* The agency may refuse to allow an individual to electronically file or download information in AEDMS due to misuse, fraud, or other good cause.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.4(10A) Electronic filing not mandatory.

16.4(1) *Electronic filing not mandatory.* Registration and filing through AEDMS, although encouraged, is not mandatory, and the division will still accept the traditional filing of paper or other electronic documents as set forth in 481—paragraph 10.12(3)*"a."*

16.4(2) *What constitutes filing.* The electronic transmission of a document to AEDMS consistent with the procedures specified in these rules, together with the production and transmission of a notice of electronic filing, constitutes filing of the document.

16.4(3) *Electronic file stamp.* Documents filed through AEDMS are officially filed when affixed with an electronic file stamp. Filings so endorsed have the same force and effect as documents time-stamped in a nonelectronic manner.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.5(10A) Filing of paper documents.

16.5(1) *Conversion of paper or other electronic documents filed.* When a party files a document other than through AEDMS, the division will convert the filed documents to an electronic format viewable to registered users of AEDMS. The original of converted documents need not be retained by the division.

16.5(2) *Form of paper documents.* Each document must be printed on only one side and be delivered to the division with no tabs, staples, or permanent clips but may be organized with paperclips, clamps, or some other type of temporary fastener or may be delivered to the division in an appropriate file folder.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.6(10A) Date and time of filing.

16.6(1) *Date of filing.* An electronic filing may be made any day of the week, including holidays and weekends, and any time of the day AEDMS is available.

16.6(2) *Time of filing.* A document is timely filed if it is filed before midnight on the date the filing is due.

16.6(3) *Rejected filing.* The division may reject electronic filings that do not meet the requirements of this chapter. A rejected electronic filing is not filed. When an electronic filing is rejected, the filer will be electronically notified of the rejection and the reason for the rejection. In such instances, the date and time of filing will be when the filer submits a corrected document and it is approved.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.7(10A) Signatures.

16.7(1) *Registered user.* A username and password accompanied by a digitized, electronic, or nonelectronic signature serves as the registered user's signature on all electronically filed documents.

16.7(2) *Format.* Any AEDMS filing requiring a signature must be signed with either a nonelectronic signature, an electronic signature, or a digitized signature. The following information about the person shall be included under the person's signature:

a. Name;

b. Name of firm or governmental agency;

c. Mailing address;

d. Telephone number; and

e. Email address.

16.7(3) *Multiple signatures.* By filing a document containing multiple signatures, the registered user confirms that the content of the document is acceptable to all persons signing the document and that all such persons consent to having their signatures appear on the document.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.8(10A) Confidentiality and redaction of electronic documents.

16.8(1) *Confidential system.* AEDMS is a closed system, and filed documents are only accessible to a registered user who is attached to the case and division staff. Filed documents are not publicly accessible. There are two internal levels of enhanced filing confidentiality.

a. A filing certified by the filer as "confidential" is only accessible to the parties, the administrative law judge (ALJ), and division staff.

b. A filing certified by the filer as "sealed" is only accessible by the ALJ and division staff and is not accessible by any other party or user. This filing designation may only be made pursuant to prior order of the ALJ, and a sealed filing will be rejected if not authorized by order.

c. The responsibility for proper filing is on the filer.

16.8(2) *Omission and redaction requirements.* It is the responsibility of the filer to ensure that protected information is omitted or redacted from documents before the documents are filed.

a. Protected information that is not material to the proceedings. A filer may redact protected information from documents filed with the division when the information is not material to the proceedings.

b. Protected information that is material to the proceedings. When protected information is material to the proceedings, a filer must certify the document as confidential when submitting the filing to the division.

16.8(3) *Information that may be redacted.* A filer may redact the following information unless the information is material to the proceedings:

a. Driver's license numbers.
b. Information concerning medical treatment or diagnosis.
c. Employment history.
d. Personal financial information.
e. Proprietary or trade secret information.
f. Information concerning crime victims.
g. Sensitive security information.
h. Home addresses.

16.8(4) *Improperly included protected information.* A party may ask the division to restrict access to improperly included protected information from a filed document. The division may order a properly redacted document to be filed.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.9(10A) General requirements when filing documents.

16.9(1) *Format.* All documents must be converted to a PDF before they are filed in AEDMS. Documents submitted must be properly scanned, which includes having the pages in the correct order and orientation and having the scanned content of the document be legible.

16.9(2) *Separating documents.* Each document must be separated and uploaded with the correct document type selection on the document upload page. Any attachments to a document shall be uploaded as such and linked to the correct document prior to submission.

16.9(3) *Selecting document types.* For each electronically filed document, a filer must choose an accurate document type from the options listed on the document upload page. Once a document is submitted into AEDMS, only the division may make corrections to the document type the filer has chosen.

16.9(4) *Correcting errors.* If a filer discovers an error in the electronic filing or docketing of a document, the filer must contact the division as soon as possible. If the division discovers an error in the filing or docketing of a document, the division may notify the filer of the error and advise the filer of what further action the filer must take, if any, to address the error.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

481—16.10(10A) Case initiation and service.

16.10(1) *Case initiation.* A case may be initiated by an agency or governmental entity via AEDMS by the electronic filing of a transmittal form pursuant to rule 481—10.5(10A).

16.10(2) *Filings by registered user.* To the extent another party to the case is not a registered user, the registered user shall serve those filings upon the nonregistered user pursuant to the applicable rules of contested case procedure and any other controlling law.

16.10(3) *Electronic service and distribution of electronic filings.*

a. When a document is electronically filed, that document will be served automatically through AEDMS to all parties to the proceeding who are registered users. No other service to those registered users is required unless ordered by the division or unless the registered user has filed a document indicating an express withdrawal from use of the AEDMS, either entirely or for a specific case.

b. Notices of electronic filing will continue to be sent to registered users appearing or intervening in a proceeding until the registered users have filed a withdrawal of appearance or document indicating an express withdrawal from use of the AEDMS, either entirely or for a specific case.

16.10(4) *Division-generated documents.* All documents issued by the division will be electronically filed and served upon registered users. Division-generated documents will be served upon nonregistered users pursuant to the applicable rules of contested case procedure and any other controlling law.

[**ARC 0464D**, IAB 8/5/26, effective 10/1/26]

These rules are intended to implement Iowa Code chapter 10A.

[Filed ARC 6294C (Notice ARC 6176C, IAB 2/9/22), IAB 4/20/22, effective 5/25/22]
[Filed ARC 0464D (Notice ARC 9896C, IAB 1/7/26), IAB 8/5/26, effective 10/1/26]

CHAPTERS 17 to 19
Reserved
AUDITS DIVISION

CHAPTERS 20 and 21
Reserved

CHAPTER 22
HEALTH CARE FACILITY AUDITS
[Rules in 481—Chapter 22 transferred to 481—Chapter 31, 8/26/87]
Rescinded **ARC 0010D**, IAB 1/21/26, effective 2/25/26

CHAPTERS 23 and 24
Reserved

CHAPTER 25
IOWA TARGETED SMALL BUSINESS CERTIFICATION PROGRAM
Rescinded **ARC 3768C**, IAB 4/25/18, effective 5/30/18

CHAPTERS 26 to 29
Reserved

INSPECTIONS DIVISION

CHAPTER 30
FOOD AND CONSUMER SAFETY

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—30.1(10A,137C,137F) Food and consumer safety bureau. The food and consumer safety bureau inspects food establishments and food processing plants, including food storage facilities (warehouses) and food and beverage vending machines, and hotels and motels. It is also responsible for social and charitable gambling and amusement devices.
[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.2(10A,137C,137F) Definitions. The following definitions are applicable to 481—Chapters 30 and 31. If a term is defined herein and by the Food Code adopted in rule 481—31.1(137F), the definition set forth herein applies.

"Bed and breakfast home" means the same as defined in Iowa Code chapter 137F.

"Bed and breakfast inn" means the same as defined in Iowa Code section 137C.2.

"Catering" means the preparation of food for distribution to an individual, business, institution or organization for exclusive service to the individual's, business's or organization's nonpaying guests, employees or members or an institution's residents, students or employees.

"Certified wild-harvested mushroom identification expert" means an individual who has within the last three years successfully completed a wild-harvested mushroom identification training program provided by an accredited college, university, or state mycological society, as evidenced by a document issued therefrom specifying the species of wild mushrooms the individual is qualified to certify. The training program must include a component of actual identification of physical specimens or simulations of mushroom species.

"Commissary" means the same as defined in Iowa Code section 137F.1.

"Contractor" means a municipal corporation, county or other political subdivision that contracts with the department to license and inspect under Iowa Code chapter 137C or 137F.

"Cottage food" means the same as defined in Iowa Code section 137F.1.

"Criminal offense" means a public offense as defined in Iowa Code section 701.2 that is prohibited by statute and is punishable by fine or imprisonment.

"Cultivated mushroom" means a mushroom grown through a process in which the grower inoculates a substrate (logs, beds, straw, etc.) with a known strain or species of mushroom spawn in a dedicated space, whether outdoors or indoors, that is under the control of the grower, for the purpose of fruiting mushrooms.

"Department" means the same as defined in Iowa Code section 137F.1.

"Event" means the same as defined in Iowa Code section 137F.1. For example, an event does not include a single store's grand opening or sale.

"Farmers market" means the same as defined in Iowa Code section 137F.1.

"Farmers market time/temperature control for safety food license" means a license for a temporary food establishment that sells unpackaged time/temperature control for safety foods at farmers markets. The license is only applicable at farmers markets and is not required in order to sell wholesome, fresh shell eggs to consumer customers.

"Food establishment" means an operation that stores, prepares, packages, serves, vends or otherwise provides food for human consumption and includes a food service operation in a salvage or distressed food operation, nutrition program operated pursuant to Title III-C of the Older Americans Act, school, summer camp, residential service substance abuse treatment facility, halfway house substance abuse treatment facility, correctional facility operated by the department of corrections, or the state training school. Assisted living programs and adult day services are included in the definition of food establishment to the extent required by 481—subrules 69.28(6) and 70.28(6). "Food establishment" does not include the following:

1. A food processing plant.
2. An establishment that offers only prepackaged foods that are not time/temperature control for safety foods.

3. A produce stand or facility that sells only whole, uncut fresh fruits and vegetables.

4. Premises that are a home food processing establishment pursuant to Iowa Code chapter 137D.

5. Premises that operate as a farmers market if unpackaged time/temperature control for safety foods are not sold or distributed from the premises.

6. Premises of a residence in which food is produced pursuant to Iowa Code section 137F.20.

7. A kitchen in a private home where food is prepared or stored for family consumption or in a bed and breakfast home.

8. A private home or private party where a personal chef or hired cook is providing food preparation services to a client and the client's nonpaying guests.

9. A private home that receives catered or home-delivered food.

10. Child day care facilities and other food establishments located in hospitals or health care facilities that serve only patients and staff and are subject to inspection by other state agencies or divisions of the department.

11. Supply vehicles or vending machine locations.

12. Establishments that are exclusively engaged in the processing of meat and poultry and are licensed pursuant to Iowa Code section 189A.3.

13. A beer, wine or distilled spirits manufacturer, distributor or wholesaler under Iowa Code chapter 123, provided it is exclusively engaged in the sale of alcoholic beverages in prepackaged form.

14. Premises or operations that are exclusively engaged in the processing of milk and milk products, are regulated by Iowa Code sections 192.107 and 194.1, and have a milk or milk products permit issued by the department of agriculture and land stewardship.

15. Premises or operations that are exclusively engaged in the production of shell eggs, are regulated by Iowa Code section 196.3, and have an egg handler's license.

16. Premises of a residence in which honey is stored; prepared; packaged, including by placement in a container; or labeled or from which honey is distributed.

17. Premises regularly used by a nonprofit organization that engages in the serving of food on the premises as long as the nonprofit organization does not exceed the following:

- The nonprofit organization serves food no more than one day per calendar week and not on two or more consecutive days;
- Twice per year, the nonprofit organization may serve food to the public for up to three consecutive days;
- The nonprofit organization may use the premises of another nonprofit organization not more than twice per year for one day to serve food.

18. A stand operated by a minor.

"Food processing plant" means a commercial operation that manufactures, packages, labels or stores food for human consumption and does not provide food directly to a consumer. "Food processing plant" does not include any of the following:

1. A beer, wine or distilled spirits manufacturer, distributor or wholesaler under Iowa Code chapter 123, provided it is exclusively engaged in the sale of alcoholic beverages in a prepackaged form.

2. The premises of a residence in which honey is stored; prepared; packaged, including by placement in a container; or labeled or from which honey is distributed.

3. Premises or operations that are exclusively engaged in the processing of meat and poultry and are licensed pursuant to Iowa Code section 189A.3.

4. Premises or operations that are exclusively engaged in the processing of milk or milk products, are regulated by Iowa Code sections 192.107 and 194.1, and have a milk or milk products permit issued by the department of agriculture and land stewardship.

5. Premises or operations that are exclusively engaged in the production of shell eggs, are regulated by Iowa Code section 196.3, and have an egg handler's license.

6. Premises or operations that are exclusively engaged in the preparation or processing of Siluriformes, including catfish, and are regulated and inspected by the United States Department of Agriculture under a federal grant of inspection.

7. Premises that are a home food processing establishment pursuant to Iowa Code chapter 137D.

8. Premises or operations that are exclusively engaged in the production or processing of egg products, as defined in 9 CFR Part 590 as amended to March 11, 2026, including egg substitutes and freeze-dried egg products, and are regulated and inspected by the United States Department of Agriculture under a federal grant of inspection.

"Food service establishment" means a food establishment where food is prepared or served for individual portion service intended for consumption on the premises or is subject to Iowa sales tax as provided in Iowa Code section 423.3.

"Hotel" means the same as defined in Iowa Code section 137C.2.

"Mobile food unit" means a food establishment that is self-contained, with the exception of grills and smokers, and readily movable, which either operates up to three consecutive days at one location or returns to a home base of operation at the end of each day.

"Patrol dog" means a dog that is accompanying a law enforcement officer or security officer.

"Personal chef" or *"hired cook"* means a person who provides food preparation services in a private home or at a private party for a client and the client's nonpaying guests. "Personal chef" or "hired cook" does not include a person who provides the ingredients intended to be used in food preparation.

"Pet dog" means a dog that does not meet the definition of a patrol dog or a service animal as defined in 28 CFR Part 36 as amended to March 11, 2026.

"Processed food" means the same as defined in 21 U.S.C. 321 as amended to March 11, 2026.

"Pushcart" means a non-self-propelled vehicle food establishment limited to serving foods that are not time/temperature control for safety foods or commissary-wrapped foods maintained at proper temperatures or precooked foods that require limited assembly, such as frankfurters.

"Raw agricultural commodity" means the same as defined in 21 U.S.C. 321 as amended to March 11, 2026.

"Retail food establishment" means a food establishment that sells to consumer customers food or food products intended for preparation or consumption off the premises.

"Stand operated by a minor" means the same as defined in Iowa Code section 137F.1.

"Temporary food establishment" means the same as defined in Iowa Code section 137F.1.

"Time/temperature control for safety food" means the same as defined in Iowa Code section 137F.1.

"Transient guest" means an overnight lodging guest who does not intend to stay for any permanent length of time. Any guest who rents a room for more than 31 consecutive days is presumed not to be a transient guest.

"Unattended food establishment" means an operation that provides packaged foods or whole fruit using an automated payment system and has controlled entry not accessible by the general public. "Controlled entry," for the purposes of the definition of "unattended food establishment," means selective restriction or limitation of access to a place or location.

"Unprocessed commodity" means a raw agricultural commodity.

"Vending" means selling or dispensing food to an individual consumer customer. Vending does not include catering.

"Vending machine" means the same as defined in Iowa Code section 137F.1. Vending machines that dispense only prepackaged foods that are not time/temperature control for safety foods, panned candies, gumballs or nuts are exempt from licensing but may be inspected by the department upon receipt of a written complaint. "Panned candies" are those with a fine, hard coating on the outside and a soft candy filling on the inside. Panned candies are easily dispensed by a gumball-type machine.

"Vending machine location" means the same as defined in Iowa Code section 137F.1.

"Wild-harvested mushroom" means a fresh mushroom that has been found or foraged in the natural environment and has not been processed (e.g., dried or frozen). "Wild-harvested mushroom" does not include cultivated mushrooms or mushrooms that have been packaged in an approved food processing plant.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.3(137C,137F) Licensing and postings. Applications for a license shall be completed using the department's online application system at least 30 days prior to the anticipated opening of the hotel, food establishment or food processing plant. If extenuating circumstances exist that prevent the applicant from

completing the online application, paper applications are available from the department or its contractors. Temporary food establishment license applications shall be submitted a minimum of three business days prior to opening.

30.3(1) *Transferability.* A license is not transferable to a new owner or location. Any change in business ownership or business location requires a new license. Vending machines, mobile food units and pushcarts may be moved without obtaining a new license. A farmers market time/temperature control for safety food license or an annual temporary event food establishment license may be used at different locations without obtaining a new license. If the different locations are operated simultaneously, a separate license is required for each location. Nutrition sites for the elderly licensed under Iowa Code chapter 137F may change locations in the same city without obtaining a new license.

30.3(2) *Refunds.* License fees are refundable only if the license is surrendered to the department prior to the effective date of the license and only as follows:

a. License fees of $67.50 or less are an application processing fee and are not refundable.

b. If an inspection has not occurred, license fees of more than $67.50 will be refunded less the $67.50.

c. If an inspection has occurred, the entire license fee is nonrefundable.

30.3(3) *License expiration.* A license is renewable and expires after one year, with the exception of a temporary food establishment license issued in conjunction with a single event at a specific location, which is valid for a period not to exceed 14 consecutive days.

30.3(4) *Posting of inspection reports, licenses, and registration tags.* A valid license and the most recent inspection report, along with any current complaint or reinspection reports, shall be posted no higher than eye level where the public can see them and not be posted in such a manner that the public cannot reasonably read the report. Reports may be posted in paper form or through a QR code provided on the license. A paper report must be available upon request. The posting of a report behind a service area where the report can be seen but not easily read is not allowed. Vending machines shall bear a tag to affirm the license. For the purpose of this subrule, only founded complaint reports are considered complaints and shall be posted until either the mail-in recheck form has been submitted to the regulatory authority or a recheck inspection has been conducted to verify that the violations have been corrected.

30.3(5) *Documentation of gross sales.* Documentation of the annual gross sales of food and drink sold by a licensed food establishment or a licensed food processing plant is required unless the establishment is paying the highest license fee required by rule 481—30.4(137C,137F). Documentation will be kept confidential and will be used to verify that the license holder is paying the appropriate license fee based on annual gross sales of food and drink. For food processing plants that are food storage facilities and food establishments whose sales are included in a single rate with lodging or other services, the value of the food handled should be used. Documentation includes:

a. A copy of the firm's business tax return;

b. Quarterly sales tax data;

c. A letter from an independent tax preparer;

d. Other appropriate records.

30.3(6) *License eligibility for renewal limited to 60 days after expiration.* A delinquent license will only be renewed if application for renewal is made within 60 days of expiration. If a delinquent license is not renewed within 60 days, an establishment must apply for a new license and meet all the requirements for licensure. Establishments that have not renewed the license within 60 days will be closed by the department or a contractor.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.4(137C,137F) License fees. License fees are set by Iowa Code chapters 137F and 137C. The license fee is the same for an initial license and a renewal license. The department will charge a voluntary inspection fee of $100 when a premises that is not a food establishment requests a voluntary inspection.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.5(137F) Penalty and delinquent fees.

30.5(1) *Late penalty.* Renewals submitted after the license expiration are subject to a penalty of 10 percent of the license fee per month in accordance with Iowa Code section 137F.4. A license will only be renewed if the license holder has provided documentation pursuant to subrule 30.3(5).

30.5(2) *Penalty for opening or operating without a license.* Operating without a license is subject to a penalty of up to twice the amount of the annual license fee in accordance with Iowa Code section 137F.9.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.6(137C,137F) Returned checks. If a check intended to pay for any license provided for under Iowa Code chapter 137C or 137F is not honored for payment, the department will attempt to redeem the check and notify the applicant of the need to provide sufficient payment. An additional fee of $25 will be assessed for each dishonored check. If the department does not receive payment, the establishment will be operating without a valid license. Late penalties assessed pursuant to rule 481—30.5(137F) will accrue and must be paid.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.7(137F) Double licenses.

30.7(1) Any establishment that holds a food service establishment license and has gross sales over $20,000 annually in packaged food items intended for consumption off the premises is also required to obtain a retail food establishment license. The license holder shall keep a record of these food sales and make it available to the department upon request.

30.7(2) Licensed retail food establishments serving only coffee, soft drinks, popcorn, prepackaged sandwiches or other food items manufactured and packaged by a licensed establishment only need a retail food establishment license.

30.7(3) A food establishment that holds both a food service establishment license and a retail food establishment license shall pay a license fee based on the annual gross sales for the dominant form of business plus $150.

EXAMPLE: A food establishment holds a food service establishment license and a retail food establishment license. It has annual gross sales of more than $750,000 for its retail food establishment and $120,000 for its food service establishment. The food establishment pays a license fee of $400 for its retail food establishment license (Iowa Code section 137F.6) and $150 for its food service establishment license.

30.7(4) The business with higher annual gross sales determines the type of license for establishments that engage in operations covered under both the definition of a food establishment and of a food processing plant. Food establishments that process low-acid food in hermetically sealed containers or process acidified foods are required to have a food processing plant license in addition to the food establishment license. Regardless of the type of license, food processing plants will be inspected pursuant to food processing inspection standards and food establishments will be inspected pursuant to the Food Code.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.8(137C,137F) Inspection frequency. Inspections are based on risk assessment.

30.8(1) *Food establishments.* Food establishments will have routine inspections at least once every 60 months. Very low risk food establishments will not have a routine inspection frequency.

30.8(2) *Food processing plants.* Food processing plants that process foods will have routine inspections at least once every 60 months. If the United States Food and Drug Administration completes an inspection in a facility, the inspection satisfies the state inspection frequency.

30.8(3) *Food processing plants that store foods.* Food processing plants that store foods will be inspected at least once every 84 months. If the United States Food and Drug Administration completes an inspection in a facility, the inspection satisfies the state inspection frequency. Very low risk food processing plants that store food will not have a routine inspection frequency.

30.8(4) *Hotels.* Hotels will be inspected in accordance with Iowa Code chapter 137C.

30.8(5) *Farmers market time/temperature control for safety food.* Farmers market time/temperature control for safety food licensees will be inspected based on risk.

30.8(6) *Temporary food establishments.* Temporary food establishments issued an annual license will be inspected based on risk.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.9(22) Examination of records.

30.9(1) *Public information.* Information collected by the food and consumer safety bureau and contractors is generally considered public information pursuant to Iowa Code chapter 22. Records are stored in computer files and are not matched with any other data system. Inspection reports are available at dial.iowa.gov. Requests for records of other state or federal agencies will be referred to the appropriate agency.

30.9(2) *Confidential records.* Certain records are confidential, including:

a. Trade secrets and proprietary information, including items such as formulations, processes, policies and procedures, and customer lists;

b. Health information related to foodborne illness complaints and outbreaks;

c. The name or any identifying information of a person who files a complaint.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.10(17A,137C,137F) Denial, suspension, or revocation of a license to operate. A license denial, suspension or revocation is effective 30 days after mailing or personal service of the notice.

30.10(1) *Immediate suspension of license.* To the extent not inconsistent with Iowa Code chapters 17A, 137C, and 137F and rules adopted pursuant to those chapters, chapter 8 of the Food Code is adopted for food establishments. A license may be immediately suspended in cases of an imminent health hazard. Iowa Code section 17A.18A and Food Code chapter 8 will be followed in cases of an imminent health hazard. The appeal process in rule 481—30.11(10A,137C,137F) is available following an immediate suspension.

30.10(2) *Criminal offense—conviction of license holder.* The department may revoke the license of a license holder who conducts an activity constituting a criminal offense in the licensed food establishment resulting in a felony, serious misdemeanor or aggravated misdemeanor conviction. A certified copy of the final order or judgment of conviction or plea of guilty is conclusive evidence of the conviction.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.11(10A,137C,137F) Formal hearing.

30.11(1) An establishment may contest adverse action taken pursuant to this chapter by submitting a request for hearing to the department within 30 days of the mailing or service of the department's action. Appeals and hearings are governed by 7—Chapter 2506.

30.11(2) For contractors, license holders shall have the opportunity for a hearing before the local board of health. If the hearing is conducted before the local board of health, the license holder may appeal to the department and shall follow the process for review in rule 481—9.3(10A,17A).

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—30.12(137F) Primary servicing laboratory. The primary servicing laboratory for the food and consumer safety bureau is the State Hygienic Laboratory at the University of Iowa created under Iowa Code section 263.7. If the laboratory is unable to perform laboratory services, the laboratory will assist in finding another laboratory with a preference toward laboratories that are in the Food Emergency Response Network (FERN) and have achieved ISO 17025 accreditation.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

481—30.13(10A,137F) Cottage food.

30.13(1) Cottage food is exempt from all licensing, permitting, inspection, packaging, and labeling laws of the state if the food complies with all of the following:

a. The food does not require time/temperature control for safety. When it is not obvious whether a food requires time/temperature control for safety, the food producer will provide documentation that a food does not require time/temperature control for safety to the regulatory authority upon request.

b. The food is not a milk or milk product regulated under Iowa Code chapters 192 and 194.

c. The food is not a meat, meat food product, poultry, or poultry food product regulated under Iowa Code chapter 189A.

d. The food is not unpasteurized fruit or vegetable juice.

e. The food is produced in a private residence.

f. The food is sold and delivered by the producer directly to the consumer.

g. The cottage food is labeled or affixed with the following information:

(1) Information to identify the name and address, phone number, or email address of the person preparing the food.

(2) The common name of the food.

(3) The ingredients of the cottage food in descending order of predominance.

(4) The following statement: "This product was produced at a residential property that is exempt from state licensing and inspection."

(5) If the cottage food contains one or more major food allergens, an additional allergen statement identifying each major allergen contained in the food by the common name of the allergen.

(6) If the food is home-processed and contains home-canned pickles, vegetables, or fruits permitted under this rule, the date that the food was processed and canned.

h. Home-processed and home-canned pickles, vegetables, or fruits sold under this rule must comply with the following:

(1) Each batch must be measured by a pH meter or a water activity meter and shall have a finished equilibrium pH value of 4.60 or lower or a water activity value of 0.85 or less.

(2) Each container that is sold or offered for sale must contain the date the food was processed and canned.

i. The cottage food producer must provide batch testing records to the regulatory authority upon request, including at the point of sale.

j. Cottage food shall not be offered for sale in a food establishment except in a temporary food establishment, provided that the temporary food establishment is operated by the cottage food producer and the cottage food is offered for sale in a packaged form and labeled in accordance with paragraph 30.13(1)*"g."*

30.13(2) Reserved.

[**ARC 0058D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 137F.

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CHAPTER 31
FOOD ESTABLISHMENT AND FOOD PROCESSING PLANT INSPECTIONS

[Prior to 8/26/87, see Inspections and Appeals Department[481]—Chs 21 and 22]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—31.1(137F) Inspection standards for food establishments. The department adopts, with the following exceptions, the 2017 Food Code with Supplement of the Food and Drug Administration as the state's "food code," which is the inspection standard for food establishments.

31.1(1) *Unattended food establishments—assignment of responsibility.* For the purposes of section 2-101.11(C) of the 2017 Food Code with Supplement, unattended food establishments are not required to have a designated person in charge present during all hours of operation provided that the permit holder ensures the following requirements are met.

a. Unattended food establishment location. The unattended food establishment is located in the interior of a building, has controlled entry, and is not accessible by the general public. Access to the unattended food establishment will be limited to a defined population (e.g., employees, registered guests or occupants of the building where the establishment is located). For the purposes of this paragraph, registered guests are individuals whose names are officially recorded with a business by reservation or by appointment. The term ensures a secure and traceable record of who is occupying a space.

b. Nature and source of food and beverages offered for sale.

(1) Only commercially packaged foods properly labeled for individual retail sale, pursuant to Food Code section 3-201.11(C), will be offered.

(2) No unpackaged food is permitted except as provided by section 3-302.11(B)(1) of the Food Code.

(3) Food preparation by consumers is limited to heating/reheating food in a microwave oven.

(4) No dispensing of bulk food is permitted.

c. Refrigerated display equipment. An unattended food establishment will be equipped with refrigeration or freezer units that have the following features:

(1) Self-closing doors that allow food to be viewed without opening the door to the refrigerated cooler or freezer;

(2) An automatic self-locking mechanism that prevents the consumer from accessing the food upon the occurrence of any condition that results in the failure of the refrigeration unit to maintain the internal product temperature specified under section 3-501.16(A)(2) or of the freezer unit to maintain the product as frozen.

d. Food service equipment limitations.

(1) Beverages are dispensed by individual serving only. Beverage dispensers connected to the building water supply will be properly equipped with backflow prevention pursuant to section 5-203.14 of the Food Code.

(2) Food-contact surfaces.

1. Multiuse food-contact surfaces will be cleaned on a frequency consistent with the service pursuant to section 4-202.11 of the Food Code or are easily removed and replaced with cleaned surfaces.

2. No multiuse food-contact surfaces intended for use with time/temperature control for safety foods are permitted.

e. Security.

(1) An unattended food establishment will provide continuous video surveillance of areas where consumers view, select, handle and purchase products that will provide sufficient resolution to identify situations that may compromise food safety or food defense.

1. Video surveillance recordings will be maintained and made available for inspection by a representative of a regulatory agency within 24 hours of request.

2. Video surveillance recordings will be held by the establishment for a minimum of 14 days after the date of the surveillance.

(2) The permit holder will take reasonable steps necessary to discourage individuals from returning food, beverages, or both that have not been selected for purchase.

f. Routine maintenance at an unattended food establishment.

(1) The permit holder will service the unattended food establishment at least weekly, which may include:

1. Checking food supplies and equipment for signs of product damage, tampering, or both.
2. Verifying that refrigeration equipment is operating properly, including the temperature display and self-locking mechanism.
3. Rotating foods to better ensure first in/first out of food items.
4. Cleaning food service equipment and food display areas.
5. Stocking food and disposable single-use and single-service supplies.
6. Checking inventory for recalled foods.

(2) The permit holder will ensure that:

1. Food is from an approved source.
2. Packaged food is provided in tamper-evident packaging.
3. Food is protected from potential sources of cross contamination.
4. Food is maintained at safe temperatures during transport and display.

g. Unattended food establishment oversight. Each unattended food establishment will have a sign readily visible at the automated payment station stating the name, mailing address, telephone number, email address and web information, if any, of the business entity responsible for the establishment and to whom complaints and comments should be addressed.

h. Designation of responsibilities. The permit holder bears all responsibilities for the operation of the food establishment. When the permit holder is not the owner or operator of the building where the food establishment is located, a mutual agreement that outlines the responsibilities for cleaning and maintenance of all surfaces and equipment and for provision of supportive facilities/services, such as janitorial services and restroom facilities, pest control and removal of solid waste, may be approved by the regulatory agency. This agreement should outline actions that must be taken by both parties to maintain the establishment in compliance with all requirements including responding to imminent health hazards.

i. Inspections—on-site person in charge. When requested by the regulatory authority for the purposes of conducting an inspection, the permit holder will provide an on-site person in charge within a reasonable time frame not to exceed four hours.

31.1(2) *Certified food protection manager requirements, exceptions, and time frames for compliance.*

a. For the purposes of section 2-102.12(A) of the 2017 Food Code with Supplement, the food establishment may employ a single certified food protection manager who is not present at the food establishment during all hours of operation, as long as the following requirements are met:

(1) The individual who is a certified food protection manager has supervisory and management responsibility and the authority to direct and control food preparation and service at the food establishment;

(2) The person in charge demonstrates knowledge as prescribed in section 2-102.11 of the 2017 Food Code with Supplement;

(3) The person in charge demonstrates active managerial control of food safety by complying with section 2-103.11 of the 2017 Food Code with Supplement.

b. A food establishment that, upon inspection, is found to be in violation of section 2-102.11 or 2-103.11 of the 2017 Food Code with Supplement will have six months to ensure that any individual designated as the person in charge is a certified food protection manager.

c. For the purposes of section 2-102.12(B), the following food establishments are not required to employ a certified food protection manager:

(1) Temporary or farmers market food establishments.

(2) Food establishments at which food is not prepared, where customers may purchase beverages and where the service of food is limited to the service of ice, beverages, prepackaged snack foods, popcorn or peanuts and to the reheating of commercially prepared foods for immediate service that do not require assembly, such as frozen pizza or prepackaged sandwiches.

(3) Food establishments at which food is not prepared, where customers may purchase only commercially prepared non-time/temperature control for safety foods that are dispensed either unpackaged or packaged and that are intended for off-premises consumption.

d. Time frames for compliance with section 2-102.12 of the 2017 Food Code with Supplement, as amended by paragraphs 31.1(2)*"a"* and *"b,"* are as follows:

(1) Newly licensed facilities will comply with section 2-102.12 of the 2017 Food Code with Supplement, as amended by paragraphs 31.1(2)*"a"* and *"b,"* within six months of licensure.

(2) If an individual meeting the requirement of paragraph 31.1(2)*"a"* leaves employment, the establishment will comply with section 2-102.12 of the 2017 Food Code with Supplement, as amended by paragraphs 31.1(2)*"a"* and *"b,"* within six months of the individual's departure.

31.1(3) *Honey prepared in a residence.* Section 3-201.11 is amended to allow honey that is stored; prepared, including by placement in a container; or labeled at or distributed from the premises of a residence to be sold in a food establishment.

31.1(4) *Homemade food items prepared in a licensed home food processing establishment.* Section 3-201.11 is amended to allow homemade food items that are eligible for resale and are prepared, packaged, and labeled pursuant to 481—Chapter 34 to be offered for human consumption in a food establishment.

31.1(5) *Wild-harvested mushrooms.* Section 3-201.16, paragraph (A), is amended by adding the following:

"A food establishment or farmers market time/temperature control for safety food licensee may sell or serve wild-harvested mushrooms provided:

"a. All wild-harvested mushrooms sold or served are varieties classified as one of the following:

Common name	Scientific name
Morel	*Morchella* spp. (*M. americana, M. angusticeps, M. punctipes*)
Oyster	*Pleurotus citrinopileatus, Pleurotus ostreatus, Pleurotus populinus,* or *Pleurotus pulmonarious*
Chicken of the woods	*Laetiporus (L. cincinnatus, L. sulphureus*)
Hen of the woods	*Grifola frondosa*
Chanterelle	*Cantharellus cibarius* group
Bear's head tooth, Lion's mane	*Hericium* spp. *(H. erinaceus, H. americanum)*
Pheasant back	*Polyporus squamosus*
Black trumpet	*Craterellus cornucopoides*

"b. All wild-harvested mushrooms sold or served in a food establishment must be obtained from sources where each mushroom is individually inspected and found to be safe by a certified wild-harvested mushroom identification expert.

"c. All wild-harvested mushroom species sold or served in a food establishment must have a written buyer specification. The buyer shall retain the written buyer specification for 90 days from the date of sale or service that must include:

"1. Identification of each mushroom species by the scientific and common name;

"2. Date of purchase;

"3. Quantity by weight of each species received;

"4. A statement indicating that each mushroom was identified in its fresh state and was not mixed or in contact with other mushroom species;

"5. The name, address, and telephone number of the certified wild-harvested mushroom identification expert;

"6. A copy of the certified wild-harvested mushroom identification expert's certificate of successful completion of the program, including the date of completion.

"d. A consumer advisory shall inform consumers by brochures, deli case, menu advisories, label statements, table tents, placards, or other effective written means that 'wild-harvested mushrooms should be thoroughly cooked and may cause allergic reactions or other effects.'

"e. This section does not apply to cultivated mushrooms or mushrooms that have been packaged in an approved food processing plant."

31.1(6) *Field-dressed wild game prohibition.* Subparagraph 3-201.17(A)(4) is amended to state that field-dressed wild game shall not be permitted in food establishments unless:

a. The food establishment is also licensed and inspected by the Iowa department of agriculture and land stewardship (IDALS) meat and poultry inspection bureau pursuant to Iowa Code chapter 189A;

b. All field-dressed wild game is adequately separated from food, equipment, utensils, clean linens, and single-service and single-use articles;

c. Any equipment used in the processing of field-dressed wild game is adequately cleaned and sanitized before use with other foods.

31.1(7) *Reduced oxygen packaging in meat and poultry processing plants.* Meat and poultry processing plants that are licensed and inspected by the IDALS meat and poultry inspection bureau pursuant to Iowa Code chapter 189A and that are also licensed as a food establishment are exempt from section 3-502.11, paragraphs (A), (B), (D) and (F), and section 3-502.12 if these criteria are met:

a. Each food product formulation has been approved by the IDALS meat and poultry inspection bureau;

b. A copy of the approved formulation (T40/45) is maintained on file at the establishment and made available to the regulatory authority upon request;

c. Cooked products that do not include a curing agent or an antimicrobial agent that will control *Clostridium botulinum* and *Listeria monocytogenes* that are in a reduced oxygen package are stored and sold frozen and are labeled "Keep Frozen";

d. The food products are properly labeled.

31.1(8) *Warewashing sinks in establishments serving alcoholic beverages.* Section 4-301.12 is amended by adding the following: "When alcoholic beverages are served in a food service establishment, a sink with at least three compartments shall be used in the bar area for manual washing, rinsing and sanitizing of bar utensils and glasses. When food is served in a bar, a separate three-compartment sink for washing, rinsing and sanitizing food-related dishes shall be used in the kitchen area, unless a dishwasher is used to wash utensils."

31.1(9) *Prohibiting animals.* Section 6-501.115, paragraph (B), is amended by adding the following:

"(6) Pet dogs may be allowed on exterior premises of a food establishment, including outdoor patio and outdoor dining areas, provided the food establishment meets these requirements:

"a. A separate entrance is present so that pet dogs do not enter the food establishment to access the outdoor area;

"b. No food preparation is allowed in the outdoor area, including mixing or dispensing drinks and ice;

"c. Customer multiservice or reusable utensils such as plates, silverware, glasses, and bowls are not stored, displayed, or preset in the outdoor area;

"d. Food or water provided to pet dogs shall be in single-use disposable containers provided by the food establishment or a container provided by the pet owner that is filled without any contact between the container and any dispensing item of the food establishment;

"e. Employees are prohibited from direct contact with pet dogs while on duty;

"f. The outdoor area is maintained clean;

"g. In cases where excrement or bodily fluids (urine, saliva, vomit, or the like) are deposited, an employee shall immediately ensure the area is cleaned and sanitized;

"h. The outdoor area shall not be fully enclosed (an enclosed area is considered part of the interior of the facility);

"i. Disruptive pet dogs must be controlled or removed from the premises;

"j. Rules governing pet dogs shall be posted at each entrance of the food establishment and shall contain the following:

"i. Pet dogs shall be leashed at all times;

"ii. Pet dogs shall not enter any interior area of the food establishment at any time;

"iii. Pet dogs must be controlled at all times by the dog's owner or designee;

"iv. Pet dogs are not permitted on chairs, tables, benches or seats;

"v. Pet dog owners must immediately notify the food establishment's staff in the event that excrement or bodily fluids (urine, saliva, vomit, or the like) are deposited.

"(7) Pet dogs may be allowed on the interior premises of a food establishment that only stores, sells, distributes, or otherwise handles packaged food under these conditions:

"a. The food establishment is maintained clean;

"b. In cases where excrement or bodily fluids (urine, saliva, vomit, or the like) are deposited, an employee shall immediately ensure the area is cleaned and sanitized;

"c. Disruptive pet dogs must be controlled or removed from the premises;

"d. Rules governing pet dogs shall be displayed at or near the entrances of the food establishment and shall, at a minimum, contain the following:

"i. Pet dogs shall be leashed at all times;

"ii. Pet dogs must be controlled at all times by the dog's owner or designee;

"iii. Pet dogs are not permitted on chairs, tables, benches, seats or in shopping carts;

"iv. Pet dog owners must immediately notify the food establishment's staff in the event that excrement or bodily fluids (urine, saliva, vomit, or the like) are deposited."

31.1(10) *Inspection standards for elder group homes.* Elder group homes as defined by Iowa Code section 231B.1 will be inspected by the department, but chapters 4 and 6 of the Food Code will not apply. Elder group homes will pay the lowest license fee set forth in 481—subrule 30.4(2).

31.1(11) *Nonprofit exception for temporary events.* Nonprofit organizations that are licensed as temporary food establishments may serve non-time/temperature control for safety food from an unapproved source for the duration of the event but cannot serve home-canned pickles, vegetables, or fruits produced in accordance with Iowa Code chapter 137F.

31.1(12) *Variance approval by department and submission of hazard analysis and critical control point (HACCP) plans.* Any variances or HACCP plans that require approval by the "regulatory authority" must be approved by the department. HACCP plans pursuant to paragraphs 3-502.12(B) and 8-201.13(B) shall be filed with the department prior to implementation, regardless of whether or not the plan requires approval.

[**ARC 0059D**, IAB 2/4/26, effective 3/11/26]

481—31.2(137F) Inspection standards for food processing plants. The following are the inspection standards for food processing plants including food storage facilities.

31.2(1) *Definitions.* For the purposes of this rule, the definitions of "food," "label," "labeling," and "dietary supplement" are as defined in 21 U.S.C. Section 321.

31.2(2) *Prohibited acts.* The prohibited acts identified in 21 U.S.C. Section 331(a) to (f), (k), and (v) are prohibited acts in Iowa.

31.2(3) *Stop sale.* Any article of food that is adulterated or misbranded when introduced into commerce may be embargoed until such a time as the adulteration or misbranding is remedied or the product is destroyed. The action is immediate, but the licensee may appeal the decision following the process outlined in rule 481—30.11(10A,137C,137F).

31.2(4) *Standards for food.* If a standard that has been adopted for a food is adopted pursuant to 21 U.S.C. Section 341, the standard shall be met.

31.2(5) *Misbranded food.* A food is misbranded if it is found in violation of 21 U.S.C. Section 343.

31.2(6) *New dietary ingredients.* New dietary ingredients shall comply with the process in 21 U.S.C. Section 350(b) or will be deemed adulterated.

31.2(7) *Records.* Records shall be made available as required under 21 U.S.C. Section 373 for all interstate and intrastate food.

31.2(8) *Adoption of Code of Federal Regulations.* The following parts of the Code of Federal Regulations are adopted:

a. 21 CFR Part 1, Sections 1.20 to 1.24 and Subpart O, Sections 1.900 to 1.934 (labeling).

b. 21 CFR Part 7, Sections 7.1 to 7.13 and 7.40 to 7.59 (guaranty and recalls).

c. 21 CFR Part 70, Sections 70.20 to 70.25 (labeling requirements for colors).

d. 21 CFR Part 73, Sections 73.1 to 73.615 (color additives exempt from certification).

e. 21 CFR Part 74.101 to 74.706 (listing of color additives subject to certification).

f. 21 CFR Part 81, general specifications and general restrictions for provisional color additives for use in foods, drugs, and cosmetics.

g. 21 CFR Part 82, Sections 82.3 to 82.706 (certified provisionally listed colors and specifications).

h. 21 CFR Part 100, Section 100.155 (specific provisions for salt and iodized salt).

i. 21 CFR Part 101, except Sections 101.69 and 101.108 (food labeling).

j. 21 CFR Part 102, except Section 102.19 (common or usual name for nonstandard food).

k. 21 CFR Part 104, nutritional quality guidelines for foods.

l. 21 CFR Part 105, food for special dietary use.

m. 21 CFR Part 106, except Section 106.120 (infant formula quality control procedures).

n. 21 CFR Part 107, except Sections 107.200 to 107.280 (infant formula labeling).

o. 21 CFR Part 108, Sections 108.25 to 108.35 (exceptions for when a permit is not required, acidified and thermal processing of low-acid foods packaged in hermetically sealed containers).

p. 21 CFR Part 109, unavoidable contaminants in food for human consumption and food-packaging material.

q. 21 CFR Part 110, current good manufacturing practice in manufacturing, packing or holding human food.

r. 21 CFR Part 111, current good manufacturing practice in manufacturing, packaging, labeling, or holding operations for dietary supplements.

s. 21 CFR Part 113, thermally processed low-acid food packaged in hermetically sealed containers.

t. 21 CFR Part 114, acidified foods.

u. 21 CFR Part 115, shell eggs.

v. 21 CFR Part 117, current good manufacturing practice and hazard analysis and risk-based preventive controls for human food shall apply, with the exception that warehousing operations located on the premises of residences that store unexposed, packaged frozen food for sale directly to a consumer customer or at a farmers market shall comply with subpart B of 21 CFR 117.

w. 21 CFR Part 118, production, storage and transportation of shell eggs.

x. 21 CFR Part 120, hazard analysis and critical control point (HACCP) systems (juice).

y. 21 CFR Part 123, fish and fisheries products (seafood).

z. 21 CFR Part 129, processing and bottling of bottled drinking water.

aa. 21 CFR Part 130, except Sections 130.5, 130.6 and 130.17, food standards: general.

ab. 21 CFR Part 131, milk and cream.

ac. 21 CFR Part 133, cheeses and related cheese products.

ad. 21 CFR Part 135, frozen desserts.

ae. 21 CFR Part 136, bakery products.

af. 21 CFR Part 137, cereal flours and related products.

ag. 21 CFR Part 139, macaroni and noodle products.

ah. 21 CFR Part 145, canned fruits.

ai. 21 CFR Part 146, canned fruit juices.

aj. 21 CFR Part 150, fruit butters, jellies, preserves, and related products.

ak. 21 CFR Part 152, fruit pies.

al. 21 CFR Part 155, canned vegetables.

am. 21 CFR Part 156, vegetable juices.

an. 21 CFR Part 158, frozen vegetables.

ao. 21 CFR Part 160, egg and egg products.

ap. 21 CFR Part 161, fish and shellfish.

aq. 21 CFR Part 163, cacao products.

ar. 21 CFR Part 164, tree nut and peanut products.

as. 21 CFR Part 165, beverages.

at. 21 CFR Part 166, margarine.

au. 21 CFR Part 168, sweeteners and table syrups.

av. 21 CFR Part 169, food dressings and flavorings.

aw. 21 CFR Part 170, except Sections 170.6, 170.15, and 170.17, food additives.

ax. 21 CFR Part 172, food additives permitted for direct addition to food for human consumption.

ay. 21 CFR Part 173, secondary direct food additives permitted in food for human consumption.

az. 21 CFR Part 174, indirect food additives: general.

ba. 21 CFR Part 175, indirect food additives: adhesives and components of coatings.

bb. 21 CFR Part 176, indirect food additives: paper and paperboard components.

bc. 21 CFR Part 177, indirect food additives: polymers.

bd. 21 CFR Part 178, indirect food additives: adjuvants, production aids, and sanitizers.

be. 21 CFR Part 180, food additives permitted in food or in contact with food on an interim basis pending additional study.

bf. 21 CFR Part 181, prior-sanctioned food ingredients.

bg. 21 CFR Part 182, substances generally recognized as safe.

bh. 21 CFR Part 184, direct food substances affirmed as generally recognized as safe.

bi. 21 CFR Part 186, indirect food substances affirmed as generally recognized as safe.

bj. 21 CFR Part 189, substances prohibited from use in human food.

bk. 21 CFR Part 190, dietary supplements.

31.2(9) *Egg products processing plants.* The department will use the good manufacturing practices adopted in paragraph 31.2(8)*"b,"* unless such practices are inconsistent with standards set by the United States Department of Agriculture, Food Safety and Inspection Service, in 9 CFR Parts 590-592. If the standards are inconsistent, the standards adopted in 9 CFR Parts 590-592 apply.

31.2(10) *References.* All references to federal statutes and regulations in this rule are to those versions in effect on March 11, 2026.

[**ARC 0059D**, IAB 2/4/26, effective 3/11/26]

481—31.3(137F) Adulterated food and disposal. No one may produce, distribute, offer for sale or sell adulterated food. "Adulterated" is defined in the federal Food, Drug, and Cosmetic Act, Section 402, as amended to March 11, 2026. Adulterated food shall be disposed of in a reasonable manner as determined by the department. The destruction of adulterated food may be watched by a person approved by the department.

[**ARC 0059D**, IAB 2/4/26, effective 3/11/26]

481—31.4(137F) False label or defacement. Labels required by Iowa Code chapter 137F and this chapter shall be legibly printed and not be deceptive as to the true nature of the article or place of production.

[**ARC 0059D**, IAB 2/4/26, effective 3/11/26]

481—31.5(137F) Temporary food establishments and farmers market time/temperature control for safety food licensees. While the retail food code adopted in rule 481—31.1(137F) applies to temporary food establishments, the following subrules provide a simplified version of requirements for temporary food establishments. If the two rules are inconsistent, the standards in this rule apply.

31.5(1) *Personnel.* For the purposes of this rule, employees include volunteers.

a. Employees will keep their hands and exposed portions of their arms clean.

b. Employees will have clean garments and aprons and effective hair restraints. Smoking, eating or drinking in food booths is not allowed. All nonworking, unauthorized persons are to be kept out of the food booth.

c. All employees will be under the direction of the person in charge, who will ensure that the workers are effectively cleaning their hands; that time/temperature control for safety food is adequately cooked, held or cooled; and that all multiuse equipment or utensils are adequately washed, rinsed and sanitized.

d. Employees will not work at a temporary food establishment or farmers market time/temperature control for safety food establishment if they have open cuts, sores or communicable diseases. The person in charge will take appropriate action to ensure that employees and volunteers who have a disease or medical condition transmissible by food are excluded from the food operation.

e. Every employee will sign a logbook with the employee's name, address, and telephone number or email address and the date and hours worked. The logbook will be maintained for 30 days by the person in charge and made available to the department upon request.

31.5(2) *Food handling and service.*

a. Dry storage. All food, equipment, utensils and single-service items will be stored off the ground and above the floor on pallets, tables or shelving.

b. Cold storage. Refrigeration units will be provided to keep time/temperature control for safety foods at 41°F or below. The inspector may approve an effectively insulated, hard-sided container with sufficient coolant for storage of time/temperature control for safety food at events of short duration if the container maintains food temperatures at 41°F or below.

c. Hot storage. Hot food storage units will be used to keep time/temperature control for safety food at 135°F or above. Electrical equipment is required for hot holding, unless the use of propane stoves and grills capable of holding the temperature at 135°F or above is approved by the department. Sterno cans are allowed for hot holding if adequate temperatures can be maintained. Steam tables or other hot holding devices are not allowed to heat foods and are to be used only for hot holding after foods have been adequately cooked or heated.

d. Cooking temperatures. As specified in the following chart, the minimum cooking temperatures for food products are:

165°F	• Poultry and game animals that are not commercially raised • Products stuffed or in a stuffing that contains fish, meat, pasta, poultry or ratite • All products cooked in a microwave oven
155°F	• Rabbits, ratite and game meats that are commercially raised • Ground or comminuted (such as hamburgers) meat/fish products • Raw shell eggs not prepared for immediate consumption
145°F	• Pork and raw shell eggs prepared for immediate consumption • Fish and other meat products not requiring a 155°F or 165°F cooking temperature as listed above

e. Consumer advisory requirement. If raw or undercooked animal food such as beef, eggs, fish, lamb, poultry or shellfish is offered in ready-to-eat form, the license holder (person in charge) will post the consumer advisory as required by the food code.

f. Thermometers. Each refrigeration unit will have a numerically scaled thermometer to measure the air temperature of the unit accurately. An appropriate thermometer will be provided where necessary to check the internal temperature of both hot and cold food. Thermometers must be accurate and have a range from 0°F to 220°F.

g. Food display. Foods on display will be covered. The public is not allowed to serve itself from opened containers of food or uncovered food items. Condiments such as ketchup, mustard, coffee creamer and sugar will be served in individual packets or from squeeze containers or pump bottles. Milk will be dispensed from the original container or from an approved dispenser. All fruits and vegetables will be washed before being used or sold. Food will be stored at least six inches off the ground. All cooking and serving areas will be adequately protected from contamination. Barbeque areas will be roped off or otherwise protected from the public. All food will be protected from customer handling, coughing or sneezing by wrapping, sneeze guards or other effective means.

h. Food preparation. Unless otherwise approved by a variance from the department, no bare-hand contact of ready-to-eat food will occur.

i. Approved food source. All food supplies will come from a commercial manufacturer or an approved source. The use of food in hermetically sealed containers that is not prepared in an approved food processing plant or home food processing establishment is prohibited. Transport vehicles used to supply food products are subject to inspection and will protect food from physical, chemical and microbial contamination. Cottage foods may be offered for sale in a temporary food establishment if the temporary food establishment is operated by the cottage food producer and the cottage food is offered for sale in a packaged form and labeled pursuant to rule 481—30.13(10A,137F).

j. Leftovers. Hot-held foods that are not used by the end of the day will be discarded.

31.5(3) *Utensil storage and warewashing.*

a. Single-service utensils. The use of single-service plates, cups and tableware is required.

b. Dishwashing. An adequate means to heat the water and a minimum of three basins large enough for complete immersion of the utensils are required to wash, rinse and sanitize utensils or food-contact equipment. Alternative dishwashing methods may be used if approved in advance by the regulatory authority.

c. Sanitizers. Chlorine bleach or another approved sanitizer will be provided for warewashing sanitization and wiping cloths. An appropriate test kit will be provided to check the concentration of the sanitizer used. The person in charge will demonstrate knowledge in the determination of the correct concentration of sanitizer to be used.

d. Wiping cloths. Wiping cloths will be stored in a clean, 100 ppm chlorine sanitizing solution or equivalent. Sanitizing solution will be changed as needed to maintain the solution in a clean condition.

31.5(4) *Water.*

a. Water supply. An adequate supply of clean water will be provided from an approved source. Water storage units and hoses will be food grade and approved for use in storage of water. If not permanently attached, hoses used to convey drinking water will be clearly and indelibly identified as to their use. Water supply systems will be protected against backflow or contamination of the water supply. Backflow prevention devices, if required, will be maintained and adequate for their intended purpose.

b. Wastewater disposal. Wastewater will be disposed of in an approved wastewater disposal system sized, constructed, maintained and operated according to law.

31.5(5) *Premises.*

a. Hand-washing container. An insulated container with at least a two-gallon capacity filled with hot water and with a spigot, basin, soap and dispensed paper towels will be provided for hand washing.

b. Floors, walls and ceilings. If required, walls and ceilings will be of tight design and weather-resistant materials to protect against the elements and flying insects. If required, floors will be constructed of tight wood, asphalt, rubber or plastic matting or other cleanable material to control dust or mud.

c. Lighting. Adequate lighting shall be provided. Lights above exposed food preparation areas shall be shatter-resistant or shielded.

d. Food preparation surfaces. All food preparation or food contact surfaces shall be of a safe design, smooth, easily cleanable and durable.

e. Garbage containers. An adequate number of cleanable containers with tight-fitting covers shall be provided both inside and outside the establishment.

f. Toilet rooms. An adequate number of approved toilet and hand-washing facilities shall be provided at each event.

g. Clothing. Personal clothing and belongings shall be stored at a designated place in the establishment, adequately separated from food preparation, food service and dishwashing areas.

[**ARC 0059D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 137F.

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[1] Rules 30—33.1(159) to 30—33.4(159) and 30—34.1(159) to 30—34.4(159) transferred to Inspections and Appeals Department[481] and rescinded.

[2] Rule 481—31.1(137F) published in the July 5, 2017, IAB as ARC 3188C has a January 1, 2018, effective date. For the rule in effect immediately prior to January 1, 2018, see 481—Chapter 31 as of June 21, 2017.

CHAPTER 32
CONSUMABLE HEMP PRODUCTS
Transferred to 641—Chapter 156, IAC Supplement 6/14/23

CHAPTER 33
FOOD AND BEVERAGE VENDING MACHINES INSPECTIONS
[Prior to 8/26/87, see Inspections and Appeals Department[481]—Ch 24]
Rescinded IAB 2/10/99, effective 3/17/99

CHAPTER 34
HOME FOOD PROCESSING ESTABLISHMENTS

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—34.1(137D) Definitions. As used in this chapter, unless the context otherwise requires:

"Acidified foods" means low-acid foods to which an acid or high-acid food is added. Acidified foods have a water activity (a_w) greater than 0.85 and have a finished equilibrium pH of 4.60 or below. These foods may be called or may purport to be "pickles" or "pickled."

"Active water" or *"water activity"* or *"(a_w)"* means the measured free moisture in a food. The quotient of the water vapor pressure of the food divided by the vapor pressure of pure water at the same temperature provides the measured free moisture in the food.

"Adulterated" means the same as stated 21 U.S.C. Section 342 as amended to January 3, 2022.

"Allergen cross contact" means the unintentional incorporation of a food allergen into a food.

"Contractor" means a municipal corporation, county, or other political subdivision that contracts with the department to license and inspect under Iowa Code chapter 137D.

"Cross contamination" means the inadvertent transfer of bacteria or other contaminants from one surface, substance, etc., to another, especially because of unsanitary handling procedures.

"Demonstrate control" means the ability to provide clear and convincing evidence that a home food processing establishment has implemented written standard processes and practices that are intended to control food safety hazards including but not limited to standardized recipes, standard operating procedures, personal hygiene standards, temperature monitoring records, equipment calibration records, production or batch records, sanitation records, predefined corrective actions, training documents, distribution records, and receiving records.

"Department" means the same as defined in Iowa Code section 137D.1.

"Equilibrium pH" means the final pH measured in a food after all the components of the food have achieved the same acidity.

"Fermentation" means a metabolic process in which an organism converts a carbohydrate, such as starch or a sugar, into an alcohol or an acid. For example, yeast performs fermentation by converting sugar into alcohol. Bacteria perform fermentation by converting carbohydrates into lactic acid.

"Fish" means fresh or saltwater finfish, crustaceans, and other forms of aquatic life (including alligator, frog, aquatic turtle, jellyfish, sea cucumber, and sea urchin and the roe of such animals) other than birds or mammals, and all mollusks, if such animal life is intended for human consumption.

"Food" means the same as defined in Iowa Code section 137D.1.

"Food contact surface" means a surface of equipment or utensil with which food normally comes into contact; or a surface of equipment or utensil from which food may drip, drain, or splash into a food or onto a surface normally in contact with food.

"Game animal" means an animal, the products of which are food, that is not classified as livestock, sheep, swine, goat, horse, mule, or other equine in 9 CFR 301.2 or as poultry or fish.

1. "Game animal" includes mammals, such as reindeer, elk, deer, antelope, water buffalo, bison, rabbit, squirrel, opossum, raccoon, nutria, or muskrat, and nonaquatic reptiles, such as land snakes.
2. "Game animal" does not include ratites.

"HACCP plan" means a written document that delineates the formal procedures for following the hazard analysis and critical control point principles developed by the National Advisory Committee on Microbiological Criteria for Foods.

"High-acid food" means a food that has an equilibrium pH of 4.60 or lower without the addition of an acid.

"Home food processing establishment" or *"establishment"* means the same as "home food processing establishment" as defined in Iowa Code section 137D.1.

"Homemade food item" means the same as defined in Iowa Code section 137D.1. Homemade food items do not include the following:

1. Unpasteurized fruit or vegetable juice;

2. Raw sprout seeds;
3. Foods containing game animals;
4. Fish or shellfish;
5. Alcoholic beverages;
6. Bottled water;
7. Packaged ice;
8. Consumable hemp products;
9. Food that will be further processed by a food processing plant or another home food processing establishment;
10. Time/temperature control for safety food packaged using a reduced oxygen packaging method;
11. Milk or milk products regulated under Iowa Code chapters 192 and 194;
12. Meat or meat food products, and poultry or poultry products regulated under Iowa Code chapter 189A, except for any of the following products when sold directly to the end consumer:

- Poultry, poultry byproduct, or poultry food product if the producer raised the poultry pursuant to the exemption set forth in 9 CFR 381.10(c)(1) limiting the producer to slaughtering not more than one thousand poultry during the calendar year;
- Poultry, poultry byproduct, or poultry food product if the poultry is from an inspected source exempted pursuant to 9 CFR 381.10(d); or
- Meat, meat byproduct, or meat food product if the meat is from an inspected source exempted pursuant to 9 CFR 303.1(d); or

13. A raw agricultural commodity. Other than raw bean or seed sprouts, raw agricultural commodities do not require a license issued by the department to sell and may be sold by home food processing establishments, although they are not homemade food items.

"Low-acid canned food" means a thermally processed low-acid food packaged in a hermetically sealed container.

"Low-acid food" means any food, other than alcoholic beverages, with a pH greater than 4.60 and (a_w) greater than 0.85.

"Major food allergen" means milk, egg, fish, crustacean shellfish (such as crab, lobster, or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, soybeans, and sesame; or a food ingredient that contains protein derived from these foods.

"Packaged" means bottled, canned, cartoned, bagged, or wrapped. "Packaged" does not include wrapped or placed in a carry-out container to protect the food during service or delivery to the consumer, by a food employee, upon consumer request.

"pH" means the symbol for the negative logarithm of the hydrogen ion concentration, which is a measure of the degree of acidity or alkalinity of a solution. Values between 0 and 7 indicate acidity, and values between 7 and 14 indicate alkalinity. The value for pure distilled water is 7, which is considered neutral.

"Produce" means the same as defined in Iowa Code section 137D.1.

"Raw agricultural commodity" means the same as defined in 21 U.S.C. Section 321 as amended to April 1, 2023.

"Ready-to-eat food" means any food that is normally eaten in its raw state or any other food, including a processed food, for which it is reasonably foreseeable that the food will be eaten without further processing that would significantly minimize biological hazards.

"Recall" means an action taken when a food producer takes a product off the market because there is reason to believe the product may cause consumers to become ill.

"Reduced oxygen packaging" means reducing the amount of oxygen in a package by removing oxygen, displacing oxygen and replacing it with another gas or combination of gases, or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21 percent at sea level). Reduced oxygen packaging includes vacuum packaging, modified atmosphere packaging, controlled atmosphere packaging, cook chill packaging, and sous vide packaging.

"Shellfish"

1. "Crustacean shellfish" means crab, lobster and shrimp.

2. "Molluscan shellfish" means any edible species of oysters, clams, mussels, or scallops.

"Special dietary use food" includes a food that contains an artificial sweetener, except when specifically and solely used for achieving a physical characteristic in the food that cannot be achieved with sugar or other nutritive sweetener or a food that is used for the following:

1. Supplying particular dietary needs that exist by reason of a physical, physiological, pathological, or other condition including but not limited to the conditions of diseases, convalescence, pregnancy, lactation, allergic hypersensitivity to food, underweight, and overweight;

2. Supplying particular dietary needs that exist by reason of age including but not limited to infancy and childhood; or

3. Supplementing or fortifying the ordinary or usual diet with any vitamin, mineral, or other dietary property. Any such particular use of a food is a special dietary use, regardless of whether such food also purports to be or is represented for general use.

"Sprouts" means seeds or beans used to grow sprouts that are harvested with their seed or root intact.

"Standardized recipe" means a recipe that has been tried, adapted, and retried several times for use by a given food service operation and has been found to produce the same good results and yield every time when the exact procedures are followed with the same type of equipment and same quantity and quality of ingredients. At a minimum, a standardized recipe includes the recipe name, listing of each ingredient, a measurement of each ingredient, equipment and utensils used, preparation instructions, and procedures to ensure the safety of the food.

"Time/temperature control for safety" or *"TCS"* means a food that requires time and temperature control for safety to limit pathogenic microorganism growth or toxin formation. TCS food does not include foods that have an equilibrium pH less than 4.60 or (a_w) content below 0.85. Examples of TCS foods include:

1. Animal food that is raw or heat-treated.

2. Plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes, or garlic-in-oil mixtures.

"Traceback" means to determine and document the distribution and production chain and the source(s) of a product that has been implicated in a foodborne illness investigation.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.2(137D) Licensing.

34.2(1) *Application for license.* A person shall not operate a home food processing establishment until a license has been obtained from the department or a contractor. Application for a license shall be made on a form furnished by the department containing the name of the business, name of the owner, physical address of the business, and list of all homemade food items the home food processing establishment intends to prepare. Applications for a license shall be completed using the department's online application system at least 30 days prior to the anticipated opening of the home food processing establishment. If extenuating circumstances exist that prevent the applicant from completing the online application, paper applications are available from the department or a contractor.

34.2(2) *Homemade food item disclosure.* Homemade food items not listed on the application shall not be sold or distributed. New homemade food items may be added to an application at any time using the online application system or by submission of a paper form to the department or a contractor.

34.2(3) *Transferability.* A license is not transferable to a new owner or location. Any change in business ownership or business location requires a new license.

34.2(4) *Refunds.* License fees are refundable only if the license is surrendered to the department or a contractor prior to the effective date of the license. License fees are not refundable for a new home food processing establishment if a record review has occurred.

34.2(5) *Expiration and renewal.* A home food processing establishment license, unless sooner suspended or revoked, expires one year after the application for license is approved by the department or a contractor. A renewal should be submitted through the department's online registration system with the required fee prior to expiration.

34.2(6) *Renewal 60 days or more after expiration.* A delinquent license will only be renewed if application for renewal is made within 60 days of expiration. If a delinquent license is not renewed within

60 days, an establishment shall apply for a new license and meet all of the requirements for an initial license. An establishment that has not renewed the license within 60 days of expiration will be closed by the department or a contractor.

34.2(7) *Documentation of gross sales.* The license holder shall maintain documentation of annual gross sales of homemade food items and provide it to the regulatory authority upon request. Documentation of gross sales includes at least one of the following and will be kept confidential:

a. A copy of the establishment's business tax return;

b. Four quarters of gross sales of homemade food items;

c. A letter from an independent tax preparer; or

d. Other records documenting annual gross sales of homemade food items.

34.2(8) *Returned payments.* The department or a contractor will attempt to redeem a payment submitted for an establishment that is not honored by the bank on which it is drafted and will notify the applicant of the need to provide sufficient payment. An additional fee of $25 will be assessed for each dishonored payment. If the department or a contractor does not receive payment, the establishment will be operating without a valid license.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.3(137D) Physical facilities and equipment.

34.3(1) The floors, walls, ceilings, utensils, equipment, and supplies in the food processing and storage areas, and all vehicles used in the transportation of homemade food items, shall be maintained clean and in good repair.

34.3(2) Outer openings shall be protected by tight-fitting doors, windows, or screens.

34.3(3) Dogs, cats, or other pets and animals shall be excluded from entering food preparation areas when food is being processed or packaged.

34.3(4) Persons unnecessary to the production of homemade food items are not allowed in food processing areas while homemade food items are exposed or being produced.

34.3(5) Adequate lighting and ventilation shall be available in all areas where food is processed or stored.

34.3(6) An establishment shall have an adequate supply of hot and cold potable water under pressure from an approved and safe source. In addition:

a. There shall be no direct or indirect connection of safe and unsafe water;

b. If the residence is not served by a public water system, the water shall be tested at least annually for nitrates and coliforms;

c. In the event a water test shows coliforms are present or nitrates are at an unsafe level, the establishment shall cease operations and notify the regulatory authority. The establishment will not resume operations until approved by the regulatory authority; and

d. If the establishment's water source is under a water advisory indicating the water may be unsafe to consume, it shall not produce homemade food items until the advisory is lifted.

34.3(7) There shall be a conveniently located sink in each food processing area that is maintained clean and accessible for handwashing during production and packaging and supplied with hot and cold running water, hand soap, and sanitary towels.

34.3(8) An establishment shall have adequate equipment, such as a sink or dishwasher, to wash, rinse, and sanitize utensils.

34.3(9) There shall be conveniently located toilet facilities, equipped with a handwashing sink supplied with hot and cold running water, hand soap and sanitary towels or a hand-drying device.

34.3(10) All waste and wastewater produced by the establishment shall be disposed of in a sanitary manner in compliance with applicable laws. If the home food processing establishment has a waste backup, it shall cease operation and notify the regulatory authority. It will not resume preparation of homemade food items until approved by the regulatory authority.

34.3(11) All garbage and refuse shall be kept in containers and removed from the premises regularly to eliminate insects and rodents, offensive odors, or other health hazards. Garbage and refuse containers shall be durable, easy to clean, insect- and rodent-resistant, and of material that neither leaks nor absorbs liquid.

34.3(12) Food processing and storage areas shall be free of pests. Pesticides, if used, shall be approved for use in commercial food establishments, clearly labeled, and used as directed by the manufacturer.

34.3(13) Hazardous chemicals or other toxic materials shall be stored, applied and used as directed by the manufacturer in a manner that protects food, equipment, and food contact surfaces from contamination.

34.3(14) Refrigeration and hot holding equipment design and capacity shall be adequate to maintain safe temperature control, including safe cooling temperatures, to prevent cross contamination and allergen cross contact and protect food from other sources of contamination. Dedicated refrigeration or hot holding equipment may be required if shared equipment is inadequate to maintain food safety.

34.3(15) All refrigeration and hot holding units shall be equipped with an accurate thermometer.

34.3(16) Appropriate thermometers shall be used to accurately measure the internal temperature of food during processing, holding, and storage.

34.3(17) All food contact surfaces shall be intended for use with food, made of safe materials, easy to clean, smooth, durable, nonabsorbent, and noncorrosive.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.4(137D) Management and personnel.

34.4(1) *Person in charge.* There shall be a person in charge of operations during all hours of food processing who has a thorough understanding of food safety principles and is able to demonstrate control over food safety hazards, including:

a. Time/temperature controls for cooking, hot holding, cooling, cold holding, and reheating foods;

b. Cross contamination during storage and preparation;

c. Major food allergens and allergen cross contact;

d. Sanitation of food contact surfaces;

e. Food handling, hygienic practices, and communicable diseases;

f. Receiving and distribution; and

g. If applicable, pH and (a_w).

34.4(2) *Food safety training.* The person in charge shall attend a food safety training course approved by the department and provide proof of attendance prior to the issuance of a home food processing establishment license.

34.4(3) *Exclusions from handling food.* A food handler shall be excluded from handling food, utensils, or packaging materials if the food handler:

a. Is diagnosed with a communicable or contagious disease that can be transmitted through food;

b. Has experienced diarrhea or vomiting in the past 24 hours;

c. Is jaundiced;

d. Has a sore throat with a fever; or

e. Has exposed sores or infected wounds on the food handler's hands or arms.

34.4(4) *Hygienic practices.*

a. A food handler must keep the food handler's person and clothing clean and hair effectively restrained and wash the food handler's hands as often as necessary to protect food and food contact surfaces from contamination.

b. Ready-to-eat foods must not be handled with bare hands.

c. Eating, drinking, and use of tobacco is not permitted in food processing areas while homemade food items are exposed or being produced.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.5(137D) Receiving, storage, and distribution.

34.5(1) *Receiving.* All foods and ingredients shall be obtained from an approved source and have been produced in compliance with applicable law. Honey from an unlicensed establishment and eggs from the establishment's own flock may be used in the preparation of homemade food items. All food shall be received in sound condition; at safe temperatures; free from spoilage, filth, or other contamination; unadulterated; and safe for human consumption.

34.5(2) *Storage.* Food storage areas shall be clean and located in an area that protects the food from contamination at all times. All food products shall be stored off of the floor. If removed from the original container, foods shall be stored in labeled and closed containers that are of a material that will not cause the food to become adulterated.

34.5(3) *Distribution.*

a. Foods containing raw or undercooked foods of animal origin will not be sold or distributed in a ready-to-eat form.

b. Foods produced in a home food processing establishment shall not be distributed for further processing by a food processing plant or another home food processing establishment.

c. Time/temperature control for safety homemade food items shall be maintained at safe temperatures during shipping and transportation to an end consumer, a mobile food unit, a farmers market food establishment, or a temporary food establishment operated by the same owner as the home food processing establishment.

d. Time/temperature control for safety homemade food items sold or distributed to other businesses for resale shall be maintained at or below 41°F during shipping and transportation.

e. No one may produce, distribute, offer for sale, or provide adulterated food to the public. Adulterated food shall be disposed of in a reasonable manner approved by the department.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.6(137D) Food preparation and protection.

34.6(1) *Food protection.* Foods shall be processed, stored, and distributed in a manner that protects food from contamination, including cross contamination from the environment, and allergen cross contact.

34.6(2) *Cooking.* All animal foods or foods containing animal products, if cooked, shall be cooked to an internal temperature sufficient to destroy organisms that are injurious to health. Homemade food items shall not contain raw or undercooked animal foods except for packaged raw meat or poultry items labeled with safe handling instructions informing the consumer how to safely store, prepare, and handle raw meat and poultry products in the home.

34.6(3) *Holding.* All time/temperature control for safety foods shall be held at an internal temperature of 41°F or less or 135°F or higher to control bacterial growth or toxin formation.

34.6(4) *Cooling.*

a. Time/temperature control for safety foods that have been heat-treated shall be cooled from 135°F to 70°F within two hours and from 70°F to 41°F within an additional four hours. Total cooling time shall not exceed six hours.

b. Time/temperature control for safety foods prepared with ingredients above 41°F shall be cooled to 41°F or below within four hours from the beginning of preparation.

34.6(5) *Reheating.*

a. Homemade food items that are time/temperature control for safety and have been previously heated and cooled shall be reheated to an internal temperature of 165°F within two hours or less.

b. Commercially processed time/temperature control for safety foods shall be reheated to 135°F within two hours or less.

34.6(6) *Preparation methods.*

a. High-acid foods that are produced and sold by the establishment and that are controlled by pH, such as barbeque sauce, condiments, and dressings, may be produced as homemade food items if:

(1) The product has been produced following a standardized recipe;

(2) The product does not contain more than 10 percent low-acid food ingredients by weight;

(3) The product recipe, including the name and weight of each ingredient, is submitted and approved by the regulatory authority;

(4) The product's equilibrium pH of each batch is tested with a calibrated pH tester designed for use with food. The pH shall be below 4.60, and the pH value shall be recorded on a production or batch record; and

(5) The product is adequately heated to destroy spoilage organisms.

b. Dried foods that are produced and sold under the home food processing establishment license that are controlled by (a_w), such as dehydrated or freeze-dried food may be produced as a homemade food item if:

(1) The products have been produced following a standardized recipe;

(2) The homemade food items do not contain raw or undercooked foods of animal origin; and

(3) Each batch is tested for (a_w) or the standardized written procedure for each homemade food item has been validated to ensure the final product is at or below 0.85 (a_w).

c. Jams, jellies, preserves, and fruit butters that are produced and sold under the home food processing establishment license shall meet the standard of identity specified in 21 CFR Part 150 as amended to April 1, 2023, and be produced following a standardized recipe. The home food processing establishment shall provide documentation, such as an analysis from an accredited food laboratory, that a product meets the standard of identity when requested by the regulatory authority.

d. Nonstandardized fruit jellies shall be produced following a standardized recipe and made with 45 parts of fruit to 55 parts of sugar and concentrated to 65 percent soluble solids. The home food processing establishment shall provide documentation, such as an analysis from an accredited food laboratory, that a product meets this requirement when requested by the regulatory authority.

e. Nonstandardized nonfruit jellies shall be produced following a standardized recipe and shall have a soluble solids content of 65 percent. The home food processing establishment shall provide documentation, such as an analysis from an accredited food laboratory, that a product meets this requirement when requested by the regulatory authority.

f. Standardized sweeteners and table syrups shall meet the standard of identity specified in 21 CFR Part 168 as amended to April 1, 2023. The home food processing establishment shall provide documentation that a product meets this requirement when requested by the regulatory authority.

g. A home food processing establishment that wishes to prepare foods using fermentation shall submit an HACCP plan to the department that has been validated by a recognized process authority, such as those provided on the department's website. A home food processing establishment shall not ferment food until the department has approved the HACCP plan.

h. A home food processing establishment shall not engage in the following processes to produce homemade food items:

(1) Low-acid canning (e.g., canned vegetables);

(2) Acidification to produce shelf-stable acidified foods (e.g., salsa, pickled vegetables, hot sauce);

(3) Curing (e.g., bacon, jerky, meat sticks); or

(4) Smoking food for preservation rather than flavor enhancement.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.7(137D) Packaging and labeling requirements.

34.7(1) *Legible labels.* All required labeling information shall be legible and in a location that is easily identifiable by the consumer.

34.7(2) *Labels and packaging on homemade food items, exception.* A homemade food item shall be packaged in the home food processing establishment, and all required labeling shall be affixed to the homemade food item before it is delivered to the consumer, with the exception of a homemade food item picked up by the consumer in person at the home food processing establishment. In the case of the exception, the homemade food item shall still be protected from contamination and all required labeling information shall be provided to the consumer.

34.7(3) *Raw meat and poultry products.* Packaged homemade food items that contain raw meat or poultry shall be labeled with safe handling instructions informing the consumer how to safely store, prepare, and handle raw meat and poultry products in the home.

34.7(4) *Expiration date.* Refrigerated time/temperature control for safety homemade food items that are ready-to-eat foods shall be labeled with an expiration date not to exceed seven days from the date of preparation, and the date of preparation is counted as day one. Time/temperature control for safety homemade food items may be labeled with an expiration date that exceeds seven days if the expiration date has been determined to be safe by an accredited food science institution and documentation is provided to the regulatory authority upon request.

34.7(5) *Contents.*

a. Homemade food items will be identified as required by Iowa Code section 137D.2(7).

b. Labels or other marketing materials associated with homemade food items must be truthful and not misleading.

c. Claims on labels or other marketing materials associated with homemade food items that are related to the following must conform to the United States Food and Drug Administration's (FDA's) Food Labeling Guide (January 2013). A link to the labeling guide may be found on the department's website or on the FDA's website.

(1) Health claims;

(2) Qualified health claims;

(3) Nutrient content claims (e.g., low sodium, high fiber, low fat, sugar free); or

(4) Structure/function claims.

d. Homemade food items labeled or marketed as a special dietary use food will conform to 21 CFR Part 105 as amended to April 1, 2023. The home food processing establishment shall provide documentation, such as a nutritional analysis by an accredited food laboratory, to the regulatory authority upon request.

e. Labels or other marketing materials shall not contain any claims that the homemade food item can be used in the diagnosis, cure, mitigation, treatment, or prevention of disease.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.8(137D) Sanitation.

34.8(1) There shall be sufficient means to clean, rinse, and sanitize all multi-use food contact surfaces. Cleaners and sanitizers used for these purposes shall be intended and approved for use in a commercial food establishment.

34.8(2) All food contact surfaces shall be clean to sight and touch when not in use.

34.8(3) All food contact surfaces shall be cleaned and sanitized:

a. Between each use;

b. At least every four hours if under continuous use to control microbial growth;

c. At a frequency necessary to prevent cross contamination; and

d. At a frequency necessary to prevent allergen cross contact.

34.8(4) If chemical sanitizers are used, they shall be used according to the manufacturer directions for use, and a means shall be provided for testing the proper level of chemical concentration, such as test strips designed specifically for the chemical being used.

34.8(5) Food processing, handling, and storage areas shall be neat; clean; and free from excessive accumulation of product, dust, trash, and unnecessary articles.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.9(137D) Maintenance of records by licensee.

34.9(1) An establishment shall maintain standardized recipes for each homemade food item.

34.9(2) An establishment shall maintain production or batch records, including, at a minimum, product name, date of production, and date of packaging, with the exception of made-to-order food.

34.9(3) An establishment shall maintain records of foods received as ingredients, including, at a minimum, the name and address of the supplier, name of the ingredient, and date received. A receipt of purchase is a sufficient record if it contains all of the required information.

34.9(4) An establishment shall maintain distribution records of all homemade food items that are distributed for resale, including the product name, the name and address of the business where the homemade food items were distributed, the date distributed, the quantity distributed, and the date the homemade food item was produced.

34.9(5) An establishment not served by a public water system shall maintain records of annual water tests.

34.9(6) An establishment, if it produces homemade food items that require food safety parameters to be monitored throughout production, such as temperature, pH, or (a_w), shall use testing instruments

as directed by the manufacturer and calibrated for accuracy according to the manufacturer's instructions. Monitoring results shall be documented as part of the batch record.

34.9(7) An establishment shall maintain all required records for a minimum of six months. All required records shall be made available for official review or copying upon request by the regulatory authority.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.10(137D) Violations and enforcement.

34.10(1) All violations shall be corrected within a time frame not to exceed 90 days. The license holder shall make a written report to the regulatory authority, stating the action taken to correct the violation, within five days of correction.

34.10(2) An establishment that violates this chapter or Iowa Code chapter 137D is subject to a civil penalty as set forth in Iowa Code chapter 137D.

34.10(3) The department may employ various remedies in response to violations, including but not limited to civil penalty; suspending or revoking the license; injunction; or embargo, stop-sale, or recall orders.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.11(137D) Denial, suspension, or revocation of license.

34.11(1) *Denial, suspension, or revocation of a license.* Denial, suspension, or revocation of a license is effective 30 days after mailing or personal service of the notice. The department may suspend or revoke a license as set forth in Iowa Code section 137D.8. A certified copy of a final order or judgment of conviction or plea of guilty is conclusive evidence of a conviction.

A deferred judgment, until discharged, is a conviction for purposes of this rule.

34.11(2) *Immediate suspension of license.* To the extent not inconsistent with Iowa Code chapters 17A and 137D and rules adopted pursuant to those chapters, the department or a contractor may immediately suspend a license in cases of an imminent health hazard, as defined by chapter 8 of the 2017 FDA Food Code (the "food code"). The procedures of Iowa Code section 17A.18A and chapter 8 of the food code shall be followed in cases of an imminent health hazard.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.12(137D) Inspection and access to records.

34.12(1) Home food processing establishments will be periodically inspected based on a risk assessment basis, either in person or virtually using video technology.

34.12(2) The regulatory authority may enter a food processing establishment at any reasonable hour to make an inspection. The regulatory authority will inspect only those areas related to preparing or storing food for sale. The manager or person in charge of the establishment shall afford free access to records and every part of the premises where homemade food items and ingredients are stored or prepared and render all aid and assistance necessary to enable the regulatory authority to make a thorough and complete inspection.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.13(137D) Public examination of records.

34.13(1) *Public information.* Information collected by the department and contractors is public information unless otherwise provided for by law. Records are stored in computer files and are not matched with any other data system. Inspection reports are available for public viewing at iowa.safefoodinspection.com.

34.13(2) *Confidential information.*

a. The following are examples of confidential records:

(1) Trade secrets and proprietary information, including items such as formulations, standardized recipes, processes, policies and procedures, and customer lists;

(2) Health information related to foodborne illness complaints and outbreaks;

(3) The name or any identifying information of a person who files a complaint with the department; and

(4) Other state or federal agencies' records.

b. A party claiming that information submitted to the department contains trade secrets or proprietary information should clearly mark those portions of the submission as confidential/trade secret.

34.13(3) *Other agencies' records.* Requests for records of other state or federal agencies will be referred to the appropriate agency.

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24]

481—34.14(137D) Appeals. An establishment may contest adverse action taken pursuant to this chapter by submitting a request for hearing to the department within 30 days of the mailing or service of the department's action. Appeals and hearings are governed by 7—Chapter 2506. For contractors, license holders shall have the opportunity for a hearing before the local board of health. If the hearing is conducted before the local board of health, the license holder may appeal to the department and shall follow the process for review in rule 7—2506.27(17A).

[**ARC 7810C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 137D.

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CHAPTER 35
CONTRACTOR REQUIREMENTS

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—35.1(137C,137D,137F) Definitions. The definitions in rule 481—30.2(10A,137C,137F) and Iowa Code sections 137C.2, 137D.1 and 137F.1 are hereby incorporated by reference as part of this chapter.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.2(137C,137D,137F) Contracts. A municipal corporation or county may enter into an agreement with the department to license, inspect and enforce under Iowa Code chapters 137C, 137D and 137F.

35.2(1) The department will investigate the municipal corporation or county to determine if it possesses adequate resources to fulfill the requirements of the contract.

35.2(2) A copy of the contract is available from the Department of Inspections, Appeals, and Licensing, Food and Consumer Safety Bureau, 6200 Park Avenue, Des Moines, Iowa 50321.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.3(137C,137D,137F) Contractor.

35.3(1) The contractor will:

a. Furnish the personnel, materials, services and facilities necessary to perform the required functions of the contract;

b. Cooperate with the department's monitoring activities in areas under the scope of this agreement;

c. Provide 24-hour-per-day, seven-day-per-week coverage of the facilities under contract;

d. Ensure that personnel are available at all times to respond to complaints, investigations, emergencies and other situations;

e. Supply trained personnel who are prepared and have the capability to perform inspections; and

f. Provide other information as requested by the department in regard to inspections and licenses issued under the contract.

35.3(2) The contractor is not an authorized agent of the state of Iowa.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.4(137C,137D,137F) Contractor inspection personnel.

35.4(1) Contractor inspection personnel will possess experience and education qualifications equal to those required for state food inspectors, including application of the food code. Municipal corporations or counties that wish to contract with the department to perform food inspections under Iowa Code chapters 137C, 137D and 137F but do not have trained personnel to perform these services will reimburse the department for the cost of providing the required training.

35.4(2) The salary received by contractor inspection personnel should be comparable to state inspection personnel.

35.4(3) Contractor inspection personnel will participate in state-sponsored training activities.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.5(137C,137D,137F) Investigation. The contractor will investigate all alleged food-borne illnesses in areas licensed and inspected under the agreement. The contractor will notify the department immediately of the existence of any food-borne or other illness caused by, or suspected to have been caused by, unsanitary conditions existing within the jurisdiction of the contractor.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.6(137C,137D,137F) Inspection standards. Inspections will be completed using forms prescribed by the department for those inspections. The contractor will follow applicable standards for inspections found in Iowa Code chapters 137C, 137D and 137F and 481—Chapters 30, 31, 34, 35, and 37. Copies of inspection standards are available from the Department of Inspections, Appeals, and Licensing, Food and Consumer Safety Bureau, 6200 Park Avenue, Des Moines, Iowa 50321.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.7(137C,137D,137F) Enforcement. The contractor will enforce state laws and rules, including regulations adopted by reference. These regulations are the legal basis of authority in licensing and inspection of establishments under this contract.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.8(137C,137D,137F) Licensing. The contractor will issue licenses and collect license fees.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.9(137C,137D,137F) Records. The contractor will maintain records of all inspections, license applications and fees for a minimum of three years and provide the records to the department upon its request.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

481—35.10(137C,137D,137F) Contract rescinded. If the department determines that Iowa Code chapters 137C, 137D and 137F are not being enforced by the contractor, the department may rescind the agreement. Notification will be provided to the contractor at least 30 days in advance of the action. The contractor has the right to request a hearing with the department to contest the action.
[**ARC 0060D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapters 137C, 137D and 137F.

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CHAPTER 36
EGG HANDLERS

Rescinded **ARC 0989C**, IAB 9/4/13, effective 10/9/13; see 21—Chapter 36

CHAPTER 37
HOTEL AND MOTEL INSPECTIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—37.1(137C) Building and grounds. Owners or managers are expected to keep hotels clean, meaning no litter nor accumulation of refuse anywhere on the premises. The floors, walls, and ceilings shall be kept clean and in good repair.

37.1(1) Screens, self-closing doors or other effective methods shall be used to keep flies, mosquitoes and other pests out of hotel lobbies, kitchens or any other indoor area.

37.1(2) All garbage must be kept in metal or plastic containers with tight-fitting lids and removed regularly to avoid offensive odors, a problem with insects or rodents, or health or fire hazards.

37.1(3) Any room or article that becomes infested with insects or vermin shall be cleaned or chemically treated until there are no more insects or vermin.

[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.2(137C) Guest rooms. Hotels built or extensively remodeled, as determined by the department, shall provide ventilation in guest rooms with windows or mechanical devices. The furniture, drapes and accessories shall be kept clean and in good repair.

[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.3(137C) Bedding. All materials used on a bed or any sleeping place shall be kept clean and in good repair.

37.3(1) There shall be an under sheet and top sheet that are large enough to cover the mattress for every bed. Pillows shall have pillow slips.

37.3(2) Each guest shall be furnished clean sheets and pillow slips.

37.3(3) All other bedding shall be aired between guests and kept clean.

[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.4(137C) Lavatory facilities. Hotels built or remodeled shall have lavatory facilities in each guest room, except for bed and breakfast inns.

37.4(1) Each guest room shall be equipped with hot and cold running water fixtures. The floors shall be nonabsorbent and impermeable so they can be washed with water.

37.4(2) Lavatory rooms shall be well-lighted and vented to the outside of the building, which may be done with electric units.

37.4(3) Each guest shall have a clean towel each day.

37.4(4) Bed and breakfast inns shall provide at least one restroom that is available to overnight guests that is equipped as provided in subrules 37.4(1) through 37.4(3).

[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.5(137C) Glasses and ice.

37.5(1) Each guest shall have clean glasses to use. All cups, glasses or utensils usable more than once shall be sanitized by:

a. A sanitizing solution used in accordance with the manufacturer's use instructions; or

b. A mechanical dishwasher that sanitizes and is operated in accordance with the manufacturer's instructions.

37.5(2) Sanitizing temperature or solution concentration measuring devices are readily available to frequently measure sanitizing temperatures and sanitizing solution concentrations.

37.5(3) Ice kept for guests to use shall be protected from contamination with tight lids on ice machines or storage bins. Containers used to store ice shall be continuously drained and have no direct waste connection. Ice containers and utensils shall be designed so that the surfaces are made of a material that is safe for use as a food contact surface and so that the surface can be adequately cleaned.

[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.6 Reserved.

481—37.7(137C) Room rates. Room rates will be posted in accordance with Iowa Code chapter 137C.
[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.8(137C) Inspections. Hotels will be inspected in accordance with Iowa Code chapter 137C.
[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.9(137C) Enforcement. Violation of these rules or any provision of Iowa Code chapter 137C is a simple misdemeanor. The department may employ various remedies if violations are discovered, including suspension or revocation of licenses (Iowa Code section 137C.10) or injunction (Iowa Code section 137C.29).
[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

481—37.10(137C) Criminal offense—conviction of license holder.

37.10(1) The department may suspend or revoke the license of a license holder who conducts an activity constituting a criminal offense as set forth in Iowa Code section 137C.10(3).

37.10(2) A certified copy of the final order or judgment of conviction or plea of guilty is conclusive evidence of the conviction of the license holder.
[**ARC 0061D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 137C.

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CHAPTERS 38 and 39
Reserved

CHAPTER 40
FOSTER CARE FACILITY INSPECTIONS
Rescinded **ARC 6802C**, IAB 1/11/23, effective 2/15/23

CHAPTER 41
PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN (PMIC)

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—41.1(135H) Definitions. The definitions set forth in Iowa Code section 135H.1 are incorporated herein. As used in this chapter:

"Nurse practitioner" means a registered professional nurse who is currently licensed to practice in the state, who meets state requirements and is currently licensed to practice nursing under the nursing board[655] rules in the Iowa Administrative Code.

"Physician associate" means a person licensed to practice under Iowa Code chapter 148C.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 6/10/26]

481—41.2(135H) Application for license. In order to obtain an initial license for a PMIC, the applicant must comply with Iowa Code chapter 135H and the rules in this chapter. Each applicant must submit the following documents to the department:

1. A completed Psychiatric Medical Institutions for Children application;
2. A copy of a department of human services license as a comprehensive residential care facility issued pursuant to Iowa Code section 237.3(2)*"a,"* or a copy of a license granted by the department of public health pursuant to Iowa Code section 125.13, as a facility which provides substance abuse treatment;
3. A floor plan of each floor of the facility on 8½″ by 11″ paper showing:

- Room areas in proportion;
- Room dimensions;
- Numbers for all rooms including bathrooms;
- A designation of use for each room; and
- Window and door locations;

4. A photograph of the front and side elevation of the facility;
5. The fee set forth in Iowa Code section 135H.5; and
6. Evidence of:

- Accreditation in accordance with Iowa Code section 135H.6(1)*"b"*;
- Department of public health certificate of need;
- Approval of the department of human services in accordance with Iowa Code section 135H.6(1)*"e"*; and
- Compliance with the requirements of Iowa Code section 135H.6(1)*"f."*

This rule is intended to implement Iowa Code sections 135H.4, 135H.5, and 135H.6.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.3(135H) Renewal application or change of ownership. In order to renew a license or change ownership of the psychiatric medical institution for children, the applicant must submit to the department:

1. A completed application form 30 days before the renewal date or before the date of the ownership change; and
2. The PMIC license fee.

41.3(1) *Denial, suspension or revocation of a license.* The department may deny, suspend or revoke a PMIC license for any of the reasons set forth in Iowa Code section 135H.8.

The department will issue notice of denial, suspension or revocation by certified mail or by personal service.

41.3(2) *Appeal process.* When a license is denied, revoked or suspended, a hearing may be requested pursuant to 481—subrule 50.5(2) and shall be conducted pursuant to rule 481—50.6(10A). During the appeal process, the status of a license shall remain as it was on the date the hearing was requested. The status shall not change until a final decision is rendered by the department.

This rule is intended to implement Iowa Code sections 135H.8 and 135H.9.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.4(135H) Licenses for distinct parts. Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, containing contiguous rooms in a separate wing or building or on a separate floor of the facility, and which provide care and services of separate categories. The following requirements shall be met for licensing a distinct part:

41.4(1) The distinct part shall serve only children who require the category of care and services immediately available within that part.

41.4(2) The distinct part shall meet all the standards, rules and regulations which pertain to the category for which a license is sought.

41.4(3) The distinct part must be operationally and financially feasible.

41.4(4) A separate personal care staff with qualifications appropriate to the care and services offered must be regularly assigned and working in the distinct part under responsible management.

41.4(5) Separately licensed distinct parts may have some services such as management, building maintenance, laundry and dietary in common with each other.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.5(135H) Waivers. Waivers from these rules may be granted by the director of the department:

1. When the need for a waiver has been established; and
2. When there is no danger to the health, safety, welfare or rights of any child.

The waiver will apply only to a specific PMIC.

Waivers shall be reviewed at the time of each licensure survey by the department to determine continuing need.

41.5(1) To request a waiver, the licensee must:

a. Apply in writing on a form provided by the department;

b. Cite the rule or rules from which a waiver is desired;

c. State why compliance with the rule or rules cannot be accomplished;

d. Explain how the waiver is consistent with the individual program plans; and

e. Demonstrate that the requested waiver will not endanger the health, safety, welfare or rights of any child.

41.5(2) Upon receipt of a request for waiver, the director shall:

a. Examine the rule from which the waiver is requested;

b. Evaluate the requested waiver against the requirement of the rule to determine whether the request is necessary to meet the needs of the children; and

c. Examine the effect of the requested waiver on the health, safety or welfare of the children.

[**ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—41.6(135H) Notice to the department.

41.6(1) The department shall be notified at the times stated when the following events are expected to occur:

a. Thirty days before addition, alteration or new construction is begun in the PMIC or on the premises;

b. Thirty days in advance of closure of the PMIC or change in the category of license sought; and

c. Within two weeks of any change of administrator.

41.6(2) Prior to the purchase, transfer, assignment or lease of a PMIC, the licensee shall:

a. Inform the department in writing of the pending sale, transfer, assignment or lease of the facility; and

b. Inform the department in writing of the name and address of the prospective purchaser, transferee, assignee or lessee at least 30 days before the sale, transfer, assignment or lease is complete.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.7(135H) Inspection of complaints. The department shall conduct a preliminary review of all complaints filed against a PMIC. Unless a complaint is determined to be intended as harassment or to be without reasonable basis, the department shall inspect the PMIC within 20 working days of receipt of the complaint.

This rule is intended to implement Iowa Code section 135H.12.

481—41.8(135H) General requirement. Inpatient psychiatric services for recipients under age 21 must be provided under the direction of a physician.

When a resident has received services immediately before reaching age 21, services must be complete before the earlier of the following:

1. The date the recipient no longer requires services; or
2. The date the recipient reaches age 22.

481—41.9(135H) Certification of need for services. All recipients of services shall have written certification which ensures the following:

1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient;
2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so services will no longer be needed.

Certification of need shall be completed in accordance with 42 CFR Sections 441.152 and 441.153.

[**ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.10(135H) Active treatment. Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care as described in rule 481—41.12(135H). The plan of care shall be:

1. Developed and implemented no later than 14 days after admission; and
2. Designed to achieve discharge from inpatient status at the earliest possible time.

481—41.11(135H) Individual plan of care. "Individual plan of care" means a written plan developed for each child. The plan of care shall be designed to improve the condition of each child to the extent that inpatient care is no longer necessary.

41.11(1) The plan of care must be based on a diagnostic evaluation that includes examination of the:

a. Medical,
b. Psychological,
c. Social,
d. Behavioral, and
e. Developmental aspects of the child's situation.

The plan of care shall reflect the need for inpatient psychiatric care.

41.11(2) The plan of care shall be developed by the team of professionals specified in rule 481—41.13(135H) in consultation with the recipient, the parents, legal guardian or other person into whose care the child will be released after discharge. The plan of care shall include:

a. Diagnoses, symptoms, complaints and complications indicating the need for admission;
b. Treatment objectives;
c. An integrated program of therapies, activities and experiences designed to meet the objectives;
d. A description of the functional level of the individual;
e. Any orders for:
(1) Medications,
(2) Treatments,
(3) Restorative and rehabilitative services,
(4) Activities,
(5) Therapies,
(6) Social services,
(7) Diet, and
(8) Special procedures recommended for the health and safety of the patient; and

f. At an appropriate time, postdischarge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the recipient's family, school and community upon discharge.

41.11(3) The plan of care shall be reviewed every 30 days by the team referred to in rule 481—41.13(135H) to:

a. Determine that services being provided are or were required on an inpatient basis; and

b. Recommend changes in the plan as indicated by the recipient's overall adjustment as an inpatient.

This rule is intended to implement Iowa Code section 135H.3.

481—41.12(135H) Individual written plan of care. Before admission to a PMIC and before authorization for payment, the attending physician or staff physician must establish written plans for continuing care including review and modification of the plan of care.

481—41.13(135H) Plan of care team. The individual plan of care shall be developed by an interdisciplinary team of physicians and other personnel who are employed by the facility or provide services to patients.

41.13(1) Based on education and experience, the team must be capable of:

a. Assessing the recipient's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

b. Assessing the potential resources of the recipient's family;

c. Setting treatment objectives; and

d. Prescribing therapeutic modalities to achieve the plan's objectives.

41.13(2) The team shall include at least one member who is experienced in child psychiatry or child psychology and must include, as a minimum, either:

a. A board-eligible or board-certified psychiatrist; or

b. A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or

c. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnoses and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the state psychological association.

41.13(3) The team must also include one of the following:

a. A psychiatric social worker;

b. A registered nurse with specialized training or one year of experience in treating mentally ill individuals;

c. A licensed occupational therapist who has specialized training in treating mentally ill individuals; or

d. A psychologist who has a master's degree in clinical psychology or who has been certified by the state psychological association.

This rule is intended to implement Iowa Code section 135H.3.

481—41.14(135H) Required discharge. The licensee shall not refuse to discharge a child when directed by the physician, parent or legal guardian unless so directed by the court.

481—41.15(135H) Criminal behavior involving children. A person who has a record of a criminal conviction or a founded child abuse or dependent adult abuse shall not be licensed to operate, be employed by, or reside in a PMIC unless an evaluation of the crime or founded child or dependent adult abuse has been made by the department of human services which concludes that the crime or founded child or dependent adult abuse does not merit prohibition of employment.

41.15(1) A PMIC shall request that the department of human services (DHS) conduct a criminal and child abuse record check, when a person is being considered for licensure or for employment if the person will:

a. Have direct responsibility for a child;

b. Have access to a child when the child is alone; or

c. Reside in the facility.

41.15(2) A PMIC shall inform all new applicants for employment of the requirement for the criminal and child abuse record checks and the possibility of a dependent adult abuse record check. The PMIC shall obtain, from the applicant, a signed acknowledgment of the receipt of this information.

41.15(3) A PMIC shall include the following inquiry in an application for employment: "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?"

41.15(4) DHS will inform the PMIC of the results of the criminal, child abuse, and dependent adult abuse record checks. If a record of a criminal conviction or founded child or dependent adult abuse exists, the PMIC will be informed on Form 470-2310, "Record Check Evaluation." The subject of the report shall complete that form and it shall be returned to DHS to request evaluation of the record to determine whether prohibition of the person's licensure, employment, or residence is warranted.

41.15(5) If the evaluation is not requested or if the DHS determines that the person has committed a crime or has a record of founded child abuse or dependent adult abuse which warrants prohibition of licensure, employment, or residence, the person shall not be licensed to operate, be employed by, or reside in a PMIC.

This rule is intended to implement Iowa Code section 135H.7.

481—41.16(22,135H) Confidential or open information. The department maintains files for psychiatric medical institutions for children. These files are organized by facility name and contain both open and confidential information.

41.16(1) Open information includes:

a. License application and status;

b. Waiver requests and responses;

c. Final findings of state license survey investigations;

d. Records of complaints;

e. Plans of correction submitted by the facility;

f. Medicaid status; and

g. Official notices of license sanctions.

41.16(2) Confidential information includes:

a. Inspection or investigation information which does not comprise a final finding. This information may be made public in a proceeding concerning the denial, suspension or revocation of a license, under Iowa Code section 135H.8;

b. Names and identities of all complainants; and

c. Names of children in all facilities, identifying information and the address of anyone other than an owner.

This rule is intended to implement Iowa Code sections 22.11, 135H.11 and 135H.13.

[**ARC 5719C**, IAB 6/16/21, effective 7/21/21; **ARC 6973C**, IAB 4/5/23, effective 5/10/23]

481—41.17(135H) Additional provisions concerning physical restraint. If a PMIC uses a physical restraint, the following provisions shall apply:

41.17(1) No employee shall use any prone restraints. For the purposes of this rule, "prone restraints" means those in which an individual is held face down on the floor. Employees who find themselves involved in the use of a prone restraint as the result of responding to an emergency must take immediate steps to end the prone restraint.

41.17(2) No employee shall use any restraint that obstructs the airway of any resident.

41.17(3) If an employee physically restrains a resident who uses sign language or an augmentative mode of communication as the resident's primary mode of communication, the resident shall be permitted to have the resident's hands free of restraint for brief periods, unless an employee determines that such freedom appears likely to result in harm to self or others.

This rule is intended to implement Iowa Code sections 135H.4 and 135H.5.

[**ARC 8857B**, IAB 6/16/10, effective 7/21/10]

This chapter is intended to implement Iowa Code chapters 17A, 22 and 135H.

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[Filed ARC 6973C (Notice ARC 6813C, IAB 1/11/23), IAB 4/5/23, effective 5/10/23]
[Editorial change: IAC Supplement 6/10/26]

[1] Incorporated 11/28/90

CHAPTERS 42 to 48
Reserved

CHAPTER 49
AMBULATORY SURGICAL CENTERS

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—49.1(135R) Definitions.

"Ambulatory surgical center" means the same as defined by Iowa Code section 135R.1.

"Department" means the department of inspections, appeals, and licensing.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24]

481—49.2(135R,10A) Application and licensing.

49.2(1) *Application and licensing.* An ambulatory surgical center shall obtain a license from the department in accordance with Iowa Code section 135R.2.

a. An ambulatory surgical center seeking licensure will make application on forms provided by the department or through the department's online application system. Upon receipt of a completed application, including completion of the building and plan review set forth in paragraph 49.2(1)*"b,"* and receipt of the $50 fee set forth in Iowa Code section 135R.3(3), the application will be considered.

b. An ambulatory surgical center applicant shall submit architectural technical documents, engineering documents, and plans and specifications to the department's building and construction division in accordance with rule 481—300.4(103A) that demonstrate the applicant's compliance with the construction and physical environment requirements of subrule 49.4(2). The submission may be completed by an authorized agent of the applicant or the responsible design professional, who shall certify that the building or building plans meet the construction and physical environment standards within subrule 49.4(2) or that a waiver has been granted by the department for any noncompliant standard. If the applicant was operating prior to and continuously since July 1, 2023, the applicant is permitted up to six months after submission of its license application to submit plans demonstrating compliance with subrule 49.4(1) or obtaining waivers for the construction and physical environment standards in accordance with subrule 49.4(2).

49.2(2) *Certificate of need.* An ambulatory surgical center will be granted an initial license and is not required to obtain a new certificate of need solely because licensure is mandated by Iowa Code chapter 135R if the ambulatory surgical center was operating prior to and continuously since July 1, 2023. If an ambulatory surgical center beginning or modifying its operations on or after July 1, 2023, would be required to obtain a certificate of need from the health facilities council pursuant to Iowa Code chapter 10A, subchapter VII, part 2, it shall obtain a certificate of need from the health facilities council prior to submitting its license application to the department.

49.2(3) *Renewal, changes of ownership, and changes of information.* A license issued pursuant to this chapter expires one year after the date of issuance or as indicated on the license.

a. Renewal. To renew a license, a completed application form shall be submitted to the department 30 days prior to license expiration.

b. Change of ownership. To request a change of ownership, a completed application form shall be submitted to the department for the new owner at least 30 days prior to the proposed effective date of the change of ownership. A change of ownership includes the purchase, transfer, assignment, or lease of the licensed ambulatory surgical center and includes a change in the management company responsible for the day-to-day operation of the ambulatory surgical center if the management company is ultimately responsible for any enforcement action taken by the department. For purposes of determining ownership and whether such changes constitute a change of ownership, the department adopts the Centers for Medicare and Medicaid Services (CMS) State Operations Manual sections 3210.1A and 3210.1D (Rev. 1, 05-21-04).

c. Change of information. The department should be notified of any changes to an applicant's or licensee's application information within 30 days of the date the change occurs, including the cessation of operation.

49.2(4) *Public display.* The license shall be displayed in a conspicuous place in the ambulatory surgical center viewed by the public.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 8/5/26]

481—49.3(135R,10A) Inspections.

49.3(1) *Frequency.* Inspections may be initiated because of a complaint or other information received by the department or upon referral from other agencies. The department will perform inspections at the same frequency and utilize any priority tier structure for survey and certification activities required for inspections of Medicare-certified ambulatory surgical centers. The department will recognize, in lieu of its own licensure inspection, the comparable inspection and findings of a Medicare survey or an accrediting organization survey from an accrediting organization approved by CMS for federal certification. An ambulatory surgical center utilizing an accrediting organization survey to satisfy the requirements of this subrule shall submit an accreditation certificate to the department within 30 days of completion of each accrediting organization survey.

49.3(2) *Access to records.* An inspector with the department may enter an ambulatory surgical center without a warrant and may examine and copy all records and items pertaining to the inspection unless the record or item is protected by some other legal privilege.

49.3(3) *Evaluation of allegations and referral to other agencies.* If an inspection is initiated, the department will evaluate the allegations to determine whether the allegations should also be referred to other local, state, or federal agencies. If the department believes a criminal or regulatory violation has occurred or is occurring, the department shall notify the appropriate law enforcement or regulatory agencies.

49.3(4) *Final findings.* The department will notify the ambulatory surgical center and any complainant, in writing, of the final findings of an inspection.

49.3(5) *Inspector conflict of interest.* An employee of the department will be excluded from participating in the inspection of an ambulatory surgical facility described by Iowa Code section 135R.5(3).

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24]

481—49.4(135R) General licensing standards.

49.4(1) *Federal specific conditions of coverage.* A state-licensed ambulatory surgical center shall comply with the specific conditions for coverage in the federal Medicare program for ambulatory surgical centers under 42 CFR Part 416, Subpart C, as amended to July 1, 2023, and federal interpretive guidelines for such regulations, including Appendix L of the State Operations Manual published by CMS, Rev. 215, as amended to July 21, 2023, or an accreditation standard of The Joint Commission, the American Association for Accreditation of Ambulatory Surgical Facilities, the Accreditation Association for Ambulatory Health Care, or an accrediting organization approved by CMS for federal certification if the state-licensed ambulatory surgical center is inspected by an accrediting organization pursuant to subrule 49.3(1).

49.4(2) *Construction and physical environment standards.* In accordance with subrule 49.4(1), the construction and physical environment standards of 42 CFR 416.44 as amended to July 1, 2023, are adopted. Ambulatory surgical centers built in compliance with construction and environment standards applicable at the time of building approval or building plan approval under subrule 49.2(1) are deemed in compliance with subsequent regulations, with the exception of any structural renovations, additions, functional alterations, or changes in space utilization after the date of approval. Any such structural renovations, additions, functional alterations, or changes in space utilization that will occur after the licensee's initial approval shall be reviewed and approved in accordance with paragraph 49.2(3)*"b"* prior to such changes being made.

49.4(3) *External reporting.* An ambulatory surgical center shall report quality data to the Iowa department of health and human services consistent with the data required to be reported to CMS in accordance with rules promulgated by the Iowa department of health and human services.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24]

481—49.5(135R) Enforcement and penalties.

49.5(1) *Denial, suspension, or revocation.* The license for an ambulatory surgical center may be denied, suspended, or revoked for failure to comply with Iowa Code chapter 135R or this chapter, including any reason for which an ambulatory surgical center could be denied, suspended, or terminated from the

federal Medicare program for ambulatory surgical centers under 42 CFR Part 416 as amended to July 1, 2023, and federal interpretive guidelines, including Appendix L of the State Operations Manual published by CMS, Rev. 215, as amended to July 21, 2023.

49.5(2) *Effective date and contested case appeals.* Unless otherwise stated, a denial, suspension or revocation of license is effective 30 days after certified mailing or personal service of the notice upon the licensee. The licensee may request a contested case hearing by submitting a request, in writing, to the department within 30 days of the mailing or service. Contested case appeals and hearings are governed by 7—Chapter 2506, 481—Chapter 10, and 481—Chapter 16.

49.5(3) *Enjoining an unlicensed ambulatory surgical center.* An injunction or other process against any person to restrain or prevent the establishment, operation, or maintenance of an ambulatory surgical center without a license may be pursued by the department in accordance with Iowa Code section 135R.7.

49.5(4) *Operation of unlicensed ambulatory surgical center—serious misdemeanor.* A person establishing, operating, or maintaining an ambulatory surgical center without a license commits a serious misdemeanor as set forth in Iowa Code section 135R.9.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 8/5/26]

481—49.6(135R,10A) Public and confidential information. The department's final findings with respect to compliance by an ambulatory surgical center with requirements for licensing will be made available to the public on the department's website. Other information relating to an ambulatory surgical center obtained by the department that does not constitute the department's final findings from an inspection, including the name and identifying information about a complainant, are confidential in accordance with Iowa Code section 135R.6. This rule does not inhibit the referral of otherwise confidential information to other law enforcement or regulatory agencies pursuant to Iowa Code section 10A.105(5).

49.6(1) *Public disclosure.* The following records are open and available for inspection:

a. License application forms and accompanying materials;

b. Final findings of the department's inspections;

c. Official notices of any enforcement action.

49.6(2) *Confidential information.* Confidential information includes the following:

a. Information obtained by the department that does not comprise a final finding resulting from an inspection. Inspection information that does not comprise a final finding may be made public in a contested case proceeding concerning the department's final findings, including the denial or revocation of registration.

b. Names and identifying information of all complainants.

49.6(3) *Redaction of confidential information.* If a record normally open for inspection contains confidential information, the confidential information will be redacted prior to providing the record for inspection.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24]

481—49.7(135R,10A) Waivers. Requests for waiver may be submitted to the department in accordance with 7—Chapter 2504. Waivers may be granted by the director of the department when, in the director's discretion, good and sufficient reasons underlying the need for a waiver have been established; no substantial risk to the health, safety, or welfare of patients is presented by approving the waiver; and alternate means are employed or compensating circumstances exist to justify the waiver. Any waiver granted is limited to the specific project under consideration and does not establish a precedent for similar acceptance in other cases.

[**ARC 7886C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 135R and 10A.

[Filed ARC 7886C (Notice ARC 7650C, IAB 2/21/24), IAB 5/1/24, effective 6/5/24]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 50
HEALTH CARE FACILITIES ADMINISTRATION

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—50.1(10A) Inspections. The health facilities division inspects health care facilities, hospitals, and providers and suppliers of medical services in Iowa. Standards to obtain a license are explained in this chapter.

481—50.2(10A) Definitions.

"Administrator" means the person coordinating the administration of the division.

"Department" means the department of inspections and appeals.

"Director" means the director of inspections and appeals.

"Division" means the health facilities division.

481—50.3(135B,135C) Licensing. All hospitals and health care facilities shall be licensed by the department. Applications are available from the Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319-0083. Completed applications are returned to the division with the fee.

50.3(1) Initial fees for hospitals are:

a. Fifty beds or less, $15;

b. More than 50 and not more than 100 beds, $25;

c. Any greater number of beds, $50.

A fee of $10 is charged to renew a hospital license each year.

50.3(2) Initial and renewal fees for health care facilities are:

a. Ten beds or less, $20;

b. More than 10 and not more than 25 beds, $40;

c. More than 26 and not more than 75 beds, $60;

d. More than 76 and not more than 150 beds, $80;

e. Any greater number of beds, $100.

50.3(3) Standards used to determine whether a license is granted or retained are found in the rules of the department of inspections and appeals in the Iowa Administrative Code as follows:

a. Hospitals, 481—Chapter 51;

b. Hospices, 481—Chapter 53;

c. Residential care facilities, 481—Chapters 57 and 60;

d. Nursing facilities, 481—Chapters 58 and 61;

e. Residential care facilities for persons with mental illness, 481—Chapters 60 and 62;

f. Residential care facilities, three- to five-bed license, 481—Chapter 63;

g. Intermediate care facilities for the intellectually disabled, 481—Chapter 64; and

h. Intermediate care facilities for persons with mental illness, 481—Chapter 65.

50.3(4) Posting of license. The license shall be posted in each facility so the public can see it easily.

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 7035C**, IAB 5/31/23, effective 7/5/23]

481—50.4(135C) Fines and citations. A fine or citation will be issued and may be contested according to the rules in 481—Chapter 56.

481—50.5(135C) Denial, suspension or revocation.

50.5(1) A denial, suspension or revocation shall be effective 30 days after certified mailing or personal service of the notice.

50.5(2) A hearing may be requested and the request must be made in writing to the department within 30 days of the mailing or service.

481—50.6(10A) Formal hearing. All decisions of the division may be contested. Appeals and hearings are controlled by 7—Chapter 2506, "Contested Cases," and 481—Chapter 10, "Rules of Procedure and Practice Before the Administrative Hearings Division."

50.6(1) The proposed decision of the hearing officer becomes final 15 days after it is mailed.

50.6(2) Any request for administrative review of a proposed decision must:

1. Be made in writing,
2. Be mailed by certified mail to the director, within 15 days after the proposed decision was mailed to the aggrieved party,
3. State the reason(s) for the request.

A copy shall also be sent to the hearing officer at the Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

50.6(3) The decision of the director shall be based upon the record and becomes final agency action upon mailing by certified mail.

50.6(4) The fees of witnesses for attendance and travel shall be the same as the fees for witnesses before the district court and shall be paid by the party to the proceeding at whose request the subpoena is issued.

[**ARC 3523C**, IAB 12/20/17, effective 1/24/18; **ARC 7035C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 8/5/26]

481—50.7(10A,135C) Additional notification. A health care facility shall notify the department within 24 hours, or the next business day, by the most expeditious means available (I,II,III):

50.7(1) Of any accident causing major injury.

a. "Major injury" shall be defined as any injury which:

(1) Results in death; or

(2) Requires admission to a higher level of care for treatment, other than for observation; or

(3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.

b. The following are not reportable accidents:

(1) An ambulatory resident, as defined in rules 481—57.1(135C), 481—58.1(135C), and 481—63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or

(2) Spontaneous fractures; or

(3) Hairline fractures.

50.7(2) When damage to the facility is caused by a natural or other disaster, including physical impairments affecting operations (e.g., failure of a heating or cooling system, water heater failure).

50.7(3) When there is an act that causes major injury to a resident or when a facility has knowledge of a pattern of acts committed by the same resident on another resident that results in any physical injury. For the purposes of this subrule, "pattern" means two or more times within a 30-day period.

50.7(4) When a resident elopes from a facility. For the purposes of this subrule, "elopes" means when a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff.

50.7(5) When a resident attempts suicide, regardless of injury.

50.7(6) When a fire occurs in a facility and the fire requires the notification of emergency services, require full or partial evacuation of the facility, or causes physical injury to a resident.

50.7(7) When a defect or failure occurs in the fire sprinkler or fire alarm system for more than 4 hours in a 24-hour period. (This reporting requirement is in addition to the requirement to notify the state fire marshal.)

NOTE: Additional reporting requirements are created by other rules and statutes, including but not limited to Iowa Code chapter 235E, which requires reporting of dependent adult abuse.

[**ARC 7035C**, IAB 5/31/23, effective 7/5/23]

481—50.8(22,135B,135C) Records. The division collects and stores a variety of records in the course of licensing and inspecting hospitals and health care facilities, as described in 7—Chapter 2505. The records contain both public and confidential information.

50.8(1) *Public information.* The following are general categories of public information:

a. The department's final findings or the final findings of an accreditation organization with respect to compliance by a hospital or health care facility with requirements for licensing or accreditation, including any plan of correction;

b. Applications for licensing or certification, accompanying materials, and status of any application;

c. Reports from the state fire marshal;

d. Information regarding complaints, unless otherwise confidential pursuant to subrule 50.8(2) or Iowa Code section 22.7;

e. Waiver requests and responses;

f. Official notices of licensing or certification sanctions.

50.8(2) *Confidential information.* The following are general categories of confidential information:

a. Information that does not comprise a final report resulting from a survey, investigation, or entity-reported incident investigation, except as set forth in Iowa Code section 135B.12 or 135C.19(1);

b. Names of complainants;

c. Names of patients or residents and any identifying medical information;

d. The address of anyone other than an owner.

50.8(3) *Redaction of confidential information.* If a record normally open for inspection contains confidential information, the confidential information shall be redacted before the records are provided for inspection.

[**ARC 7035C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 8/5/26]

481—50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.

50.9(1) *Definitions.* The following definitions apply for the purposes of this rule.

"Background check" or *"record check"* means criminal history, child abuse and dependent adult abuse record checks.

"Certified nurse aide training program" means a program approved in accordance with the rules for such programs adopted by the department of human services for the training of persons seeking to be a certified nurse aide for employment in a facility as defined by this rule or in a hospital as defined in Iowa Code section 135B.1.

"Comprehensive preliminary background check" means a criminal history check of all states in which the applicant has worked or resided over the seven-year period immediately prior to submitting an application for employment or participation in a certified nurse aide training program that is conducted by an approved third-party vendor.

"Direct services" means services provided through person-to-person contact. "Direct services" excludes services provided by individuals such as building contractors, repair workers, or others who are in a facility for a very limited purpose, are not in the facility on a regular basis, and who do not provide any treatment or services for residents, patients, tenants, or participants of the provider.

"Employed in a facility" or *"employment within a facility"* means all of the following if the provider is regulated by the state or receives any federal or state funding:

1. An employee of a health care facility licensed under Iowa Code chapter 135C if the employee provides direct or indirect services to residents;
2. An employee of a home health agency if the employee provides direct services to consumers;
3. An employee of a hospice if the employee provides direct services to consumers;
4. A health care employment agency worker as defined by Iowa Code section 135Q.1.

"Employee" means any individual who is paid either by the facility or any other entity (i.e., health care employment agency, private duty, Medicare/Medicaid or independent contractors).

"Evaluation" means review by the department of human services to determine whether a founded child abuse, dependent adult abuse or criminal conviction warrants prohibition of the person's employment in a facility; or whether a founded child abuse, dependent adult abuse or criminal conviction warrants

prohibition of a student's involvement in a clinical education component of the certified nurse aide training program involving children or dependent adults.

"Facility," for purposes of this rule, means all of the following if the provider is regulated by the state or receives any federal or state funding:

1. A health care facility licensed under Iowa Code chapter 135C;
2. A home health agency;
3. A hospice.

"Indirect services" means services provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance.

"Student" means a person applying for, enrolled in, or returning to a certified nurse aide training program.

50.9(2) *Explanation of "crime."* For purposes of this rule, the term "crime" does not include offenses under Iowa Code chapter 321 classified as simple misdemeanor or equivalent simple misdemeanor offenses from another jurisdiction.

50.9(3) *Requirements for employer prior to employing an individual.* Prior to employment of a person in a facility, the facility shall complete the background check requirements set forth below.

a. Informing the prospective employee. A facility shall ask each person seeking employment by the facility, "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under Iowa Code chapter 321 or equivalent provisions, in this state or any other state?" In addition, the person shall be informed that a background check will be conducted. The person shall indicate, by signature, that the person has been informed that the background check will be conducted. (I, II, III)

b. Conducting a background check. The facility shall either request that the department of public safety perform a criminal history check and that the department of human services perform child and dependent adult abuse record checks of the person in this state, or access the single contact repository (SING) to perform the required background check. If the SING is used, the facility shall submit the person's prior name(s), if applicable, with the background check request. (I, II, III)

c. If a person being considered for employment has been convicted of a crime. If a person being considered for employment in a facility has been convicted of a crime under a law of any state, the facility shall request that the department of human services perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the facility. (I, II, III)

d. If a person being considered for employment has a record of founded child or dependent adult abuse. If a person being considered for employment in a facility has a record of founded child or dependent adult abuse under a law of any state, the facility shall request that the department of human services perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of the person's employment in the facility. (I, II, III)

e. Employment pending evaluation. The facility may provisionally employ a person prior to completion of the required record check and evaluation by the department of human services, as applicable, subject to all of the following:

(1) The facility shall have accessed SING to perform the required record check and be awaiting results from SING or awaiting evaluation by the department of human services, as applicable;

(2) If applicable, the facility shall request an evaluation by the department of human services in accordance with paragraph 50.9(3)*"c"* or *"d"* within 30 days of receipt of the SING record check results;

(3) The facility shall have utilized an approved third-party vendor to perform a comprehensive preliminary background check;

(4) If the comprehensive preliminary background check determines that the person being considered for employment has been convicted of a crime, the crime does not constitute a felony as defined in Iowa Code section 701.7 and is not a crime specified pursuant to Iowa Code chapter 708, 708A, 709, 709A, 710, 710A, 711, or 712 or pursuant to Iowa Code section 726.3, 726.7, or 726.8;

(5) The comprehensive preliminary background check shall have determined that the person being considered for employment does not have a record of founded child abuse or dependent adult abuse, or, if

the person being considered for employment does have a record of founded child abuse or dependent adult abuse, subrule 50.9(8) is applicable; and

(6) The provisional employment may continue until such time as the required record check through SING and evaluation by the department of human services, as applicable, are completed. (I, II, III)

50.9(4) *Validity of background check results.* The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the facility. (I, II, III)

50.9(5) *Employment prohibition.* Except as provided in paragraph 50.9(3)*"e,"* a person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a facility unless an evaluation has been performed by the department of human services. (I, II, III)

50.9(6) *Transfer of an employee to another facility owned or operated by the same person.* If an employee transfers from one facility to another facility owned or operated by the same person, without a lapse in employment, the facility is not required to request additional criminal and child and dependent adult abuse record checks of that employee. (I, II, III)

50.9(7) *Transfer of ownership of a facility.* If the ownership of a facility is transferred, at the time of transfer the background check required by this rule shall be performed for each employee for whom there is no documentation that such background check has been performed. The facility may continue to employ such employee pending the performance of the background check and any related evaluation. (I, II, III)

50.9(8) *Change of employment—person with criminal or abuse record—exception to record check evaluation requirements.* A person with a criminal or abuse record who is or was employed by a facility and is hired by another facility shall be subject to the background check.

a. A reevaluation of the latest record check is not required, and the person may commence employment with the other facility if the following requirements are met:

(1) The department of human services previously performed an evaluation concerning the person's criminal or abuse record and concluded the record did not warrant prohibition of the person's employment;

(2) The latest background check does not indicate a crime was committed or founded abuse record was entered subsequent to the previous evaluation;

(3) The position with the subsequent employer is substantially the same or has the same job responsibilities as the position for which the previous evaluation was performed;

(4) Any restrictions placed on the person's employment in the previous evaluation by the department of human services and still applicable shall remain applicable in the person's subsequent employment; and

(5) The person subject to the background check has maintained a copy of the previous evaluation and provided it to the subsequent employer, or the previous employer provides the previous evaluation from the person's personnel file pursuant to the person's authorization. If a physical copy of the previous evaluation is not provided to the subsequent employer, a current record check evaluation shall be performed. (I, II, III)

b. For purposes of this subrule, a position is "substantially the same or has the same job responsibilities" if the position requires the same certification, licensure, or advanced training. For example, a licensed nurse has substantially the same or the same job responsibilities as a director of nursing; a certified nurse aide does not have substantially the same or the same job responsibilities as a licensed nurse.

c. The subsequent employer must maintain the previous evaluation in the employee's personnel file for verification of the exception to the requirement for a record check evaluation. (I, II, III)

d. The subsequent employer may request a reevaluation of the background check and may employ the person while the reevaluation is being performed, even though an exemption under paragraph 50.9(8)*"a"* may be authorized.

50.9(9) *Employee notification of criminal conviction or founded abuse after employment.* If a person employed by a facility employer that is subject to this rule is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person's employment application date, the person shall inform the employer of such information within 48 hours of the criminal conviction or entry of the record of founded child or dependent adult abuse.

a. The employer shall act to verify the information within seven calendar days of notification. "Verify," for purposes of this subrule, means to access the single contact repository (SING) to perform a

background check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents.

b. If the information is verified, the facility shall follow the requirements of paragraphs 50.9(3)*"c"* and *"d."* (I, II, III)

c. The employer may continue to employ the person pending the performance of an evaluation by the department of human services.

d. A person who is required by this subrule to inform the person's employer of a conviction or entry of an abuse record and fails to do so within the required period commits a serious misdemeanor under Iowa Code section 135C.33.

e. The employer may notify the county attorney for the county where the employer is located of any violation or failure by an employee to notify the employer of a criminal conviction or entry of an abuse record within the period required under this subrule.

50.9(10) *Facility receipt of credible information that an employee has been convicted of a crime or has a record of founded abuse.* If the facility receives credible information, as determined by the facility, from someone other than the employee, that the employee has been convicted of a crime or a record of founded child or dependent adult abuse has been entered in the abuse registry after employment, and the employee has not informed the employer of the information within the time required by subrule 50.9(9), the facility shall take the following actions:

a. The facility shall act to verify credible information within seven calendar days of receipt. "Verify," for purposes of this subrule, means to access the single contact repository (SING) to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents.

b. If the information is verified, the facility shall follow the requirements of paragraphs 50.9(3)*"c"* and *"d."* (I, II, III)

50.9(11) *Proof of background checks for health care employment agencies and contractors.* Proof of background checks may be kept in the files maintained by health care employment agencies and contractors. Health care employment agencies and contractors shall provide a copy of the result of the background checks to the facility or department upon request. (I, II, III)

50.9(12) *Certified nurse aide training program students.* Prior to a student's beginning or returning to a certified nurse aide training program, the program shall either request that the department of public safety perform a criminal history check and that the department of human services perform child and dependent adult abuse record checks of the person in this state, or access the SING to perform the required background check.

a. Prohibition of involvement in clinical education. Except as provided in paragraph 50.9(1)*"b,"* if a student has a criminal record or a record of founded child or dependent adult abuse, the student shall not be involved in a clinical education component of the certified nurse aide training program involving children or dependent adults unless an evaluation has been performed by the department of human services. The evaluation shall be performed upon request of the certified nurse aide training program.

b. Involvement in clinical education component pending evaluation. The training program may provisionally allow the student's participation in the clinical education component of the certified nurse aide training program pending completion of the required record check and evaluation by the department of human services, as applicable, subject to all of the following:

(1) The training program shall have accessed SING to perform the required record check and be awaiting results from SING or awaiting evaluation by the department of human services, as applicable;

(2) If applicable, the training program shall request an evaluation by the department of human services in accordance with paragraph 50.9(12)*"a"* within 30 days of receipt of the SING record check results;

(3) The training program shall have utilized an approved third-party vendor to perform a comprehensive preliminary background check;

(4) If the comprehensive preliminary background check determines that the student being considered for participation has been convicted of a crime, the crime does not constitute a felony as defined in Iowa Code section 701.7 and is not a crime specified pursuant to Iowa Code chapter 708, 708A, 709, 709A, 710, 710A, 711, or 712 or pursuant to Iowa Code section 726.3, 726.7, or 726.8;

(5) The comprehensive preliminary background check shall have determined that the student does not have a record of founded child abuse or dependent adult abuse, or, if the student does have a record of founded child abuse or dependent adult abuse, subrule 50.9(8) is applicable; and

(6) The provisional participation may continue until such time as the required record check through SING and evaluation by the department of human services, as applicable, are completed.

c. Student notification of criminal conviction or founded abuse after performance of record checks and evaluation. If a student is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the record checks and any evaluation have been performed, the student shall inform the certified nurse aide training program of such information within 48 hours of the criminal conviction or entry of the record of founded child or dependent adult abuse.

(1) The program shall act to verify the information within seven calendar days of notification. "Verify," for purposes of this paragraph, means to access the single contact repository (SING) to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents. If the information is verified, the program shall follow the requirements of paragraph 50.9(12)*"a"* to determine whether or not the student's involvement in a clinical education component may continue.

(2) The program may allow the student involvement to continue pending the performance of an evaluation by the department of human services.

(3) A student who is required to inform the program of a conviction or entry of an abuse record and fails to do so within the required period commits a serious misdemeanor under Iowa Code section 135C.33.

(4) The program may notify the county attorney for the county where the program is located of any violation or failure by a student to notify the program of a criminal conviction or entry of an abuse record within the period required by this paragraph.

d. Program receipt of credible information that a student has been convicted of a crime or has a record of founded abuse. If a program receives credible information, as determined by the program, that a student has been convicted of a crime or a record of founded child or dependent adult abuse has been entered in the abuse registry after the record checks and any evaluation have been performed, from a person other than the student, and the student has not informed the program of such information within 48 hours, the program shall act to verify the credible information within seven calendar days of receipt of the credible information. "Verify," for purposes of this paragraph, means to access the single contact repository (SING) to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents. If the information is verified, the requirements of paragraph 50.9(12)*"a"* shall be applied to determine whether or not the student's involvement in a clinical education component may continue.

e. Completion of a certified nurse aide training program conducted by the health care facility. If a certified nurse aide training program is conducted by the facility and a student of that program accepts and begins employment with the facility within 30 days of completing the program, the background check of the student performed prior to beginning the training program shall fulfill the criminal and abuse background check requirements. The facility shall maintain the proof required in subrule 50.9(11). (I, II, III)

This rule is intended to implement Iowa Code sections 135C.14 and 135C.33.

[**ARC 0903C**, IAB 8/7/13, effective 9/11/13; **ARC 1566C**, IAB 8/6/14, effective 9/10/14; **ARC 5421C**, IAB 2/10/21, effective 3/17/21; **ARC 7035C**, IAB 5/31/23, effective 7/5/23]

481—50.10(135C) Inspections, exit interviews, plans of correction, and revisits.

50.10(1) *Frequency of inspection.* The department shall inspect a licensed health care facility at least once within a 30-month period. Facilities participating in the Medicare or Medicaid programs may be inspected more frequently as a part of a joint state and federal inspection.

50.10(2) *Accessibility of records, the facility, and persons.* An inspector of the department may enter any licensed health care facility without a warrant and may examine all records pertaining to the care provided to residents of the facility. An inspector of the department may contact or interview any resident, employee, or any other person who might have knowledge about the operation of a health care facility. The inspector may duplicate records and take photographs as part of the inspection.

50.10(3) *Exit interviews.* The health care facility shall be provided an exit interview at the conclusion of an inspection, and the facility representative shall be informed of all issues and areas of concern related to the deficiencies.

a. Methods of conducting exit interview. The department may conduct the exit interview either in person or by telephone.

b. Second exit interviews. The department shall conduct a second exit interview if any additional areas of concern are identified.

50.10(4) *Submission of additional or rebuttal information.* The facility shall be provided two working days from the date of the exit interview to submit additional or rebuttal information to the department.

a. Receipt of additional information. Additional or rebuttal information must be received by the department within two working days in order to be considered.

b. Methods to submit additional information. The additional or rebuttal information may be submitted via email, facsimile, or overnight courier to the department.

c. Inform of the opportunity to submit additional or rebuttal information. During the inspection, the facility shall be informed of the opportunity to submit additional or rebuttal information and of the contact information for the department.

50.10(5) *Standards for determining whether a deficiency exists.* The department shall use a preponderance of the evidence standard when determining whether a regulatory deficiency exists. For purposes of this rule and rule 481—50.11(135C), "preponderance of the evidence standard" means that the evidence, considered and compared with the evidence opposed to it, produces the belief in a reasonable mind that the allegations or deficiency is more likely true than not true. This standard does not require that the inspector personally witnessed the alleged violation.

50.10(6) *Statement of deficiencies.* When one or more deficiencies are found, a statement of deficiencies detailing each deficiency shall be sent by the department to the health care facility within ten working days of the exit interview.

50.10(7) *Plan of correction.* Within ten calendar days following receipt of the statement of deficiencies, the health care facility shall submit a plan of correction to the department.

a. Contents of plan. The plan of correction shall contain the following information:

(1) How the facility will correct the deficient practice;

(2) How the facility will act to protect residents;

(3) The measures the facility will take or the systems it will alter to ensure that the problem does not recur;

(4) How the facility plans to monitor its performance to make sure that solutions are sustained; and

(5) Date(s) when corrective action will be completed.

b. Review of plan. The department shall review the plan of correction within ten working days of receipt. The department may request additional information or revisions to the plan, which shall be provided as requested.

50.10(8) *Revisits.* If a facility licensed under this chapter is subject to or will be subject to denial of payment including payment for Medicare or medical assistance (Medicaid) under Iowa Code chapter 249A, or denial of payment for all new admissions pursuant to 42 CFR Section 488.417, and submits a plan of correction relating to the deficiencies or a response to a citation issued under 481—Chapter 56 and the department elects to conduct an on-site revisit inspection, the department shall commence the revisit

inspection within the shortest time feasible of the date that the plan of correction is received or the date specified within the plan of correction alleging compliance, whichever is later.

50.10(9) *Appeals of statement of deficiencies.* The facility may appeal the statement of deficiencies by filing an appeal request with the department within 20 working days after receipt of the statement of deficiencies. The procedures defined in rule 481—50.6(10A) shall be followed for the appeal.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 1566C**, IAB 8/6/14, effective 9/10/14]

481—50.11(135C) Complaint and self-reported incident investigation procedure.

50.11(1) *Complaint.* The process for filing a complaint is as follows:

a. Any person with concerns regarding a facility may file a complaint with the Department of Inspections and Appeals, Complaint/Incident Bureau, Lucas State Office Building, Third Floor, 321 E. 12th Street, Des Moines, Iowa 50319-0083; by use of the complaint hotline, 1-877-686-0027; by facsimile sent to (515)281-7106; or through the website address dia-hfd.iowa.gov.

b. When the nature of the complaint is outside the department's authority, the department shall forward the complaint or refer the complainant to the appropriate investigatory entity.

c. The complainant shall include as much of the following information as possible in the complaint: the complainant's name, address and telephone number; the complainant's relationship to the facility or resident; and the reason for the complaint.

d. The complainant's name shall be confidential information and shall not be released by the department.

e. The department shall act on anonymous complaints unless the department determines that the complaint is intended to harass the facility.

f. If the department, upon preliminary review, determines that the complaint is intended as harassment or is without a reasonable basis, the department may dismiss the complaint.

50.11(2) *Self-reported incident.* When the facility is required pursuant to rule 481— 50.7(10A,135C) or other requirements to report an incident, the facility shall make the report to the department via:

a. The web-based reporting tool accessible from the following Internet site, dia-hfd.iowa.gov, under the "Login" tab and then access "Add self report";

b. Mail by sending the self-report to the Department of Inspections and Appeals, Complaint/Incident Bureau, Lucas State Office Building, Third Floor, 321 E. 12th Street, Des Moines, Iowa 50319-0083;

c. The complaint/incident hotline, 1-877-686-0027; or

d. Facsimile sent to (515)281-7106.

50.11(3) *Time frames for investigation of complaint or self-reported incident.* The following guidelines shall be used for determining the time frame in which an on-site inspection of the facility shall be initiated:

a. Immediate jeopardy situation. Within 2 working days for a complaint or self-reported incident determined by the department to be an alleged immediate jeopardy situation. For purposes of this rule, "immediate jeopardy situation" means a situation in which the facility's alleged noncompliance with Iowa Code chapter 135C, or rules adopted pursuant thereto, has caused or is likely to cause, serious injury, harm, impairment, or death to a resident.

b. High-level nonimmediate jeopardy situation. Within 10 days for nursing facilities and within 20 working days for intermediate care facilities and residential care facilities for a complaint or self-reported incident determined by the department to be an alleged high-level nonimmediate jeopardy situation. For purposes of this rule, "high-level nonimmediate jeopardy situation" means the alleged noncompliance with Iowa Code chapter 135C, or rules adopted pursuant thereto, may have caused harm that negatively impacts the resident's mental, physical, or psychosocial status and is of such consequence to the resident's well-being that a rapid response is warranted.

c. Other nonimmediate jeopardy situation. Within 45 calendar days for a complaint or self-reported incident determined by the department to be an alleged nonimmediate jeopardy situation, other than a high-level nonimmediate jeopardy situation. For purposes of this rule, "other nonimmediate jeopardy situation" means a situation that is not a high-level nonimmediate jeopardy situation where the alleged noncompliance with Iowa Code chapter 135C, or rules adopted pursuant thereto, may cause harm of

limited consequence and does not significantly impair the individual's mental, physical, or psychosocial status or function.

d. No inspection of facility-reported incidents. The department may determine not to institute an inspection of a self-reported incident using criteria including, but not limited to, the following:

(1) There is no evident deficiency on the part of the facility, and the facility has taken appropriate measures to address the situation; or

(2) There is a potential deficiency but:

1. The facility has taken appropriate measures to address the situation;

2. The facility does not have a recent history of identified deficiency similar to or related to the incident being reported;

3. A complaint has not been filed regarding the incident being reported; and

4. The resulting injury does not cause a significant negative impact to the resident's quality of life.

50.11(4) *Standard for determining whether a complaint or self-reported incident is substantiated.* The department shall apply a preponderance of the evidence standard in determining whether a complaint or self-reported incident is substantiated.

50.11(5) *Notification of program and complainant.* The department shall notify the facility and, if known, the complainant of the findings of the complaint investigation. The department shall also notify the complainant, if known, if the department does not investigate a complaint, and the reasons for not investigating the complaint shall be included in the notification.

50.11(6) *Process for complaint and self-reported incident.* The department and facility shall follow the process outlined in rule 481—50.10(135C), as applicable, when conducting or responding to a complaint or self-reported incident investigation.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 7035C**, IAB 5/31/23, effective 7/5/23]

481—50.12(135C) Requirements for service. At each inspection, the facility shall provide the most current contact information for the purpose of service of departmental notices. A statement of deficiencies or citation shall be served upon a facility using one of the following methods.

50.12(1) *Electronic mail.* If a facility has electronic mail, electronic mail shall be used for service of statements of deficiencies and citations. If electronic mail is used, the following shall be complied with:

a. The department shall send the electronic message return receipt requested. The response from the return receipt shall officially document receipt of the service and the date of receipt.

b. A facility shall allow the electronic return receipt to be returned to the department and shall not delay the sending of the return receipt.

c. If the department has not received the return receipt within three business days of sending the service via electronic mail, the department shall contact the facility to verify the receipt of the service.

50.12(2) *Certified mail.* If a facility does not have access to electronic mail, the service shall be sent via certified mail, return receipt requested.

50.12(3) *Personal service.* The department may choose to personally serve the notice upon the health care facility by delivering a copy of the statement of deficiencies or citation to the health care facility and presenting the copy to the facility.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10]

481—50.13(135C) Inspectors' conflicts of interest.

50.13(1) *Conflicts.* Any of the following circumstances disqualifies an inspector from inspecting a particular health care facility licensed under Iowa Code chapter 135C:

a. The inspector currently works or, within the past two years, has worked as an employee or employment agency staff at the health care facility, or as an officer, consultant, or agent for the health care facility to be inspected.

b. The inspector has any financial interest or any ownership interest in the facility. For purposes of this paragraph, indirect ownership, such as through a broad-based mutual fund, does not constitute a financial or ownership interest.

c. The inspector has an immediate family member who has a relationship with the facility as described in subrule 50.13(1), paragraphs *"a"* and *"b."*

50.13(2) *Immediate family member.* For purposes of this rule, "immediate family member" means the same as set forth in 42 CFR 488.301, and includes a husband or wife; natural or adoptive parent, child, or sibling; stepparent, stepchild, or stepsibling; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; or grandparent or grandchild.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10]

These rules are intended to implement Iowa Code sections 22.11 and 135B.3 to 135B.7 and Iowa Code chapters 10A and 135C.

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CHAPTER 51
HOSPITALS

[Prior to 12/14/88, see Health Department[470] Ch 51]
[Prior to 8/8/90, see Public Health[641] Ch 51]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—51.1(135B) Definitions. As used in this chapter, unless the context otherwise requires, the following definitions apply:

"Critical access hospital" means any hospital located in a rural area and certified by the Iowa department of health and human services as being a necessary provider of health care services to residents of the area. A "critical access hospital" makes available 24-hour emergency care, is a designated provider in a rural health network, and meets the criteria specified pursuant to rule 481—51.27(135B).

"Governing board" means the board of trustees, the owner, or person(s) designated by the owner as the governing authority. The governing board has supreme authority in the hospital and is responsible for the management, control, and appointment of the medical staff.

"Hospital" or *"general hospital"* means an institution, place, building, or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the diagnosis or treatment, over a period exceeding 24 hours, of two or more nonrelated individuals suffering from illness, injury, infirmity or deformity, or other physical or mental condition for which medical, surgical and obstetrical care services are provided.

"Long-term acute care hospital" means any hospital that has an average inpatient length of stay greater than 25 days and that provides extended medical and rehabilitative care for patients who are clinically complex and who may suffer from multiple acute or chronic conditions. Services provided by a long-term acute care hospital include but are not limited to comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

"Medical staff" means an organized body that is composed of individuals appointed by the hospital governing board, that operates under bylaws approved by the governing board and that is responsible for the quality of medical care provided to patients by the hospital. All members of the medical staff, one of whom shall be a licensed physician, shall be licensed to practice in the state of Iowa.

"Premises" means any or all designated portions of a building or structure, enclosures or places in the building, or real estate when the distinct and clearly identifiable parts provide separate care and services. "Premises" is not to be construed to permit the existence of a separately licensed specialty hospital within the physical structure of a general hospital.

"Rural emergency hospital" means the same as defined by Iowa Code section 135B.1.

"Specialized hospital" means any hospital devoted primarily to the specialized care and treatment of persons with chronic or long-term illness, injury, or infirmity. "Specialized hospital" does not include a specialty hospital.

"Specialty hospital" means the same as defined by 42 CFR Section 411.351 as amended to November 7, 2023.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.2(135B) Classification, compliance and license.

51.2(1) All hospitals subject to licensure under this chapter will be classified as a critical access hospital, general hospital, long-term acute care hospital, rural emergency hospital, or specialized hospital. The license issued by the department will clearly identify the classification of the hospital, and such designation will be set forth on the hospital's license.

51.2(2) A hospital shall comply with all of the general regulations for hospitals and any rules pertaining to specialized services, if specialized services are provided in the hospital.

51.2(3) A separate license is required for each hospital even though more than one is operated under the same management. A separate license is not required for separate buildings of a hospital located on separate parcels of land, which are not adjoining but provide elements of the hospital's full range of services for the diagnosis, care, and treatment of human illness, including convalescence and rehabilitation,

and which are organized under a single owner or governing board with a single designated administrator and medical staff.

51.2(4) The license shall be conspicuously posted on the main premises of the hospital.

51.2(5) The department shall recognize, in lieu of its own licensure inspection, the comparable inspections and findings of an accrediting organization approved by the Centers for Medicare and Medicaid Services (CMS) for federal certification if the department is provided with copies of all requested materials relating to the inspection process. In cases of the initial licensure, the department may require its own inspection when needed in addition to comparable accreditations to allow the hospital to begin operations. The department may also initiate its own inspection when it is determined that the inspection findings of the accrediting organization are insufficient to address concerns identified as possible licensure issues.

51.2(6) The department may recognize, in lieu of its own licensure inspection, the comparable inspection and inspection findings of a Medicare conditions of participation survey of a hospital certified by CMS. Hospitals that are not federally certified will be inspected utilizing the requirements of this chapter.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.3(135B) Quality improvement program.

51.3(1) There shall be an ongoing hospitalwide quality improvement program. This program is to be designed to improve, as needed, the quality of patient care by:

a. Assessing clinical patient care;

b. Assessing nonclinical and patient-related services within the hospital;

c. Developing remedial action as needed; and

d. Ongoing monitoring and evaluating of the progress of remedial action taken.

51.3(2) The governing body shall ensure there is an effective hospitalwide patient-oriented quality improvement program.

51.3(3) The quality improvement program shall involve active participation of physician members of the hospital's medical staff and other health care professionals, as appropriate. Evidence of this participation will include ongoing case review and assessment of other patient care problems, which have been identified through the quality improvement process.

51.3(4) The quality improvement plan may include external, state, local, federal, and regional benchmarking activities designed to improve the quality of patient care. The quality improvement plan shall be written and may address the following:

a. The program's objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring, evaluation, and problem-solving activities;

b. The participation from all departments, services (including services provided both directly and under contract), and disciplines;

c. An assessment of participation through a quality improvement committee meeting on an established periodic basis;

d. The coordination of quality improvement activities;

e. The communication, reporting and documentation of all quality improvement activities on a regular basis to the governing board, the medical staff, and the hospital administrator;

f. An annual evaluation by the governing board of the effectiveness of the quality improvement program; and

g. The accessibility and confidentiality of materials relating to, generated by or part of the quality improvement process.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.4(135B) Long-term acute care hospital located within a general hospital.

51.4(1) A long-term acute care hospital shall meet the requirements for a general hospital, including emergency services, except that obstetrical facilities are not required, and, if the long-term acute care hospital is located within a separately licensed hospital and does not provide its own emergency services, the long-term acute care hospital shall contract for emergency services with the host general hospital.

51.4(2) If a long-term acute care hospital occupies the same premises of a general hospital, all treatment facilities and administrative offices for each hospital shall be clearly marked and separated from each other and located within the licensed premises of each licensee. Treatment facilities shall be sufficient to meet the medical needs of the patients. Administrative offices include, but are not limited to, record rooms and personnel offices. Nothing prohibits a long-term acute care hospital that is occupying the same premises as a general hospital from utilizing the entrance, hallway, stairs, elevators or escalators of the general hospital to provide access to the long-term acute care hospital's separate entrance, but there should be clearly identifiable and distinguishable signs for each hospital.

51.4(3) A long-term acute care hospital located within a general hospital shall have sufficient staff to meet the patients' needs. No nursing services staff can be simultaneously assigned patient duties in both licensed hospitals.

51.4(4) Each long-term acute care hospital located within a general hospital and the general hospital shall have a separate and distinct governing board in control of the respective hospital. No more than one board member shall serve in a common capacity on the governing board of each licensed hospital. For the purposes of this rule, control exists if an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution.

51.4(5) A long-term acute care hospital located within a general hospital may contract with the host general hospital for the provision of services. All contracts shall clearly delineate the responsibilities of and services provided by the long-term acute care hospital and the general hospital and be executed by the respective governing boards.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.5(135B) Medical staff.

51.5(1) A roster of medical staff members shall be kept.

51.5(2) All hospitals shall have one or more licensed physicians designated for emergency call service at all times.

51.5(3) A hospital shall not deny clinical privileges as set forth in Iowa Code section 135B.7(2).

51.5(4) A hospital shall establish and implement written criteria for the granting of clinical privileges that include but are not limited to consideration of the:

a. Ability of the applicant to provide patient care services independently or appropriately in the hospital;

b. License held by the applicant to practice;

c. Training, experience, and competence of the applicant;

d. Relationship between the applicant's request for privileges and the hospital's current scope of patient care services;

e. Applicant's ability to provide comprehensive, appropriate and cost-effective services.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.6(135B) Patient rights and responsibilities. The hospital governing board shall adopt a statement of principles relating to patient rights and responsibilities that is made available to patients of the hospital and addresses, at a minimum:

51.6(1) Access to treatment regardless of age, race, creed, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, diagnosis, or source of payment for care;

51.6(2) Preservation of individual dignity and protection of personal privacy in receipt of care;

51.6(3) Confidentiality of medical and other appropriate information;

51.6(4) Assurance of reasonable safety within the hospital;

51.6(5) Knowledge of the identity of the physician or other practitioner primarily responsible for the patient's care as well as identity and professional status of others providing services to the patient while in the hospital;

51.6(6) Nature of patient's right to information regarding the patient's medical condition unless medically contraindicated, to consult with a specialist at the patient's request and expense, and to refuse treatment to the extent authorized by law;

51.6(7) Access to and explanation of patient billings;

51.6(8) Process for patient pursuit of grievances; and

51.6(9) Patient responsibilities, including to provide accurate and complete information regarding the patient's health status; to follow recommended treatment plans; to abide by hospital rules and regulations affecting patient care and conduct and be considerate of the rights of other patients and hospital personnel; and to fulfill the patient's financial obligations as soon as possible following discharge.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.7(135B) Abuse.

51.7(1) *Definitions.*

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain or mental anguish. Neglect is a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

"Child abuse" means the same as defined in Iowa Code section 232.68.

"Dependent adult abuse" means the same as defined in Iowa Code section 235E.1 and 481—Chapter 52.

"Domestic abuse" means the same as defined in Iowa Code section 236.2.

"Elder abuse" means the same as defined in Iowa Code section 235F.1.

"Family or household members" means the same as defined in Iowa Code section 236.2.

51.7(2) *Abuse prohibited.* Each patient shall receive kind and considerate care at all times and shall be free from all forms of abuse or harassment.

a. Restraints shall be applied only when they are necessary to prevent injury to the patient or to others and shall be used only when alternative measures are not sufficient to accomplish their purposes.

b. There must be a written order signed by the attending physician approving the use of restraints either at the time they are applied or as soon thereafter as possible.

c. Careful consideration shall be given to the methods by which the restraints can be speedily removed in case of fire or other emergency.

51.7(3) *Hospital response to elder abuse.*

a. Each hospital shall establish and implement policies and procedures with respect to victims of elder abuse that, at a minimum, provide for:

(1) An interview with the victim in a place that ensures privacy;

(2) Confidentiality of the person's treatment and information; and

(3) Education of appropriate emergency department staff to assist in the identification of victims of elder abuse.

b. The treatment records of victims of elder abuse shall include:

(1) An assessment of the extent of abuse to the victim specifically describing the location and extent of the injury and reported pain;

(2) A record of the treatment and intervention by health care provider personnel;

(3) A record of the need for follow-up care and specification of the follow-up care to be given (e.g., X-rays, surgery, consultation, similar care); and

(4) The victim's statement of how the injury occurred.

51.7(4) *Hospital response to domestic abuse.* Each hospital shall establish and implement policies and procedures with respect to victims of domestic abuse that, at a minimum, meet the requirements of paragraph 51.7(3)*"a,"* and also provide for sharing information regarding the domestic abuse hotline and programs. The treatment records of victims of domestic abuse shall meet the requirements of paragraph 51.7(3)*"b"* and also include evidence that the victim was informed of the telephone numbers for the domestic abuse hotline and domestic abuse programs and the victim's response.

51.7(5) *Mandatory reporting of child abuse and dependent adult abuse.* Each hospital shall establish and implement policies and procedures with respect to the mandatory reporting of abuse pursuant to the Iowa Code. The treatment records of victims of child abuse or dependent adult abuse shall indicate that the department of health and human services' protective services was contacted.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.8(135B) Organ, tissue and eye procurement. Each hospital shall have written policies and protocols for organ, tissue and eye donation consistent with Iowa Code chapter 142C and 42 CFR 482.45 as amended to November 7, 2023, or 42 CFR 485.643 as amended to November 7, 2023.
[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.9(135B) Nursing services.

51.9(1) The hospital shall have an organized nursing service that provides complete and efficient nursing care to each patient. The authority, responsibility and function of each nurse shall be clearly defined.

51.9(2) Registered nurses shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:

a. Nursing assessments about the health status of an individual or group.

b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.

c. Planning of nursing care, which includes determining goals and priorities for actions that are based on the nursing diagnosis.

d. Nursing interventions implementing the plan of care.

e. Evaluation of the individual's or group's status in relation to established goals and the plan of care.

51.9(3) A licensed practical nurse(s) may participate in the nursing process as described in subrule 51.9(2) consistent with accepted practice by assisting the registered nurse or physician.

51.9(4) All nurses employed in a hospital who practice nursing as a registered nurse or licensed practical nurse shall hold an active Iowa license or hold an active license in another state and be recognized for licensure in this state pursuant to the nurse licensure compact in Iowa Code section 152E.1.

51.9(5) There shall be a director of nursing service with administrative and executive competency who holds an active Iowa license or holds an active license in another state and is recognized for licensure in this state pursuant to the nurse licensure compact in Iowa Code section 152E.1.

51.9(6) Nursing management shall have had preparation courses and experience in accordance with hospital policy commensurate with the responsibility of the specific assignment.

51.9(7) All unlicensed personnel performing patient-care service shall be under the supervision of a registered nurse, have duties defined in writing by the hospital, and be instructed in all duties assigned to them.

51.9(8) The nursing service shall have adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care essential for the proper treatment, well-being, and recovery of the patient.

51.9(9) Written policies and procedures shall be established for the administrative and technical guidance of the personnel in the hospital. Each employee shall be familiar with these policies and procedures.

51.9(10) Each hospital shall have a minimum of one registered nurse on duty at all times.
[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.10(135B) Records and reports.

51.10(1) *Medical records.* Accurate and complete medical records shall be maintained for all patients and signed by the appropriate provider. These records shall be filed and stored in an accessible manner and in accordance with the statute of limitations as specified in Iowa Code chapter 614.

51.10(2) *Hospital records.* A hospital shall maintain the following records:

a. Admission records. A register of all admissions to the hospital.

b. Death records. A record of all deaths in the hospital, including all information on a standard death certificate as specified in Iowa Code chapter 144.

c. Birth records. A record of all births in the hospital, including all information on a standard birth certificate as specified in Iowa Code chapter 144.

d. Controlled substance records. Controlled substance records in accordance with state and federal laws, rules and regulations.

51.10(3) *Electronic records.* In addition to the access provided in 481—subrule 50.10(2), an authorized representative of the department shall be provided unrestricted access to electronic records pertaining to the care provided to the patients of the hospital.

a. If access to an electronic record is requested by the authorized representative of the department, the hospital may provide a tutorial on how to use its particular electronic system or may designate an individual who will, when requested, access the system, respond to any questions or assist the authorized representative as needed in accessing electronic information in a timely fashion.

b. The hospital shall provide a terminal where the authorized representative may access records.

c. If the hospital is unable to provide direct print capability to the authorized representative, the hospital shall make available a printout of any record or part of a record on request in a time frame that does not intentionally prevent or interfere with the department's survey or investigation.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.11(135B) Pharmaceutical service.

51.11(1) *General requirements.* Hospital pharmaceutical services shall be licensed in accordance with Iowa board of pharmacy rules.

51.11(2) *Medication administration.* All drugs and biologicals must be administered by, or under the supervision of, nursing or other trained personnel in accordance with hospital policies and procedures. The person assigned the responsibility of medication administration must complete the entire procedure by personally preparing the dose from a multiple-dose container or using a prepackaged unit dose, personally administering it to the patient, and observing the act of the medication being taken.

51.11(3) *Standing orders.* Standing orders for drugs may be used for specified patients when authorized by the prescribing practitioner. These standing orders shall be in accordance with policies and procedures established by the appropriate committee within each hospital. At a minimum, the standing orders shall:

a. Specify the clinical situations under which the drug is to be administered;

b. Specify the types of medical conditions of the patients for whom the standing orders are intended;

c. Be reviewed and revised by the hospital's pharmacy and therapeutics or similar committee on a regular basis as specified by hospital policies and procedures;

d. Be specific as to the drug, dosage, route, and frequency of administration; and

e. Be dated, authorized by signature or other secure electronic method by the prescribing practitioner within a period not to exceed 30 days following a patient's discharge, and included in the patient's medical record.

51.11(4) *Self-administration of medications.* Patients shall only be permitted to self-administer medications when specifically ordered by the prescribing practitioner and the prescribing practitioner has determined this practice is safe for the specific patient. The hospital shall develop policies and procedures regarding storage and documentation of the administration of drugs.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.12(135B) Verbal orders. All verbal orders must be authenticated by the prescribing or ordering practitioner within a period not to exceed 30 days following a patient's discharge. When verbal or electronic mechanisms are used to transmit orders, the orders must be accepted only by personnel who are authorized to do so by hospital policies and procedures in a manner consistent with federal and state law.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.13(135B) Radiological services.

51.13(1) The hospital must maintain, or have available, radiological services to meet the needs of the patients.

51.13(2) All radiological services shall be furnished in compliance with any applicable state law or state rules, including 641—Chapters 38 through 42.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.14(135B) Laboratory service.

51.14(1) The hospital must maintain, or have available, adequate laboratory and pathology services and facilities to meet the needs of its patients. The medical staff determine which laboratory tests are necessary to be performed on site to meet the needs of the patients.

51.14(2) Emergency laboratory services must be available 24 hours a day.

51.14(3) Laboratory services must be performed in a laboratory certified and operating in accordance with 42 CFR Part 493 as amended to November 7, 2023.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.15(135B) Food and nutrition service.

51.15(1) *Food and nutrition service definitions.* "Food service" means providing safe, satisfying, and nutritionally adequate food for patients through the provision of appropriate staff, space, equipment, and supplies. "Nutrition service" means providing assessment and education to ensure that the nutritional needs of the patients are met.

51.15(2) *General requirements.*

a. All food will be handled, prepared, served, and stored in accordance with the Food Code adopted under provisions of Iowa Code section 137F.2.

b. The food and dietetic services shall be of a quality and quantity to meet the patient's needs in accordance with any qualified health practitioner's orders and meet the standards set forth in 42 CFR 482.28 as amended to November 7, 2023. Patient food preferences should be respected as much as possible, and substitutes offered through use of appropriate food groups.

c. Policies and procedures shall be developed and maintained.

d. Not less than three meals will be served daily unless contraindicated, and not more than 14 hours will elapse between the evening meal and breakfast of the following day. Nourishment between meals will be available to all patients unless contraindicated by the qualified health care practitioner.

e. The hospital will maintain adequate space, equipment, and staple food supplies to provide patient food service in emergencies.

f. Menus for regular and therapeutic diets will be available and standardized recipes with nutritional analysis adjusted to number of portions will be maintained and used in food preparation.

g. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. Food shall be served attractively at appropriate and safe temperatures and in a form to meet individual needs.

h. Nutrition screening will be conducted by qualified hospital staff to determine the patient's need for a comprehensive nutrition assessment by the licensed dietitian. Nutritional care will be integrated in the patient care plan, as appropriate, based upon the patient's diagnosis and length of stay. The licensed dietitian will record in the patient's medical record any observations and information pertinent to medical nutrition therapy, and any pertinent dietary records will be included in the patient's transfer discharge record to ensure continuity of nutritional care. Upon discharge, nutrition counseling and education will be provided to the patient and family as ordered by the qualified health care practitioner, requested by the patient or deemed appropriate by the licensed dietitian.

i. In-service training, in accordance with hospital policies, will be provided for all food and nutrition service personnel.

j. On the nursing units, a separate patient food storage area will be maintained that ensures proper temperature control.

51.15(3) *Food and nutrition service staff.*

a. A licensed dietitian will be employed on a full-time, part-time or consulting basis, with any part-time or consultant services provided on the premises at appropriate times on a regularly scheduled basis. These services shall be of sufficient duration and frequency to provide continuing liaison with medical and nursing staff, advice to the administrator, patient counseling, guidance to the supervisor and staff of the food and nutrition service, approval of all menus, and participation in the development or revision of departmental policies and procedures and in planning and conducting in-service education programs.

b. If a licensed dietitian is not employed full-time, then one must be employed on a part-time or consultation basis with an additional full-time person who has completed a certified dietary manager course and is employed to be responsible for the operation of the food service.

c. Sufficient food service personnel will be employed, oriented, trained, and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the food service areas.

51.15(4) *Food service equipment and supplies.* Equipment necessary for preparation and maintenance of menus, records, and references will be provided. At least one week's supply of staple foods and a reasonable supply of perishable foods shall be maintained on the premises. Supplies will be appropriate to meet the requirements of the menu.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.16(135B) Equipment for patient care. Hospital equipment shall be selected, maintained and utilized in accordance with the manufacturer's specifications and the needs of the patients.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.17(135B) Infection control. There shall be proper policies and procedures for the prevention and control of communicable diseases, including compliance with the current rules for the control of communicable disease as provided by the Iowa department of health and human services and current Centers for Disease Control and Prevention (CDC) guidelines for isolation precautions.

51.17(1) *Segregation.* There shall be proper arrangement of areas, rooms and patients' beds to provide for the prevention of cross-infections and the control of communicable diseases. There shall also be proper cleansing of rooms and surgeries immediately following the care of a communicable case and utilization of proper isolation techniques for patients and staff to prevent cross-infection.

51.17(2) *Visitors.* The hospital shall establish proper policies and procedures for the control of visitors to all services in the hospital.

51.17(3) *Health assessments.* Health assessments for all contracted or employed personnel who provide direct services shall be required at the commencement of employment and thereafter at least every four years.

a. "Direct services" means services provided through person-to-person contact. "Direct services" excludes services provided by individuals such as building contractors, repair workers, or others who are in the hospital for a very limited purpose, who are not in the hospital on a regular basis, and who do not provide any treatment or services for the patients of the hospital.

b. The health assessment may be performed by the person's primary care provider.

c. The health assessment shall include, at a minimum, vital signs and an assessment for infectious or communicable diseases.

d. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59.

51.17(4) *Notification.* Prior to removal of a deceased resident/patient from a facility, the funeral director or person responsible for transporting the body shall be notified by the facility staff of any special precautions that were followed by the facility having to do with the mode of transmission of a known or suspected communicable disease.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.18(135B) Surgical services. All hospitals providing surgical services shall be properly organized and equipped to provide for the safe and aseptic treatment of surgical patients.

51.18(1) Written policies and procedures governing surgical services shall be developed and implemented in consultation with the hospital's medical staff and, at a minimum, provide for:

a. Surgical services under the direction of a qualified doctor of medicine or osteopathy.

b. Delineation of the privileges and qualifications of individuals authorized to provide surgical services as set forth in the hospital's medical staff bylaws and in accordance with subrule 51.5(4), including a periodic review and update of surgical privileges not to exceed every three years or other term permitted by an accrediting organization approved by CMS for federal certification, whichever is longer. The surgical service must maintain a roster of these individuals specifying the surgical privileges of each.

c. Immediate availability of at least one registered nurse for the operating room suites to respond to emergencies.

d. The qualifications and job descriptions of nursing personnel, surgical technicians, and other support personnel and continuing education required.

e. Appropriate staffing for surgical services, including physician and anesthesia coverage and other support personnel.

f. Availability of ancillary services for surgical patients, including but not limited to blood banking, laboratory, radiology, and anesthesia.

g. Infection control and disease prevention, including aseptic surveillance and practice, identification of infected and noninfected cases, sterilization and disinfection procedures, and ongoing monitoring of infections and infection rates.

h. Housekeeping requirements.

i. Safety practices.

j. Ongoing quality assessment, performance improvement, and process improvement.

k. The pathological examination of tissue specimens either directly or through contractual arrangements.

l. Appropriate preoperative teaching and discharge planning.

51.18(2) Policies and procedures may be adjusted as appropriate to reflect the provision of surgical services in inpatient, outpatient or one-day surgical settings.

51.18(3) There must be an appropriate history and physical workup documented and a properly executed consent form in the chart of each patient prior to surgery, except in the event of an emergency.

51.18(4) A full operative report must be written or dictated within 24 hours following surgery and signed by the individual conducting the surgery.

51.18(5) Equipment available in the operating room, recovery room, outpatient surgical areas, and for postsurgical care must be consistent with the needs of the patient.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.19(135B) Anesthesia services.

51.19(1) There shall be written policies and procedures governing anesthesia services that are consistent with the needs and resources of the hospital. Written policies and procedures governing anesthesia services shall be developed and implemented in consultation with and with the approval of the hospital's medical staff and, at a minimum, provide for:

a. Anesthesia services under the direction of a qualified doctor of medicine or osteopathy.

b. The qualifications of individuals authorized to administer anesthesia as set out in the hospital's medical staff bylaws or medical staff rules and regulations.

c. Preanesthesia evaluation, appraisal of a patient's current condition, preparation of an intraoperative anesthesia record, and discharge criteria for patients.

d. Equipment functioning and safety, including ensuring that a qualified medical doctor, osteopathic physician and surgeon or anesthetist checks, prior to the administration of anesthesia, the readiness, availability, cleanliness, and working condition of all equipment to be used in the administration of anesthetic agents and minimizing electrical hazard in anesthesia areas.

e. Quality assurance, including infection control procedures; integration of anesthesia services into various areas of the hospital; and ongoing monitoring, review, and evaluation of anesthesia services, processes, and procedures.

51.19(2) Policies and procedures may be adjusted as appropriate to reflect provision of anesthesia services in inpatient or outpatient settings.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.20(135B) Emergency services.

51.20(1) All hospitals shall provide for emergency services that offers reasonable care within the medical capabilities of the facility in determining whether an emergency exists, renders care appropriate to the facility and, at a minimum, renders lifesaving first aid and makes appropriate referral to a facility that is capable of providing needed services.

51.20(2) The hospital shall have written policies and procedures specifying the scope and conduct of patient care to be provided in the emergency service. The policies shall:

a. Provide for training of all personnel providing patient care in the emergency service.

b. Require that a medical record be kept on every patient given treatment in the emergency service and establish the medical record documentation. The documentation should include, at a minimum, appropriate information regarding the medical screening provided, except where the person refuses, then notation of patient refusal; physician documentation of the presence or absence of an emergency medical condition or active labor; physician documentation of transfer or discharge, stating the basis for transfer or discharge; and, where transfer occurs, identity of the facility of transfer, acceptance of the patient by the facility of transfer, and means of transfer of the patient.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.21(135B) Obstetric and neonatal services. All hospitals providing obstetrical care shall be properly organized and equipped to provide accommodations for mothers and newborn infants. The supervision of the maternity area shall be under the direction of a qualified registered nurse.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.22(135B) Pediatric services. All hospitals providing pediatric care shall be properly organized and equipped to provide appropriate accommodations for children. The supervision of the pediatric area shall be under the direction of a qualified registered nurse.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.23(135B) Psychiatric services.

51.23(1) *General requirements.* Any hospital operating as a psychiatric hospital or operating a psychiatric unit shall:

a. Be a hospital or unit primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of persons with psychiatric illnesses/disorders;

b. Comply with the requirements of this chapter applicable to hospitals. If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital shall have an agreement with an outside source of these services to ensure they are immediately available;

c. Have policies and procedures for informing patients of their rights and responsibilities and for ensuring the availability of a patient advocate; and

d. Have sufficient numbers of qualified professionals and support staff to evaluate patients, formulate written individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning.

51.23(2) *Personnel.*

a. Director of inpatient psychiatric services. The director of inpatient psychiatric services shall be a doctor of medicine or osteopathy qualified to meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

b. Director of psychiatric nursing services. The director of psychiatric nursing services shall:

(1) Be a registered nurse who has a master's degree in psychiatric or mental health nursing;

(2) Be an advanced registered nurse practitioner certified in psychiatric or mental health nursing; or

(3) Be qualified by education and two years' experience in the care of persons with mental disorders.

c. Psychological services. Psychological services shall be provided or available that are in compliance with Iowa Code chapter 154B.

d. Social services. Social services shall provide, or have available by contract, at least one staff member who has:

(1) A master's degree from an accredited school of social work; or

(2) A bachelor's degree in social work with two years' experience in the care of persons with mental disorders.

e. *Therapeutic services.* Therapeutic activities shall be provided by qualified therapists. The activities shall be appropriate to the needs and interests of the patients.

51.23(3) *Individual written plan of care.* An individual written plan of care shall be developed by an interdisciplinary team of a physician and other personnel who are employed by, or who provide service under contract to patients in, the facility. The plan of care shall:

a. Be based on a diagnostic and psychiatric evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the patient. The initial diagnostic and psychiatric evaluation shall be completed within 60 hours of admission;

b. Be developed by an interdisciplinary team in consultation with the patient, the patient's legal guardian, and others who are currently providing services or who will provide care upon discharge;

c. State treatment objectives through measurable and obtainable outcomes;

d. Prescribe an integrated program of therapies, activities, and experiences designed to meet those objectives;

e. Include an appropriate postdischarge plan with coordination of services to provide continuity of care following discharge; and

f. Be reviewed as needed by the interdisciplinary team for the continued appropriateness of the plan and for a determination of needed changes.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.24(135B) Long-term care service.

51.24(1) *Long-term care service definition.* Long-term care service means any building or distinct part of a building utilized by the hospital for the provision of a service that would fall within the definition of a health care facility in Iowa Code chapter 135C if it was not operating as part of a hospital licensed under Iowa Code chapter 135B.

51.24(2) *Long-term care service general requirements.* The general requirements for the hospital's long-term care service are the same as required by Iowa Code chapter 135C or rules promulgated thereunder for the category of health care facility involved. Exceptions to those rules requiring distinct parts to be established may be waived where it is found to be in the best interest of the long-term care resident and of no detriment to the patients in the hospital. Requests for waivers to other applicable rules may be made in accordance with the appropriate health care facility rules.

51.24(3) *Long-term care service staff.* Where a hospital operates a freestanding nursing care facility, it shall be under the administrative authority of a licensed nursing home administrator who will be responsible to the hospital's administrator. Where a hospital operates a distinct part long-term care unit under the hospital license, a licensed nursing home administrator is not required. Other staffing requirements for the hospital's long-term care service are the same as required by Iowa Code chapter 135C or rules promulgated thereunder.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.25(135B) Criminal, dependent adult abuse, and child abuse record checks. The requirements for criminal, dependent adult abuse, and child abuse records checks applicable to health care facilities set forth in rule 481—50.9(135C) are applicable to hospitals.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.26(135B) Minimum standards for construction.

51.26(1) *Minimum standards.* The following construction standards are applicable to hospitals and off-site premises licensed under this chapter:

a. Construction shall be in accordance with the standards set forth in the Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute.

b. Existing hospitals and off-site premises built in compliance with prior editions of the hospital construction guidelines will be deemed in compliance with subsequent regulations, with the exception of any new structural renovations, additions, functional alterations, or changes in utilization to existing facilities, which shall meet the standards specified in this subrule.

c. The design and construction of a hospital or off-site premises shall be in conformance with 661—Chapter 205.

d. In jurisdictions without a local building code enforcement program, the construction shall be in conformance with the state building code, as authorized by Iowa Code section 103A.7, in effect at the time of plan submittal for review and approval. In jurisdictions with a local building code enforcement program, local building code enforcement must include both the adoption and enforcement of a local building code through plan reviews and inspections.

e. If an applicable requirement of 661—Chapter 205 is inconsistent with an applicable requirement of the state building code, the hospital or off-site premises is deemed to be in compliance with the state building code requirement if the requirement of 661—Chapter 205 is met.

51.26(2) *Submission of construction documents.* Submissions shall comply with rule 661—300.4(103A). The responsible design professional shall certify that the building plans meet the requirements specified in subrule 51.26(1), unless a waiver has been granted pursuant to subrule 51.26(3).

51.26(3) *Waivers.* Requests for waiver may be submitted to the department in accordance with 7—Chapter 2504. Any waiver granted is limited to the specific project under consideration and does not establish a precedent for similar acceptance in other cases. The request must demonstrate how patient safety and the quality of care offered will not be compromised by the waiver. In determining whether a waiver request will be granted, the director will consider the following:

a. Whether the design and planning for the specific property offers improved or compensating features to provide equivalent desirability and utility;

b. Whether alternate or special construction methods, techniques, and mechanical equipment offer equivalent durability, utility, health, and safety;

c. Whether the health, safety or welfare of any patient is endangered;

d. Occupancy and function of the building; and

e. The type of licensing.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 8/5/26]

481—51.27(135B) Critical access hospitals. Critical access hospitals shall meet the federal conditions of participation as a critical access hospital as described in 42 CFR Part 485, Subpart F, as amended to November 7, 2023, and any federal interpretive guidelines. The requirements of this chapter applicable to hospitals are generally applicable to critical access hospitals unless compliance would be inconsistent with 42 CFR Part 485, Subpart F, as amended to November 7, 2023, and any interpretive guidelines. If swing-bed approval has been granted, all 25 beds may be used interchangeably for acute or skilled nursing facility level of care services.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.28(135B) Rural emergency hospitals. Rural emergency hospitals shall meet the federal conditions of participation for rural emergency hospitals, as set forth in 42 CFR Part 485, Subpart E, as amended to January 1, 2023, and any federal interpretive guidelines. The requirements of this chapter applicable to hospitals are generally applicable to rural emergency hospitals unless compliance would be inconsistent with 42 CFR Part 485, Subpart E, as amended to January 1, 2023, and any federal interpretive guidelines.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

481—51.29(135B) Specialized hospitals. A specialized hospital shall meet the requirements for a general hospital. The diagnosis, treatment or care at a specialized hospital shall be administered by or performed under the direction of persons especially qualified in the diagnosis and treatment of the particular illness, injury, or infirmity.

[**ARC 7887C**, IAB 5/1/24, effective 6/5/24]

These rules are intended to implement Iowa Code sections 135B.3A, 135B.7 and 135B.7A.

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◊ Two or more ARCs

1 Hospital Protocol for Donor Requests as it appeared in IAC 641—Chapter 180 prior to 4/4/90.

2 January 16, 2013, effective date of 51.24(3) [ARC 0484C] delayed 70 days by the Administrative Rules Review Committee at its meeting held January 8, 2013.

CHAPTER 52
DEPENDENT ADULT ABUSE IN FACILITIES AND PROGRAMS

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/18/30

481—52.1(235E) Definitions. The definitions set forth in Iowa Code section 235E.1 are incorporated herein by reference. For purposes of this chapter, unless the context otherwise requires, the following definitions apply:

"Caretaker" means a person who is a staff member of a facility or program who provides care, protection, or services to a dependent adult voluntarily, by contract, through employment, or by order of the court. For the purpose of an allegation of exploitation, if the caretaker-dependent adult relationship started when a staff member was employed in the facility, the staff member may be considered a caretaker after employment is terminated.

"Dependent adult abuse" means any of the following as a result of the willful misconduct or gross negligence or reckless act or omission of a caretaker, taking into account the totality of the circumstances: physical injury, unreasonable confinement, unreasonable punishment, assault, sexual offense, sexual exploitation, exploitation, neglect, or personal degradation.

"Gross negligence" means an act or omission that signifies more than ordinary inadvertence or inattention, but less than conscious indifference to consequences; and, in other words, means an extreme departure from the ordinary standard of care.

"Immediately," for purposes of mandatory reporters' reporting of suspected dependent adult abuse, means within 24 hours.

"Inspector" means a surveyor or investigator with the department or any department designee.

"Misappropriates" means taking unfair advantage of or wrongfully or dishonestly exercising control over property.

"Physical injury" means a physical injury, or injury that is at a variance with the history given of the injury, which involves a breach of skill or care or learning ordinarily exercised by a caretaker in similar circumstances. "Physical injury" includes damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, damage to any bodily tissue to the extent that the tissue cannot be restored to a sound and healthy condition, or damage to any bodily tissue that results in the death of the person who has sustained the damage.

"Registry" means the central registry for dependent adult abuse information established in Iowa Code section 235B.5.

"Report" means a verbal or written statement, made to the department, that alleges that dependent adult abuse has occurred.

"Resident" means a resident of a health care facility as defined in Iowa Code chapter 135C, a patient in a hospital as defined in Iowa Code chapter 135B, a tenant of an assisted living program as defined in Iowa Code chapter 231C, a tenant in an elder group home as defined in Iowa Code chapter 231B, or a participant in an adult day services program as defined in Iowa Code chapter 231D.

"Sexual exploitation" means any consensual or nonconsensual sexual conduct with a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program. "Sexual exploitation" includes but is not limited to:

1. Kissing;
2. Touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals;
3. A sex act as defined in Iowa Code section 702.17;
4. The transmission, display or taking of electronic images of the unclothed breast, groin, buttock, anus, pubes, or genitals of a dependent adult by a caretaker for a purpose not related to treatment, care, monitoring, assessment or diagnosis or as part of an ongoing evaluation or investigation.

"Sexual exploitation" does not include touching that is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses or domestic partners in an intimate relationship.

"Sexual offense" means the commission of a sexual offense under Iowa Code chapter 709 or Iowa Code section 726.2 with or against a dependent adult.

"Staff member" means an individual who provides direct or indirect treatment or services to residents in a facility or program. Specifically included in the definition of "staff member" is an employee, health care employment agency worker, or other independent contractor who otherwise meets the definition. Direct treatment or services include those provided through person-to-person contact. Indirect treatment or services include those provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance. Specifically excluded from the definition of "staff member" are individuals such as part-time volunteers, building contractors, repair workers or others who are in a facility or program for a very limited purpose, are not in the facility or program on a regular basis, or do not provide any treatment or services to the residents of the facility or program.

"Unreasonable confinement" means confinement that includes but is not limited to the use of restraints, either physical or chemical, for the convenience of staff. "Unreasonable confinement" does not include the use of confinement and restraints if the methods are employed in conformance with state and federal standards governing confinement and restraint or as authorized by a physician or physician extender.

"Unreasonable punishment" means a willful act or statement intended by the caretaker to punish, agitate, confuse, frighten, or cause emotional distress to the dependent adult. Such willful act or statement includes but is not limited to intimidating behavior, threats, harassment, deceptive acts, or false or misleading statements.

"Willful misconduct" means an intentional act of unreasonable character committed with disregard for a known or obvious risk that is so great as to make it highly probable that harm will follow.

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

481—52.2(235E) Reporting.

52.2(1) The following persons shall report suspected dependent adult abuse in accordance with subrule 52.2(2):

a. A staff member. Specifically excluded from the definition of "staff member" only for purposes of the requirements set forth in this subrule are individuals who have no contact or de minimis contact with residents in a facility or program.

b. Entities as set forth in 481—Chapter 55.

52.2(2) Reporting procedures include the following:

a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent, who shall then notify the department within 24 hours of such notification or the next business day.

b. If the person in charge is the alleged perpetrator of dependent adult abuse, the staff member shall directly report the abuse to the department within 24 hours or the next business day.

c. Nothing prevents any person from notifying the department directly of suspected abuse.

d. The employer or supervisor of a person who is required to or may make a report pursuant to this rule shall not apply a policy, work rule, or other requirement that interferes with the person making a report of dependent adult abuse or that results in the failure of another person to make the report.

e. When the person making the report has reason to believe that immediate protection for the dependent adult is advisable, that person should also immediately make an oral report to an appropriate law enforcement agency.

f. A report of suspected dependent adult abuse should contain as much of the following information as possible:

(1) The date and time of the incident;

(2) The name, date of birth and diagnoses of the dependent adult;

(3) Whether the dependent adult sustained an injury and, if yes, whether photographs of the injury were taken;

(4) The nature and extent of the dependent adult abuse, including evidence of previous dependent adult abuse allegations;

(5) A list of the staff members working at the time of the incident, including each staff member's full name, title, date of birth, address and telephone number;

(6) The full name, title, date of birth, social security number, address, and telephone number of the alleged perpetrator of dependent adult abuse;

(7) Other information that might be helpful in establishing the cause of the abuse, establishing the identity of the person or persons responsible for the abuse, or providing assistance to the dependent adult; and

(8) The name, address, and telephone number of the person making the report.

52.2(3) A report will be accepted whether or not it contains all of the information requested. When the report is made to any agency other than the department, that agency will promptly refer the report to the department.

52.2(4) A person required to report abuse who knowingly and willfully fails to do so within 24 hours may be subject to criminal penalties and civil liability as provided for by statute.

52.2(5) Interference with a person required to report.

a. It is unlawful for any person or employer to discharge, suspend, or otherwise discipline a person for any of the following:

(1) Reporting suspected dependent adult abuse;

(2) Cooperating with or assisting the department in evaluating a report or investigating a case of dependent adult abuse; or

(3) Participating in judicial proceedings relating to dependent adult abuse.

b. A person in violation of this subrule may be guilty of a simple misdemeanor.

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

481—52.3(235E) Reports and central registry.

52.3(1) *Receipt and evaluation of reports.* The department receives and evaluates reports of dependent adult abuse in facilities and programs. Upon receipt of a report, the department will conduct an intake sufficient to determine whether the allegation constitutes dependent adult abuse.

52.3(2) *Central registry.* The department will inform the department of health and human services of such evaluations and dispositions for inclusion in the central registry for dependent adult abuse information pursuant to Iowa Code section 235B.5.

52.3(3) *Reports to and from the department of health and human services.* The department will transfer any reports received of dependent adult abuse in the community to the department of health and human services.

52.3(4) *Reports that are minor, isolated, and unlikely to reoccur.*

a. First instance. A report of dependent adult abuse that meets the definition of "dependent adult abuse" as defined in Iowa Code section 235E.1(5)*"a"*(1)(a) or (d), or section 235E.1(5)*"a"*(3), which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department of health and human services for a five-year period, shall not be included in the central registry, and shall not be considered founded dependent adult abuse.

b. Subsequent instance(s). A subsequent report of dependent adult abuse that meets the definition of "dependent adult abuse" as defined in Iowa Code section 235E.1(5)*"a"*(1)(a) or (d), or section 235E.1(5)*"a"*(3), that occurs within the five-year period, and that is committed by the same caretaker may also be considered minor, isolated, and unlikely to reoccur, depending on the totality of circumstances.

c. Retention. All initial and subsequent reports are collected and maintained by the department of health and human services until a five-year period has expired, so long as no additional reports have been filed.

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

481—52.4(235E) Separation mandatory. Upon receipt of a report of alleged dependent adult abuse in a facility or program, the facility or program shall separate the victim and the alleged perpetrator of dependent adult abuse immediately and maintain that separation until the department's abuse investigation is completed and the abuse determination is made.

NOTE: Facilities that participate in the federal Medicare or Medicaid program may be subject to additional federal requirements regarding separation.

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

481—52.5(235E) Interviews, examination of evidence, and investigation.

52.5(1) *Entering and examination of evidence.* An inspector of the department may enter any facility or program without a warrant and may examine all records and items pertaining to residents, employees, former employees, and the alleged perpetrator of dependent adult abuse and any other records and items necessary to ensure the integrity of the investigation unless the record or item is protected by some other legal privilege.

52.5(2) *Interviews.*

a. An inspector of the department may contact or interview any resident, employee, former employee, or any other person who may have knowledge about the alleged dependent adult abuse.

b. An alleged perpetrator of dependent adult abuse may request to have an attorney present at the alleged perpetrator's own expense at any time during the interview, but the request may not unreasonably delay the investigation. An employee organization representative or union representative may observe an investigative interview conducted by the department of an alleged perpetrator of dependent adult abuse if all of the conditions set forth in Iowa Code section 235E.2(13)*"a"* are met.

The purpose of the interview is a civil administrative dependent adult abuse investigation under applicable law.

52.5(3) *Photographs.* An inspector may take or cause to be taken photographs of the dependent adult abuse victim and the vicinity involved in accordance with Iowa Code section 235E.2(12).

52.5(4) *Evaluating information.* The department will consider the information as reported, other known or discovered information, and any information gathered as a result of the inspector's contact with collateral sources, including prior abuse allegations and disciplinary actions.

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

481—52.6(235E) Notification to subsequent employers. The department will notify a facility or program that subsequently employs a founded dependent adult abuser in accordance with Iowa Code section 235E.2(11).

[**ARC 9270C**, IAB 5/14/25, effective 6/18/25]

These rules are intended to implement Iowa Code chapter 235E.

[Filed ARC 8294B (Notice ARC 7828B, IAB 6/3/09; Amended Notice ARC 7939B, IAB 7/1/09), IAB 11/18/09, effective 1/1/10]

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[Filed ARC 9270C (Notice ARC 8905C, IAB 2/19/25), IAB 5/14/25, effective 6/18/25]

CHAPTER 53
HOSPICE LICENSE STANDARDS

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—53.1(135J) Definitions. The use of the word "shall" indicates mandatory standards. The definitions set out in Iowa Code section 135J.1 shall be considered to be incorporated verbatim in the rules. As used in this chapter:

"Bereavement service" is emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

"Care setting" means the place in which care is being given, for example, patient's home, a hospital, a care facility or another place of residence.

"Family" means the immediate kin of the patient, including a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, child, or stepchild. Additional relatives or individuals with significant personal ties to the hospice patient may be included in the hospice patient's family.

"Home care provider" means a care agency that contracts with the hospice to provide services in the home of the hospice patient. The providers may include, but are not limited to, hospice aides, homemakers, nurses, occupational therapists or physical therapists.

"Primary caregiver" means the person with major responsibility for providing care to a hospice patient.

"Protocols" are defined as written sets of directions to be followed in performing procedures. These may be routine or may describe specific actions staff must follow when particular events occur.

"Psychosocial needs" involve a person's mental and emotional life related to behavior to other people.

"Social services" are services provided by someone who has a bachelor's or higher degree in social work.

"Spiritual counselor" may be clergy, a hospice employee, a volunteer or someone chosen by the patient.

"Utilization review" means a program to assess the kind of care delivered and to identify needs which may not have been met.

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.2(135J) License. Application for an initial or renewal license may be obtained from the Department of Inspections and Appeals, Division of Health Facilities, Lucas State Office Building, Des Moines, Iowa 50319.

53.2(1) Prior to the issuance of a license each hospice must meet all the requirements set forth in this chapter.

53.2(2) The applicant shall submit a nonrefundable biennial license fee of $500. If a license lapses for failure to make timely application for renewal, an additional 25 percent is required.

53.2(3) Each hospice seeking licensure is surveyed before the initial license is issued and at least every 36 months thereafter.

53.2(4) Home care provider and inpatient facilities used by the hospice shall be inspected by the department to determine whether hospice regulations are met.

53.2(5) Hospices certified as Medicare providers by the department or accredited by an organization approved by the Centers for Medicare and Medicaid Services for federal certification will be licensed without inspection.

53.2(6) The department may not prohibit any entity from establishing or maintaining a hospice without a license.

53.2(7) The department may deny, suspend or revoke a license if the department finds that a hospice does not comply with these rules.

53.2(8) A license is issued only for the premises, person, hospital or facility named on the application. The license may not be transferred or assigned to another person or entity.

53.2(9) A license expires two years after the date issued unless it is suspended or revoked before that date.

This rule is intended to implement Iowa Code sections 135J.2 and 135J.4 to 135J.6.
[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.3(135J) Patient rights. Each hospice program shall have written policies and procedures that support, enhance and protect the human, civil, constitutional and statutory rights of all patients.

53.3(1) Patient rights include, but are not limited to, the right to:

a. Be treated with dignity and respect;

b. Be informed of the type of care and the services provided by the hospice program;

c. Information regarding diagnosis and prognosis and any change in either;

d. Review and participate in their plan of care; and

e. Privacy.

53.3(2) A copy of these rights shall be provided to all individuals admitted to a hospice.

This rule is intended to implement Iowa Code section 135J.3(3).

481—53.4(135J) Governing body. The hospice shall have a local governing body which consists of people who represent the geographic area for which the hospice intends to provide service.

53.4(1) The governing body shall:

a. Develop a written mission statement, goals and objectives for the hospice and meet with sufficient regularity to ensure accomplishment of those goals and objectives;

b. Develop, amend and implement bylaws;

c. Assume responsibility for the total operation of the hospice;

d. Appoint an administrator whose qualifications and duties are defined in writing and who has authority to manage the business affairs and to direct all programs of the hospice;

e. Provide for medical direction by a licensed physician, including naming a qualified physician to be available in the medical director's absence;

f. Provide appropriate, qualified personnel in sufficient quantity to ensure availability of hospice services listed below. Physician and nursing services and the provision of appropriate drugs shall be available 24 hours a day, seven days a week;

g. Develop and implement written policies and procedures relating to:

(1) Admission and discharge criteria,

(2) Response to referrals,

(3) Medical direction,

(4) Physician services,

(5) Nursing services,

(6) Nutritional services,

(7) Pharmacy services,

(8) Social services,

(9) Volunteer services,

(10) Spiritual services,

(11) Patient and family education,

(12) Bereavement services,

(13) Staff response to death at home and in institutions,

(14) Coordination and communication between all agencies serving the patient and family,

(15) Communication with community agencies, and

(16) Community education efforts;

h. Develop and implement written personnel policies; and

i. Develop and implement a written plan for review of the services delivered.

53.4(2) The governing body shall ensure that someone is responsible to:

a. Organize and direct the ongoing functions of the hospice program;

b. Meet the requirements of the written job descriptions;

c. Maintain liaison with the governing body and staff to ensure administrative control and professional supervision over all patient and family services furnished;

d. Provide orientation and in-service training for all staff which covers the physical, emotional, spiritual and social needs of hospice patients and their families during the final stages of illness, at death and during grief;

e. Plan, organize, implement, guide and evaluate the program;

f. Formulate and conduct a review of policies and procedures, including quality assurance; and

g. Ensure that all required reports and records are completed, submitted and maintained. This includes personnel, administrative and clinical records.

This rule is intended to implement Iowa Code section 135J.3.

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.5(135J) Quality assurance and utilization review. The hospice must have a written procedure for individual assessment of care provided, a process for identifying problems and a system to report findings and recommendations for improving the quality of care delivered to the governing body.

53.5(1) The medical director, patient coordinator and social worker used by the hospice program shall review a minimum of a 10 percent sample of combined active and inactive clinical records of care delivered to hospice patients on a periodic and ongoing basis. A written summary shall be prepared for each individual assessment, commenting on the amount and kind of care delivered and including statements addressing any unmet needs.

53.5(2) All summaries of individual assessments shall be reviewed by the people responsible for coordinating quality assurance on a periodic and ongoing basis. A written report will be prepared addressing any identified problems with care, treatment services, availability of services and methods of care delivery.

53.5(3) The quality assurance reports shall be made available to the hospice administrator and governing body. The reports shall be reviewed by the governing body at least annually, and the review recorded in the governing body's meeting minutes.

This rule is intended to implement Iowa Code section 135J.3(8).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.6(135J) Attending physician services. The patient or family shall designate an attending physician or physician associate who is responsible for managing necessary medical care. The attending physician shall:

1. Have an active Iowa license pursuant to Iowa Code chapter 148 or 148C;
2. Certify in conjunction with the medical director that each person requesting admittance is eligible as required by Iowa Code section 135J.1(3) for hospice care;
3. Be responsible for the medical component of the plan of care;
4. Participate in developing and revising the plan of care;
5. Arrange for continuity of the medical management in the attending physician's absence; and
6. Monitor the condition of the patient and family by direct contact, or communication with the interdisciplinary team (IDT) and others.

This rule is intended to implement Iowa Code section 135J.3(4).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 6/10/26]

481—53.7(135J) Medical director. Each hospice shall have a medical director who is a physician licensed to practice medicine pursuant to Iowa Code chapter 148. The medical director shall:

1. Be a member of the interdisciplinary team;
2. Monitor the quality of care provided;
3. Assist in providing assurance of the quality of care provided to the patient and family;
4. Maintain liaison with the attending physician;
5. Review clinical material from the patient's attending physician to certify the prognosis as anticipated by that physician;
6. Participate in providing direction for the medical component of care;
7. Participate in resolving conflicts regarding care to be provided; and
8. Participate in the development and review of patient care policies, procedures and protocols.

This rule is intended to implement Iowa Code section 135J.3(1).
[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.8(135J) Interdisciplinary team (IDT). The IDT shall establish a plan of care for each patient based on assessments performed by team members.

53.8(1) The interdisciplinary team shall include, but is not limited to, the:

a. Patient, to the extent the patient is able and willing to participate;

b. Hospice patient's family, to the extent the family is able and willing to participate;

c. A doctor of medicine or osteopathy who is an employee of or under contract with the hospice;

d. Patient care coordinator;

e. Registered nurse;

f. Social worker; and may include

g. A pastoral or other counselor and others deemed appropriate by the hospice.

53.8(2) Within 48 hours of admission, the attending physician or registered nurse and at least one IDT team member shall develop an initial plan based on a preliminary assessment of the patient needs.

53.8(3) Within five calendar days of admission, the interdisciplinary team shall assess the needs of the patient and family. A care plan shall be based on these findings.

53.8(4) Within five calendar days of admission, the interdisciplinary team shall meet to develop a comprehensive written plan of care. The plan of care shall:

a. Identify the primary caregiver or an alternate arrangement for care;

b. List the needs of the patient and family;

c. List any intervention planned to meet the needs of the patient and family and the results expected from each intervention;

d. Indicate which team member(s) is responsible for each intervention;

e. Indicate the anticipated frequency of each intervention; and

f. Indicate the prognosis and expected disease process.

53.8(5) The IDT shall monitor and revise the plan of care on a regular basis. The team shall meet at least every 15 days and exchange information regarding the needs of the patient and family. Changes in the care plan shall be made when the needs of the patient or family change or when interventions do not result in the expected or intended response.

This rule is intended to implement Iowa Code section 135J.3(5).
[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.9(135J) Nursing services. Nursing services shall be planned and provided or supervised by a registered nurse who has a current Iowa license to practice nursing. The service shall be available 24 hours a day, seven days a week.

53.9(1) A registered nurse shall assess patient and family nursing needs and develop a nursing plan of care to meet these needs.

53.9(2) The nursing service staff shall:

a. Participate in IDT meetings to develop and amend the plan of care;

b. Provide nursing service in accordance with the overall plan of care developed by the IDT;

c. Consult with the patient and family regarding how to meet nursing and nursing-related needs of the patient;

d. Document nursing care given and observations made regarding patient, family reactions and status;

e. Consult with other care providers and the family to enhance continuity of care;

f. Develop and implement nursing service objectives, policies and procedures; and

g. Assign duties to nurses and hospice aides consistent with their education and experience.

53.9(3) Persons who are employed by, volunteer with or work under contract to a licensed hospice organization may administer medications only if they are also a licensed nurse, a licensed physician or a certified medication aide.

This rule is intended to implement Iowa Code section 135J.3(2).
[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.10 Reserved.

481—53.11(135J) Coordinator of patient care.

53.11(1) A registered nurse, social worker or health care administrator shall be designated to coordinate implementation of the plan of care for each patient.

53.11(2) The coordinator of patient care shall at least:

a. Coordinate all aspects of patient care to ensure continuity, including care by all service disciplines in all care settings;

b. Facilitate exchange of information among all personnel who provide services to ensure complementary efforts and support for objectives outlined in the plan of care;

c. Facilitate communication between caregivers, patient and family;

d. Maintain a roster of patients;

e. Maintain a schedule for IDT review of care plans;

f. Chair IDT conferences;

g. Develop job descriptions for all nursing personnel;

h. Establish staff schedules to meet patient needs and ensure 24-hour service;

i. Develop and implement orientation and training programs;

j. Develop and implement performance evaluation for the nursing staff; and

k. Facilitate periodic meetings of the professional nursing staff to evaluate the nursing care provided by hospice personnel.

This rule is intended to implement Iowa Code section 135J.3(2).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.12(135J) Social services. Medical social services must be provided by a qualified social worker, under the direction of a physician. Social work services must be based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services.

53.12(1) Education and experience. A qualified social worker is a person who:

a. Has a master of social work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or

b. Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or

c. Has a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph 53.12(1)*"a"*; and

d. Has one year of social work experience in a health care setting; or

e. Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, was employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.

53.12(2) The social worker shall at least:

a. Consider the emotions and social support system of the patient;

b. Identify patient social service needs;

c. Participate on the IDT to develop and amend the plan of care;

d. Provide services in accordance with the plans of care developed by the IDT;

e. Document services provided and observations made regarding patient and family response and status; and

f. Cooperate and communicate with other providers and the family to enhance the continuity of care.

This rule is intended to implement Iowa Code section 135J.3(2).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.13(135J) Counseling services. Counseling is the process of helping people adjust to the grief of illness, dying and loss. Counseling shall be provided in accordance with the plan of care. When the interdisciplinary team identifies the need for additional counseling services, a team member shall be designated to make an appropriate referral. No referrals may be made without the agreement of the patient and the family.

This rule is intended to implement Iowa Code section 135J.3(2).

481—53.14(135J) Volunteer services. Each hospice shall provide volunteer services to meet patient and family needs. A coordinator of volunteer services shall be designated to implement written policies and procedures. Volunteers must be used in defined roles and under the supervision of a designated hospice employee. The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.

This rule is intended to implement Iowa Code section 135J.3(2).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.15(135J) Spiritual counseling. Spiritual counseling shall be available to all patients and their families.

53.15(1) Spiritual counseling shall:

a. Be based on the beliefs and values of the patient and family; and

b. Be provided in accordance with the interdisciplinary plan of care.

53.15(2) If spiritual counseling is provided through a working relationship with clergy or other spiritual counselors in the community, there shall be ongoing communication between that counselor and the interdisciplinary care team.

53.15(3) There shall be written and implemented policies and procedures regarding spiritual counseling.

This rule is intended to implement Iowa Code section 135J.3(2).

481—53.16(135J) Optional services. Optional services are services provided by the hospice which are not required. Examples are hospice aide, therapy and respite. The following apply to the provision of all optional services provided by a hospice:

53.16(1) All service providers shall be oriented to the hospice concept and philosophy.

53.16(2) All services shall be provided in accordance with the interdisciplinary plan of care.

53.16(3) Written and implemented policies and procedures shall:

a. Identify service providers;

b. Identify the person who will supervise the provision of services;

c. Require documentation of services provided and patient and family response; and

d. Describe a mechanism for evaluating quality of care provided.

This rule is intended to implement Iowa Code section 135J.1(7).

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

481—53.17(135J) Contracted services. A hospice may contract with other health care providers for the provision of all services.

53.17(1) Contracts shall be written and clearly delineate the authority and responsibility of each party to the contract.

53.17(2) The hospice shall maintain responsibility for coordinating and administering the hospice program.

53.17(3) Contracting for a service does not absolve the hospice of legal responsibility for provision of that service.

53.17(4) The hospice shall inform the patient whether the hospice is paying for the contracted services.

This rule is intended to implement Iowa Code section 135J.3(2).

481—53.18(135J) Short-term hospital services. Each hospice shall have a written agreement with a local or area hospital which promotes continuation of the hospice plan of care and training for hospital staff who care for hospice patients.

This rule is intended to implement Iowa Code section 135J.3(2).

481—53.19(135J) Bereavement services. Bereavement services shall be available to each family after the death of a patient and shall be provided in accordance with family needs.

53.19(1) Bereavement services shall include:

a. Exchange of information between people who provide bereavement services and team members who provided care before death;

b. Consideration of the family's situation, including risk factors, used to develop a plan for services;

c. Identification of types of help or intervention to be available and provided;

d. Contact with the family after the death as required by their needs as documented in the plan of care; and

e. A process to assess family reactions and hospice referrals for intervention deemed appropriate by the IDT.

53.19(2) There shall be written and implemented policies and procedures governing the delivery of bereavement services.

This rule is intended to implement Iowa Code section 135J.3(6).

481—53.20(135J) Records. In accordance with accepted principles of medical record practice, each hospice shall maintain a centralized complete record on every individual receiving services. This record shall be preserved for at least six years following termination of services.

53.20(1) Each entry shall be dated and signed, including the name and title of the person who makes the entry.

53.20(2) The record shall include documentation of all services provided, whether furnished by the hospice or by contractual agreement. Each record shall include, but not be limited to:

a. Patient identification and demographic data;

b. Initial and subsequent assessments;

c. The plan of care;

d. Medical history;

e. Documentation of all services provided;

f. Consent and authorization forms;

g. Physicians' orders;

h. Medication records;

i. Discharge summary; and

j. Discharge and transfer records.

53.20(3) The hospice shall have written and implemented policies to safeguard destruction or unauthorized use of patient records. Written procedures shall govern use and removal of records, conditions for release of information and identification by title of the person who may release records.

[**ARC 6975C**, IAB 4/5/23, effective 5/10/23]

These rules are intended to implement Iowa Code sections 135J.1 to 135J.6.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 54
GOVERNOR'S AWARD FOR QUALITY CARE

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—54.1(135C) Purpose. A governor's award for quality care is established to recognize health care facilities in Iowa that demonstrate provision of the highest quality care to residents. Health care facilities eligible for nomination and selection must be licensed pursuant to Iowa Code chapter 135C.

481—54.2(135C) Definitions.

"Community living training services" means those activities provided to assist a person to acquire or sustain the knowledge and skills essential to independent functioning to the person's maximum potential in the physical and social environment.

"Department" means the department of inspections and appeals.

"Director" means the director of the department of inspections and appeals or the director's designee.

"Health care facility" or *"facility"* means residential care facilities, nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability licensed pursuant to Iowa Code chapter 135C.

"Nursing care" means those services that can be provided only under the direction of a registered nurse or licensed practical nurse.

"Personal care" means assistance with those activities of daily living that the recipient can perform only with difficulty. Examples are help in getting in and out of bed, assistance with personal hygiene and bathing, help with dressing and feeding, and supervision of medications that can be self-administered.

"Rehabilitative services" means services to encourage and assist restoration of optimum mental and physical capabilities of the individual resident of a health care facility.

"Social services" means services relating to the psychological and social needs of the individual in adjusting to living in a health care facility and minimizing stress arising from that circumstance.

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13]

481—54.3(135C) Nomination. The department shall make available a nomination application no later than January 1 of each year. The department shall accept nominations until March 1 of each year.

481—54.4(135C) Applicant eligibility. Eligible nominations shall be made by a resident, family member of a resident or another health care facility. A health care facility cannot nominate itself for the award; however, this prohibition shall not apply to facilities with common ownership.

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14]

481—54.5(135C) Nomination information. Applications for the governor's quality care award shall contain but not be limited to the following information:

54.5(1) The reasons that the nominated facility should be considered.

54.5(2) Any unique or special care or services provided by the facility to its residents. Care or services include any unique or special nursing care, personal care, rehabilitative services, social services, or community living training services provided by the facility for its residents or involvement with the local community.

54.5(3) Activities conducted by the facility to enhance the quality of life for its residents.

481—54.6(135C) Evaluation. The department shall review all nominations and select finalists based upon the material(s) provided in the nomination forms. The department shall also consider the following factors in making its selections:

54.6(1) The facility report card completed pursuant to Iowa Code section 135C.20A.

54.6(2) Any unique services provided by a facility to its residents to improve the quality of care in the facility.

54.6(3) Any information submitted by resident advocacy committee members, residents, a resident's family members, or facility staff with regard to the quality of care provided by the facility to its residents.

54.6(4) Whether the facility accepts residents for whom costs are paid under Iowa Code chapter 249A.

54.6(5) Whether there are any outstanding complaints against the facility, as well as the resolution of any complaint already investigated by the department.

54.6(6) Whether the annual fiscal review conducted by the department indicated any irregularities in the residents' accounts.

481—54.7(135C) Selection of finalists. When reviewing the nominations, the department shall rank all facilities according to the above criteria. The ranked list of facilities shall be provided to the director for further review and consideration. When the final selection is made, no more than two facilities from each congressional district shall be recognized as award winners.

481—54.8(135C) Certificate of recognition. Prior to the final selection of facilities, representatives from the department will tour all facilities still in contention to determine the winners. Each winning facility will receive a certificate in recognition of its designation as a quality health care provider. The winning facilities shall be announced and recognized annually.

[**ARC 6860C**, IAB 2/8/23, effective 3/15/23]

These rules are intended to implement Iowa Code sections 10A.104(5), 135C.14 and 135C.20B.

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CHAPTER 55
HEALTH CARE EMPLOYMENT AGENCIES AND HEALTH CARE TECHNOLOGY PLATFORMS

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/4/28

481—55.1(135Q) Definitions. The definitions set forth in Iowa Code section 135Q.1 are incorporated herein by reference. As used in this chapter, unless the context otherwise requires, the following also apply:

"Health care employment agency" does not include a recruitment firm that contracts with a health care entity to identify and screen potential candidates for hire and does not provide agency workers for temporary or temporary-to-hire employee placements in this state.

"Health care entity" includes but is not limited to any entities licensed or certified pursuant to Iowa Code chapter 135B (hospitals), 135C (health care facilities), 135G (subacute mental health care facilities), 135H (psychiatric medical institutions for children), 135J (licensed hospice programs), 231C (assisted living programs), 231D (adult day services), or 135R (ambulatory surgical centers) or any home health agency, hospice, end-stage renal disease center, rural health clinic, or federally qualified health care center certified by the Centers for Medicare and Medicaid Services.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.2(135Q) Registration.

55.2(1) A health care employment agency or health care technology platform operating in the state shall register annually with the department and pay an annual registration fee of $500. A health care employment agency with multiple locations may complete one registration for all locations and may remit one payment for the total registration fee required. A health care employment agency or health care technology platform shall register with the department 30 days prior to operation. A health care technology platform in operation prior to April 23, 2025, shall register with the department within 30 days of April 23, 2025.

55.2(2) The statement of registration may be submitted electronically via an Internet-based system provided by the department for such purpose; by mail to the Department of Inspections, Appeals, and Licensing, Health and Safety Division, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321; or by fax to 515.242.5022.

55.2(3) The registrant shall include, at a minimum, the following information on the statement of registration:

a. Name(s) of the owner(s) and managing entity(ies);

b. Location of the health care employment agency, including street address, city, and ZIP code; and

c. Contact information for the owner(s) and managing entity(ies), including telephone number, mailing address, and email address.

55.2(4) The health care employment agency or health care technology platform shall notify the department of any changes to the information on the annual statement of registration within 30 days of the date the change occurs, including cessation of operation.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.3(135Q) General requirements. A health care employment agency or health care technology platform shall adhere to all requirements under Iowa Code section 135Q.2(2) or 135Q.3(2), as applicable, and do all of the following.

55.3(1) *Verification of employment standards.* A health care employment agency shall ensure that its agency workers comply with all applicable state and federal requirements and qualifications for personnel in health care entity settings pursuant to Iowa Code section 135Q.2(2)*"a"* through *"c."* A health care technology platform shall verify that independent nursing services professionals supply documentation demonstrating compliance with all applicable state and federal requirements and qualifications for personnel in health care entity settings pursuant to Iowa Code section 135Q.3(2)*"a"* through *"c."* These include but are not limited to a health care employment agency ensuring or a health care technology platform verifying the following:

a. Completion of all requirements regarding criminal, dependent adult abuse, and child abuse record checks that would otherwise be the responsibility of the health care entity if the health care entity employed the agency worker or contracted with the independent nursing services professional directly;

b. Completion of the physical examination and screening and testing for tuberculosis procedures that would otherwise be the responsibility of the health care entity if the health care entity employed the agency worker or contracted with the independent nursing services professional directly; and

c. That an agency worker or independent nursing services professional has completed all education, training, and continuing education requirements for the agency worker's or independent nursing services professional's occupation and that the agency worker or independent nursing services professional is in good standing with any minimum licensing or certification standards to appropriately engage in the worker's or professional's profession.

55.3(2) *Allegations of dependent adult abuse.*

a. If an allegation of dependent adult abuse is received by a health care employment agency against an agency worker or is received by a health care technology platform against an independent nursing services professional, the health care employment agency or health care technology platform shall immediately notify the facility in which the alleged abuse occurred so that the facility may immediately separate the victim and alleged dependent adult abuser. The health care employment agency or health care technology platform shall also notify the department within 24 hours or the next business day. If the health care employment agency or health care technology platform has reason to believe that immediate protection for the dependent adult is advisable, it should also make an oral report to an appropriate law enforcement agency. After receiving notice of an allegation of dependent adult abuse against an agency worker or independent nursing services professional and before the department's dependent adult abuse investigation is completed and the abuse determination is made, the health care employment agency or health care technology platform shall disclose such investigation to any prospective health care entity with which the agency worker will be placed or the independent nursing services professional will provide services.

b. In addition to any other requirement under state or federal law with respect to the receipt of an allegation of dependent adult abuse, if a health care entity receives an allegation of dependent adult abuse against an agency worker or independent nursing services professional, the health care entity shall immediately notify the health care employment agency or health care technology platform of the allegation. This does not exempt the health care entity from any of its duties with respect to alleged dependent adult abuse under state or federal law.

c. If the health care employment agency or health care technology platform terminates the alleged dependent adult abuser or deactivates the alleged abuser's account as a result of the investigation or the alleged dependent adult abuser resigns, the alleged dependent adult abuser shall disclose such termination, deactivation, or investigation to any prospective facility or program employer.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.4(135Q) Prohibitions.

55.4(1) A health care employment agency or health care technology platform shall not restrict the employment opportunities of an agency worker or independent nursing services professional in accordance with Iowa Code section 135Q.2(3) or 135Q.3(3), as applicable.

55.4(2) Subrule 55.4(1) does not apply to a contract that meets all of the criteria set forth in Iowa Code section 135Q.2(3)*"b."*

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.5(135Q) Record retention and reporting.

55.5(1) *Document retention.* A health care employment agency or health care technology platform shall maintain documentation in its files regarding each agency worker's or independent nursing services professional's compliance, as applicable, with minimum licensing, certification, training, health requirements, and continuing education standards as described in subrule 55.3(1). A health care employment agency or health care technology platform shall provide copies of this documentation to

the department or a health care entity for a contracted agency worker or independent nursing services professional upon request.

55.5(2) *External reporting.* A health care employment agency shall report, file, or otherwise provide any required documentation pursuant to Iowa Code section 135Q.2(2)*"c,"* including but not limited to:

a. For any agency workers who are certified nurse aides, the health care employment agency shall report to the direct care worker registry completed work assignments of the agency worker sufficient to maintain an active status on the registry pursuant to requirements set forth in 441—subparagraph 81.16(5)*"c"*(2), 441—paragraph 81.16(5)*"e,"* and 42 CFR 483.35(d)(6) and 483.156(c)(2).

b. The health care employment agency shall report allegations of dependent adult abuse as set forth in subrule 55.3(2).

55.5(3) *Quarterly reporting to the department.*

a. The quarterly report required to be submitted by a health care employment agency pursuant to Iowa Code section 135Q.2(4) shall provide the following:

(1) A detailed list of each health care entity participating in Medicare or Medicaid with whom the agency has contracted over the prior quarter;

(2) A detailed list of the average amount charged by the health care employment agency to the health care entity participating in Medicare or Medicaid over the prior quarter, broken down by provider type (e.g., hospital, nursing facility) and each individual agency worker category (e.g., certified nurse aide, registered nurse, licensed practical nurse) within that provider type; and

(3) A detailed list of the average amount paid by the health care employment agency participating in Medicare or Medicaid to agency workers over the prior quarter, broken down by provider type (e.g., hospital, nursing facility) and each individual agency worker category (e.g., certified nurse aide, registered nurse, licensed practical nurse) within that provider type.

b. The report data and submission dates shall be as follows:

(1) The quarterly report containing data from January 1 through March 31 is due no later than April 15;

(2) The quarterly report containing data from April 1 through June 30 is due no later than July 15;

(3) The quarterly report containing data from July 1 through September 30 is due no later than October 15; and

(4) The quarterly report containing data from October 1 through December 31 is due no later than January 15.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.6(135Q) Complaints.

55.6(1) *Complaints.*

a. The process for filing a complaint is as follows:

(1) Any person with a concern regarding the operation of a health care employment agency may file a complaint at the department's physical location, complaint hotline, or website, as follows:

Physical address:	Department of Inspections, Appeals, and Licensing Health and Safety Division, Complaint/Incident Unit 6200 Park Avenue, Suite 100 Des Moines, Iowa 50321
Complaint hotline:	1.877.686.0027
Website address:	dial.iowa.gov

(2) When the nature of the complaint is outside the department's authority, the department will forward the complaint to the appropriate investigatory entity.

b. The department will act on anonymous complaints unless the department determines that the complaint is intended to harass the health care employment agency or health care technology platform or is without a reasonable basis. If the department, upon preliminary investigation, determines that the complaint is intended to harass or is without a reasonable basis, the department may dismiss the complaint.

55.6(2) *Content of complaint reports.* The complaint should include as much of the following information as possible: the complainant's name, address, and telephone number; the complainant's relationship to the health care employment agency or health care technology platform; and the reason for the complaint. The complainant's name shall be confidential information and will not be released by the department.

55.6(3) *Time frames for investigation of complaints.* Upon receipt of a complaint made in accordance with this rule, the department will make a preliminary investigation of the complaint to determine if probable cause exists to further investigate the complaint. If probable cause exists, an investigation of the health care employment agency or health care technology platform will be initiated within 45 working days.

55.6(4) *Standard for determining whether a complaint is substantiated.* The department will apply a preponderance of the evidence standard in determining whether a complaint is substantiated.

55.6(5) *Notification of the health care employment agency or health care technology platform of results of investigation.* The department will notify the subject health care employment agency or health care technology platform, in writing, of the final report of the complaint investigation.

55.6(6) *Notification of the complainant of results of investigation.* The complainant, if known, will be notified of the final findings of a complaint investigation as well as if the department determines not to further investigate after the preliminary investigation, including an explanation of the department's decision.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.7(135Q) Investigations.

55.7(1) *Initiation of investigations.* Investigations may be initiated because of a complaint or other information received by the department or upon referral from other agencies. If the department determines there is probable cause to believe that a health care employment agency or health care technology platform is unregistered or that a registered health care employment agency or health care technology platform is not in compliance with state, federal, or local statutes or rules, an investigation may be initiated.

55.7(2) *Evaluation of allegations and referral to other agencies.* If an investigation is initiated, the department will evaluate the allegations to determine whether the allegations should also be referred to other local, state, or federal agencies. If the department believes a criminal violation has occurred or is occurring, it will notify the appropriate law enforcement entities.

55.7(3) *Access to records.* An inspector of the department may enter a health care employment agency without a warrant and may examine and copy all records and items pertaining to the investigation, or may require the health care employment agency or health care technology platform to provide copies of all records and items pertaining to the investigation, unless the record or item is protected by some other legal privilege.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.8(135Q) Penalties. A health care employment agency or health care technology platform that violates Iowa Code chapter 135Q will be subject to monetary penalties, denial or revocation of registration, and other penalties as described in Iowa Code section 135Q.4.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

481—55.9(135Q) Public and confidential information.

55.9(1) *Public disclosure.* The following records are open and available for inspection:

a. Registration forms and accompanying materials;

b. Final findings of the department's investigations;

c. Official notices of penalties; and

d. Any records required to be submitted to the department by the health care employment agency pursuant to Iowa Code section 135Q.2(4) and subrule 55.5(3) (quarterly reporting to the department).

55.9(2) *Confidential information.* Confidential information includes the following:

a. Information obtained by the department that does not comprise a final finding resulting from a complaint investigation. Investigation information which does not comprise a final finding may be made

public in a contested case proceeding concerning the department's final findings, including the imposition of a monetary penalty or the denial or revocation of registration.

b. Names and identifying information of all complainants.

[**ARC 6711C**, IAB 11/30/22, effective 1/4/23; **ARC 9022C**, IAB 3/19/25, effective 4/23/25]

These rules are intended to implement Iowa Code chapter 135Q.

[Filed ARC 6711C (Notice ARC 6571C, IAB 10/5/22), IAB 11/30/22, effective 1/4/23]
[Filed ARC 9022C (Notice ARC 7784C, IAB 4/17/24; Amended Notice ARC 8214C, IAB 9/18/24), IAB 3/19/25, effective 4/23/25]

CHAPTER 56
FINING AND CITATIONS
[Prior to 7/15/87, Health Department[470] Ch 56]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—56.1(135C) Authority for citations. Pursuant to the authority vested in the director of the department of inspections and appeals to issue citations and assess penalties for violations of the statutes or departmental rules relating to the health care facilities, the following rules indicate the method by which citations may be issued when a particular statute or departmental rule is violated by a facility.

481—56.2(135C) Classification of violations—classes. There are three classifications for violations of statutes or departmental rules which may result in the issuance of a citation by the director of inspections and appeals and the assessment of a penalty therefor.

56.2(1) *Class I.* A class I violation is one which presents an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility in which the violation occurs. A physical condition or one or more practices in a facility may constitute a class I violation;

56.2(2) *Class II.* A class II violation is one that has a direct or immediate relationship to the health, safety, or security of residents of a health care facility, but which presents no imminent danger nor substantial probability of death or physical harm to them. A physical condition or one or more practices within a facility, including either physical abuse of any resident or failure to treat any resident with consideration, respect, and full recognition of the resident's dignity and individuality, in violation of a specific rule adopted by the department, may constitute a class II violation;

56.2(3) *Class III.* A class III violation is one which is not classifiable in the department's rules nor classifiable under the criteria stated in those rules as a class I or class II violation.

481—56.3(135C) Fines. Citations which are issued by the director of the department of inspections and appeals for violations of the statutes or rules relating to health care facilities will subject the facility to the following penalties.

56.3(1) *Citation for a class I violation.* The penalty shall not be less than $2,000 nor more than $10,000. The penalty for a class I violation shall be doubled when the violation is due to an intentional act by the facility in violation of a provision of Iowa Code chapter 135C or a rule adopted pursuant thereto.

56.3(2) *Citation for a class II violation.* The penalty shall not be less than $100 nor more than $500. Using the criteria established in paragraph 56.3(2)*"a,"* the director of the department of inspections and appeals may, upon written request, waive the penalty if the class II violation is corrected within the time specified in the citation. The director shall not waive penalties related to the items listed in subrule 56.3(4).

a. Criteria for waiving the penalty for a class II violation. The director shall consider the following criteria, among others, when deciding whether to grant a waiver of a class II penalty.

(1) The past history of the facility within the last 24 months of the violation as it relates to the nature of the violation;

(2) The rights of residents to make informed decisions with their doctor(s) and family/legal representative(s); and

(3) The financial hardship the fine will cause the facility.

b. Process for requesting a waiver of the penalty for a class II violation.

(1) A facility shall submit documentation that supports the waiver request.

(2) If the facility has requested a waiver based on financial hardship, the facility must provide proof of the hardship for the individual facility, along with the parent corporation, if any. Supporting documentation shall, at minimum, include the facility's, and the parent corporation's, if any, most recent profit and loss statement and balance sheet.

(3) Requests for a waiver shall be submitted within ten working days of receipt by the facility of the notice that the violation has been corrected.

(4) The department shall make a decision on the waiver request or request additional information, if necessary, within ten working days of receipt of a waiver request and shall notify the facility in writing of

the department's determination by personal service, by electronic mail, or by certified mail. If additional information is requested, such information shall be provided by the facility within five working days. If additional information is necessary, the department shall make a decision on the waiver request within ten working days of receipt of the additional information requested by the department.

(5) If the waiver request is granted and the facility has paid the penalty, the facility shall be refunded the amount of the penalty paid that was subject to the approved waiver request.

c. Denial of penalty waiver request for a class II violation. The director's decision to deny a waiver request is not subject to appeal. The underlying citation or state statement of deficiencies is eligible for appeal.

56.3(3) *Citation for a class III violation.* No penalty shall be assessed for a class III violation except as provided in rule 481—56.5(135C).

56.3(4) *Self-identification and correction of a class II or class III violation prior to the on-site inspection.*

a. Self-identification and correction. If a facility self-identifies a deficient practice prior to the on-site visit inspection, there has been no complaint filed with the department related to that specific deficient practice, and the facility corrects such practice prior to an inspection, no citation shall be issued or fine assessed for class II or III violations except as identified in Iowa Code section 135C.36(5).

b. Process for documenting self-identification. If, during the inspection, an area of concern is identified to the facility that was self-identified and corrected by the facility prior to the inspection, no complaint has been filed, and the violation does not fall in the exemptions listed in Iowa Code section 135C.36(5), the facility shall complete a "Self-Identification and Correction Form" and submit it to the inspector(s) prior to the conclusion of the inspection, or to the department within two working days of the exit interview via email, facsimile, or overnight courier. The documentation shall include:

(1) The nature of the problem;
(2) The date the problem was identified;
(3) Who identified the problem, i.e., family, resident, staff, physician, pharmacist;
(4) Action steps taken to correct the problem;
(5) The date the facility determined correction was completed; and
(6) All documentation that substantiates the above information.

56.3(5) *State penalty dismissed if the corresponding federal deficiency or citation is dismissed or removed.* Any state penalty, including a fine or citation, issued as a result of a joint state and federal survey and certification process shall be dismissed if the corresponding federal deficiency or citation is dismissed or removed.

a. If the federal deficiency is dismissed or removed during the federal informal dispute resolution process, the department shall remove any corresponding state fine, citation or deficiency within 20 working days of issuance of the decision.

b. If the federal deficiency is dismissed or removed at the conclusion of the federal administrative hearing process, the facility shall submit to the department a copy of the decision, along with a written request for the removal of the corresponding state fine, citation, or deficiency.

c. Any state penalty, including a fine or citation, shall be retained or reinstated if the federal deficiency is retained or reinstated.

56.3(6) *Reduction of fine amount by 35 percent.* If a facility has been assessed a penalty, does not request a formal hearing pursuant to Iowa Code section 135C.43 and rule 481—56.17(135C), or withdraws its request for a formal hearing within 30 days of the date that the penalty was assessed, and the penalty is paid within 30 days of receipt of notice or service, the amount of the civil penalty shall be reduced by 35 percent.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 2158C**, IAB 9/30/15, effective 11/4/15; **ARC 7005C**, IAB 5/3/23, effective 6/7/23]

481—56.4(135C) Time for compliance. Citations which are issued by the director of the department of inspections and appeals for violations of the statutes or rules related to health care facilities shall specify the length of time permitted for the violation to be abated or eliminated, as follows:

56.4(1) *Citation for a class I violation:* The violation shall be abated or eliminated immediately, unless the department determines that a stated period of time, specified in the citation, is required to correct the violation;

56.4(2) *Citation for a class II violation:* The violation shall be corrected within a stated period of time determined by the department and specified in the citation. The stated period of time specified in the citation may subsequently be modified by the department for good cause shown;

56.4(3) *Citation for a class III violation:* The violation shall be corrected within a reasonable time specified by the department in the citation.

481—56.5(135C) Failure to correct a violation within the time specified—penalty. Failure to correct any class of violation within the time specified in the citation, unless the licensee shows that the failure was due to circumstances beyond the licensee's control, shall subject the facility to a further penalty of $50 for each day that the violation continues after the time specified for correction.

481—56.6(135C) Treble and double fines.

56.6(1) *Treble fines for repeated violations.* The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor.

56.6(2) *Double fines for intentional class I violations.* The director of the department of inspections and appeals shall double the penalties specified in subrule 56.3(1) when the violation is due to an intentional act by the facility in violation of a provision of Iowa Code chapter 135C or rule adopted pursuant thereto.

a. For purposes of this subrule, "intentional" means doing an act voluntarily, not by mistake or accident, and doing the act with a specific purpose in mind.

b. The facts and circumstances surrounding the act shall be considered when determining whether the act was done intentionally.

c. It is assumed that a person intends the natural results of the person's act(s).

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10]

481—56.7(135C) Notation of classes of violations. All rules relating to health care facilities, other than those which are informational in character, shall be followed by a notation at the end of each rule, or pertinent part thereof. This notation shall consist of a Roman numeral or numerals in parentheses. These Roman numerals refer to the class (either class I, class II, or class III) of violation which may be cited by the director of the department of inspections and appeals when that rule or a part of that rule carrying the notation is violated by the facility.

[**ARC 3390C**, IAB 10/11/17, effective 11/15/17]

481—56.8(135C) Notation for more than one class of violation. In those instances where a particular rule, or part of a rule is followed by a notation consisting of more than one Roman numeral in parentheses, at the discretion of the director of the department of inspections and appeals, the director may issue a citation for a violation of that rule, or part thereof, designating any one of the multiple classes of violations specified in the notation.

481—56.9(135C) Factors determining selection of class of violation. In determining which class of violation will be designated in the citation, where more than one class is specified in the notation following the rule, the director of the department of inspections and appeals shall consider evidence of the circumstances surrounding the violation, including, but not limited to, the following factors:

56.9(1) The frequency and length of time the violation occurred, i.e., whether the violation was an isolated or a widespread occurrence, practice, or condition;

56.9(2) The past history of the facility within 24 months of the violation as it relates to the nature of the violation;

56.9(3) The culpability of the facility as it relates to the reasons the violation occurred;

56.9(4) The extent of any harm to the residents or the effect on the health, safety, or security of the residents which resulted from the violation;

56.9(5) The relationship of the violation to any other types of violations which have occurred in the facility;

56.9(6) The actions of the facility after the occurrence of the violation, including when corrective measures, if any, were implemented and whether the facility notified the director as required;

56.9(7) The accuracy and extent of records kept by the facility which relate to the violation, and the availability of such records to the department;

56.9(8) The rights of residents to make informed decisions with their doctor(s) and family/legal representative(s); and

56.9(9) Whether the facility made a good-faith effort to address a high-risk resident's specific needs, and whether the evidence substantiates this effort.

481—56.10(135C) Factors determining imposition of citation and fine.

56.10(1) The director of the department of inspections and appeals may consider evidence of the circumstances surrounding the violation including, but not limited to, those factors set out in rule 481—56.9(135C) when:

a. Determining whether a violation will be subject to a fine or citation; and

b. Determining the monetary amount of the penalty to be specified in the citation, when such a fine is authorized to be levied for a particular class of violation.

56.10(2) If it is determined that a violation shall be cited as a class I violation, the following chart shall be used by the department when calculating the fine amount. The amount of the fine shall be the sum total of the calculated fine amounts for each factor to be considered. With the exception of fines trebled pursuant to Iowa Code section 135C.44 or doubled pursuant to Iowa Code section 135C.44A, the total fine imposed for a single class I violation shall not be less than $2,000 nor more than $10,000.

Class I Fine Calculation

Factors to Be Considered	Associated Fine and Related Explanation	Calculated Fine
Frequency and length of time the violation occurred, as specified in subrule 56.9(1)	Duration of violation: • If 30 days or less, add $250. • If more than 30 days, add $500. Breadth of violation: • One resident impacted, add $250. • More than one resident impacted, add $500.	$
Past history of the facility, as specified in subrule 56.9(2)	Same violation of rule or related rule cited within the past 24 months, add $500.	$
Culpability of the facility, as specified in subrule 56.9(3)	Degree of culpability of facility as it relates to the reason the violation occurred, add $0 to $500.[1]	$
Extent of any harm to a resident, as specified in subrule 56.9(4)	• Death, imminent danger or substantial probability of death, add $6,000 to $8,500. • Moderate to severe physical harm, imminent danger or substantial probability of moderate to severe physical harm, add $3,000 to $7,500. • Minor to moderate physical harm, imminent danger or substantial probability of minor to moderate physical harm, add $1,000 to $3,000.	$
Relationship of the violation to any other types of violations, as specified in subrule 56.9(5)	• One or more related class II or class III violations cited, add $250. • One or more related class I violations cited, add $500.[2]	$
Actions of the facility after the occurrence of the violation, as specified in subrule 56.9(6)	• Good-faith corrective actions taken although violation not appropriately corrected, add $250. • Corrective actions not taken or the facility failed to notify the director as required, add $500.	$
Accuracy and extent of records kept by the facility, as specified in subrule 56.9(7)	Records maintained by the facility contain pertinent inaccuracies or omissions or were unavailable to the department, add $500.	$

Rights of the residents to make informed decisions, as specified in subrule 56.9(8)	Residents' rights to make informed decisions were not respected, add $500.	$
Whether the facility made a good-faith effort to address a high-risk resident's needs, as specified in subrule 56.9(9)	Evidence indicates the facility did not make a good-faith effort to address a high-risk resident's specific needs, add $500.	$
Additional circumstances surrounding the violation, as specified in rule 481—56.9(135C)	Cite any additional circumstances considered and any associated fine amount.	$
	Total Calculated Class I Fine Amount	$

[1] For example, the culpability of a facility may range from acts or omissions that are inadvertent or negligent to acts or omissions that intentionally disregard known or obvious risks and make it highly probable that the outcome would cause harm to a resident.

[2] For example, a violation related to pressure sores could be correlated to a violation related to the use of restraints or failure to provide incontinent care.

[**ARC 3390C**, IAB 10/11/17, effective 11/15/17]

481—56.11(135C) Class I violation not specified in the rules. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are not in violation of a specific statute or rule, but which constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.

481—56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.

481—56.13(135C) Form of citations. Each citation issued by the director of the department of inspections and appeals shall contain the following information:

56.13(1) A description of the nature of the violation;

56.13(2) A statement of the Code section or subsection or the rule or standard violated. (In the case of class I violations as described in 481—56.11(135C), a statement of the specific physical condition or one or more practices may be made in lieu of this statement.);

56.13(3) A statement of the classification of the violation, as specified in 481—56.2(135C);

56.13(4) When appropriate, a statement of the period of time allowed for correction of the violation, which shall in each case be the shortest period of time the department deems feasible; and

56.13(5) A statement that the fine may be reduced by 35 percent pursuant to Iowa Code section 135C.43A and subrule 56.3(6).

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10]

481—56.14(135C) Licensee's response to a citation. Within 20 business days after service of a citation, the facility shall respond in the following manner, according to the type of citation issued.

56.14(1) If the facility does not desire to seek an informal conference or contest the citation, the facility shall remit to the department of inspections and appeals the amount specified by the department of inspections and appeals in the citation unless:

a. The violation was issued in conjunction with a federal civil money penalty, and the department holds the fine issued pursuant to this chapter in abeyance pursuant to Iowa Code section 249A.57, or

b. The class II violation for which the penalty was imposed has been waived pursuant to subrule 56.3(2).

56.14(2) For each class II or class III violation, the facility shall send a written response to the department of inspections and appeals, acknowledging that the citation has been received and stating that the violation will be corrected within the specified period of time allowed by the citation.

56.14(3) If the facility desires to contest a citation for a class I, class II or class III violation, the facility shall notify the department of inspections and appeals in writing that the facility desires to contest such citation and shall do one of the following:

a. Request an informal conference with an independent reviewer pursuant to rule 481—56.15(135C); or

b. Request a contested case hearing in the manner provided by Iowa Code chapter 17A for contested cases.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 1047C**, IAB 10/2/13, effective 1/1/14; **ARC 2158C**, IAB 9/30/15, effective 11/4/15]

481—56.15(135C) Informal conference. An informal conference will be held concurrently with any informal dispute resolution held pursuant to 42 CFR Section 488.331 for those health care facilities certified under Medicare or the medical assistance program.

56.15(1) *Definition.* For purposes of these rules, "independent reviewer" means an attorney licensed in the state of Iowa who is not currently employed by the department, has not been employed by the department in the past eight years, and has not appeared in front of the department on behalf of a health care facility in the past eight years. Preference shall be given to an attorney with background knowledge, experience or training in long-term care.

56.15(2) *Request for informal conference.* The request for an informal conference must be in writing, addressed to the compliance officer and include the following:

a. Identification of the citation(s) being disputed;

b. The type of informal conference requested: face-to-face or telephone conference; and

c. A request for surveyor worksheets for the citation(s) being disputed, if desired.

56.15(3) *Submission of documentation.* Within the same ten-day period required for submission of a plan of correction pursuant to 481—subrule 50.10(7), the facility shall submit the following:

a. The names of those who will be attending the informal conference, including legal counsel; and

b. Documentation supporting the facility's position. The facility must highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Supporting documentation that is not submitted within the required time frame will not be considered, except as otherwise permitted by the independent reviewer upon good cause shown. "Good cause" means substantial or adequate grounds for failing to submit documentation in a timely manner. In determining whether the facility has shown good cause, the independent reviewer shall consider what circumstances kept the facility from submitting the supporting documentation within the required time frame.

56.15(4) *Face-to-face or telephone conference.* A face-to-face or telephone conference, if requested, will be scheduled to occur within ten business days of the receipt by the department of the written request, all supporting documentation, and the plan of correction required by 481—subrule 50.10(7).

a. Failure to submit supporting documentation will not delay scheduling.

b. The conference will be scheduled for one hour to allow the facility to informally present information and explanation concerning the contested deficiencies. Due to the confidential nature of the conference, attendance may be limited.

c. If additional information is requested during the informal conference, the facility will have two business days to deliver the additional materials to the department.

d. When extenuating circumstances preclude a face-to-face conference, a telephone conference will be held or the facility may be given one opportunity to reschedule the face-to-face conference.

56.15(5) *Results.* The results of the informal conference will generally be sent to the facility within ten business days after the date of the informal conference or, if additional information is requested, within ten business days after the department's receipt of the additional information.

a. The independent reviewer may affirm or may modify or dismiss the citation. The independent reviewer shall state in writing the specific reasons for the affirmation, modification or dismissal of the citation.

b. The department will issue an amended (changes in factual content) or corrected (correction of typographical/data errors) citation if changes result from the informal conference.

c. The facility must submit to the department a new plan of correction for the amended or corrected citation within ten calendar days from the date of the letter conveying the results of the informal conference.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 1047C**, IAB 10/2/13, effective 1/1/14; **ARC 2158C**, IAB 9/30/15, effective 11/4/15]

481—56.16(135C) Procedure for facility after informal conference. After the conclusion of an informal conference requested by the licensee and provided pursuant to 56.14(3):

56.16(1) If the facility does not desire to further contest an affirmed or modified citation for a class I, class II or class III violation, the facility shall, within five business days after the informal conference, or within five business days after receipt of the written decision and explanation of the independent reviewer, whichever occurs later, comply with the provisions of subrule 56.14(1).

56.16(2) If the facility does desire to further contest an affirmed or modified citation for a class I, class II or class III violation, the facility shall, within five business days after receipt of the written explanation of the independent reviewer, notify the department of inspections and appeals in writing of the facility's intent to formally contest the citation.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10; **ARC 1047C**, IAB 10/2/13, effective 1/1/14; **ARC 2158C**, IAB 9/30/15, effective 11/4/15]

481—56.17(135C) Formal contest. The procedures for contested cases, as set out in Iowa Code chapter 17A, and the rules adopted by the department of inspections and appeals shall be followed in all cases where proper notice has been made to the department of inspections and appeals of the intent to formally contest any citation.

These rules are intended to implement Iowa Code chapters 10A and 135C.

[Filed 8/6/76, Notice 4/19/76—published 8/23/76, effective 9/27/76][1]
[Filed emergency 7/1/86—published 7/16/86, effective 7/1/86][2]
[Filed emergency 9/19/86—published 10/8/86, effective 9/19/86]
[Filed emergency 6/25/87—published 7/15/87, effective 7/1/87]
[Filed 3/14/91, Notice 9/19/90—published 4/3/91, effective 5/8/91]
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[Filed 7/24/08, Notice 4/9/08—published 8/13/08, effective 9/17/08]
[Filed ARC 8433B (Notice ARC 8190B, IAB 10/7/09), IAB 12/30/09, effective 2/3/10]
[Filed ARC 1047C (Notice ARC 0922C, IAB 8/7/13), IAB 10/2/13, effective 1/1/14]
[Filed ARC 2158C (Notice ARC 2081C, IAB 8/5/15), IAB 9/30/15, effective 11/4/15]
[Filed ARC 3390C (Notice ARC 3222C, IAB 8/2/17), IAB 10/11/17, effective 11/15/17]
[Filed ARC 7005C (Notice ARC 6835C, IAB 1/25/23), IAB 5/3/23, effective 6/7/23]

1 Effective date of Ch 56 delayed by the Administrative Rules Review Committee until 12/6/76, pursuant to Iowa Code section 17A.4 as amended by 66 GA, SF 1288, section 2, to allow further time to study and examine the rules.

2 See IAB Inspections and Appeals Department.

CHAPTER 57
RESIDENTIAL CARE FACILITIES
[Prior to 7/15/87, Health Department[470] Ch 57]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—57.1(135C) Definitions. The following definitions apply to this chapter and to 481—Chapter 62. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in these rules.

"Accommodation" means the provision of lodging, including sleeping, dining, and living areas.

"Activities of daily living" means the following self-care tasks: bathing, dressing, grooming, eating, transferring, toileting and ambulation.

"Administrator" means a person approved by the department who administers, manages, supervises, and is in general administrative charge of a residential care facility, whether or not such person has an ownership interest in the facility, and whether or not the functions and duties are shared with one or more other persons.

"Ambulatory" means the condition of a person who immediately and without the aid of another person is physically and mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

"Basement" means that part of a building where the finish floor is more than 30 inches below the finish grade of the building.

"Board" means the regular provision of meals.

"Change of ownership" means the purchase, transfer, assignment, or lease of a licensed residential care facility.

"Communicable disease" means a disease caused by the presence within a person's body of a virus or microbial agent which may be transmitted either directly or indirectly to other persons.

"Department" means the department of inspections and appeals.

"Distinct part" means a clearly identifiable area or section containing contiguous rooms within a health care facility.

"Interdisciplinary team" means the group of persons who develop a single, integrated, individual program plan to meet a resident's needs for services. The interdisciplinary team consists of, at a minimum, the resident, the resident's legal guardian if applicable, the resident's advocate if desired by the resident, a referral agency representative, other appropriate staff members, other providers of services, and other persons relevant to the resident's needs.

"Legal representative" means the resident's guardian or conservator if one has been appointed or the resident's power of attorney.

"Mechanical restraint" means restriction by the use of a mechanical device of a resident's mobility or ability to use the hands, arms or legs.

"Medication" means any drug, including over-the-counter substances, ordered and administered under the direction of the primary care provider.

"Nonambulatory" means the condition of a person who immediately and without the aid of another person is not physically or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

"Personal care" means assistance with the activities of daily living which the recipient can perform only with difficulty. Examples are help in getting in and out of bed, assistance with personal hygiene and bathing, help with dressing and eating, and supervision over medications which can be self-administered.

"Physical restraint" means direct physical contact on the part of a staff person to control a resident's physical activity for the resident's own protection or for the protection of others.

"Primary care provider" means any of the following who provide primary care and meet licensure standards:

1. A physician who is a family or general practitioner or an internist.
2. An advanced registered nurse practitioner.

3. A physician associate.

"Program of care" means all services being provided for a resident in a health care facility.

"Prone restraint" means a restraint in which a resident is in a face-down position against the floor or another surface.

"Rate" means the daily fee that is charged for all residents equally and that includes the cost of all minimum services required in these rules and regulations.

"Records" includes electronic records.

"Responsible party" means the person who signs or cosigns the residency agreement required in rule 481—57.15(135C) or the resident's legal representative. In the event that a resident has neither a legal representative nor a person who signed or cosigned the resident's residency agreement, the term "responsible party" shall include the resident's sponsoring agency, e.g., the department of human services, the U.S. Department of Veterans Affairs, a religious group, fraternal organization, or foundation that assumes responsibility and advocates for its client patients and pays for their health care.

"Restraints" means the measures taken to control a resident's physical activity for the resident's own protection or for the protection of others.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 3737C**, IAB 4/11/18, effective 5/16/18; **ARC 3738C**, IAB 4/11/18, effective 5/16/18; Editorial change: IAC Supplement 6/10/26]

481—57.2(135C,17A) Waiver. A waiver from these rules may be granted by the director of the department in accordance with 7—Chapter 2504. A request for waiver will be granted or denied by the director within 120 calendar days of receipt.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 5719C**, IAB 6/16/21, effective 7/21/21; Editorial change: IAC Supplement 8/5/26]

481—57.3(135C) Application for licensure.

57.3(1) *Application and licensing—new facility or change of ownership.* In order to obtain an initial residential care facility license for a facility not currently licensed as a residential care facility or for a residential care facility when a change of ownership is contemplated, the applicant must:

a. Make application at least 30 days prior to the proposed opening date of the facility. Application shall be made on forms provided by the department.

b. Meet all of the rules, regulations, and standards contained in 481—Chapters 50, 57 and 60. Exceptions noted in 481—subrule 60.3(2) shall not apply.

c. Submit a letter of intent and a written résumé of care. The résumé of care shall meet the requirements of subrule 57.3(2).

d. Submit a floor plan of each floor of the residential care facility. The floor plan of each floor shall be drawn on 8½" × 11" paper, show room areas in proportion, room dimensions, window and door locations, designation of the use of each room, and the room numbers for all rooms, including bathrooms.

e. Submit a photograph of the front and side of the residential care facility.

f. Submit the statutory fee for a residential care facility license.

g. Comply with all other local statutes and ordinances in existence at the time of licensure.

h. Submit a certificate signed by the state or local fire inspection authority as to compliance with fire safety rules and regulations.

57.3(2) *Résumé of care.* The résumé of care shall describe the following:

a. Purpose of the facility;

b. Criteria for admission to the facility;

c. Ownership of the facility;

d. Composition and responsibilities of the governing board;

e. Qualifications and responsibilities of the administrator;

f. Medical services provided to residents, to include the availability of emergency medical services in the area and the designation of a primary care provider to be responsible for residents in an emergency;

g. Dental services provided to residents and available in the area;

h. Nursing services provided to residents, if applicable;

i. Personal services provided to residents, including supervision of or assistance with activities of daily living;

j. Activity program;

k. Dietary services, including qualifications of the person in charge, consultation service (if applicable) and meal service;

l. Other services available as applicable, including social services, physical therapy, occupational therapy, and recreational therapy;

m. Housekeeping;

n. Laundry;

o. Physical plant; and

p. Staffing provided to meet residents' needs.

57.3(3) *Renewal application.* In order to obtain a renewal of the residential care facility license, the applicant must submit the following:

a. The completed application form 30 days prior to the annual license renewal date of the residential care facility license;

b. The statutory license fee for a residential care facility;

c. An approved current certificate signed by the state or local fire inspection authority as to compliance with fire safety rules and regulations;

d. Changes to the résumé of care, if any; and

e. Changes to the current residency agreement, if any.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.4(135C) Issuance of license. Licenses are issued to the person, entity or governmental unit with responsibility for the operation of the facility and for compliance with all applicable statutes, rules and regulations.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.5(135C) Licenses for distinct parts.

57.5(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, contain contiguous rooms, and provide separate categories of care and services.

57.5(2) The following requirements shall be met for separate licensing of a distinct part:

a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part. (III)

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought.

c. The distinct part must be operationally and financially feasible.

d. Personal care staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management. (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry and dietary in common with each other.

This rule is intended to implement Iowa Code sections 135C.6(2) and 135C.14.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.6(135C) Special classifications.

57.6(1) *Memory care.*

a. Designation and application. A residential care facility may choose to care for residents who require memory care in a distinct part of the facility or designate the entire residential care facility as one that provides memory care. Residents in the memory care unit or facility shall meet the level of care requirements for a residential care facility. "Memory care" in a residential care facility means the care of persons with early Alzheimer's-type dementia or other disorders causing dementia. (I, II, III)

(1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

(2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

(3) If the unit or facility is to be a locked unit or facility, all locking devices shall meet the Life Safety Code and any requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required. (I, II, III)

b. Résumé of care. A résumé of care shall be submitted to the department for approval at least 30 days before a separate memory care unit or facility is opened. For facilities with a memory care unit, this résumé of care is in addition to the résumé of care required by subrule 57.3(2). A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

(1) Describe the population to be served;

(2) State the philosophy and objectives;

(3) List criteria for transfer to and from the memory care unit or facility;

(4) Include a copy of the floor plan;

(5) List the titles of policies and procedures developed for the unit or facility;

(6) Propose a staffing pattern;

(7) Set out a plan for specialized staff training;

(8) State visitor, volunteer, and safety policies;

(9) Describe programs for activities, social services and families; and

(10) Describe the interdisciplinary team and the role of each team member.

c. Policies and procedures. Separate written policies and procedures shall be implemented in the memory care unit or facility and shall address the following:

(1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a memory care unit or facility. (II, III)

(2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, emergency medical event or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility and explain the manner in which the effectiveness of the security system will be monitored. (II, III)

(3) Staffing requirements, including the minimum number, types and qualifications of staff in the unit or facility in accordance with resident needs. (II, III)

(4) Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

(5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

d. Assessment prior to transfer or admission. Prior to the transfer or admission of a resident applicant to the memory care unit or facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)

e. Staff training. All staff working in a memory care unit or facility shall have training appropriate to the needs of the residents. (I, II, III)

(1) Upon assignment to the unit or facility, all staff working in the unit or facility shall be oriented to the needs of residents requiring memory care. Staff members shall have at least six hours of special training appropriate to their job descriptions within 30 days of assignment to the unit or facility. (I, II, III)

(2) Training shall include the following topics: (II, III)

1. An explanation of Alzheimer's disease and related disorders, including symptoms, behavior and disease progression;

2. Skills for communicating with persons with dementia;

3. Skills for communicating with family and friends of persons with dementia;

4. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics;

5. The importance of planned and spontaneous activities;

6. Skills in providing assistance with activities of daily living;

7. Skills in working with challenging residents;

8. Techniques for cueing, simplifying, and redirecting;

9. Staff support and stress reduction;

10. Medication management and nonpharmacological interventions.

(3) Nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of memory care residents. The six-hour initial training required in subparagraph 57.6(1)*"e"*(1) shall count toward the required annual in-service training. (II, III)

f. Staffing. There shall be at least one staff person on a memory care unit at all times. (I, II, III)

g. Others living in the memory care unit. A resident not requiring memory care services may live in the memory care unit if the resident's spouse requiring memory care services lives in the unit or if no other beds are available in the facility and the resident or the resident's legal representative consents in writing to the placement. (II, III)

h. Revocation, suspension or denial. The memory care unit license or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

57.6(2) *Residential care facility for persons with an intellectual disability (RCF/ID).*

a. Definition. For purposes of this rule, the following term shall have the meaning indicated.

"Qualified intellectual disability professional" means a psychologist, physician, physician associate, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and has one year's experience working with persons with an intellectual disability.

b. Designation and application. A residential care facility may choose to care for persons with an intellectual disability in a distinct part of the facility or designate the entire residential care facility as a residential care facility for persons with an intellectual disability. Residents shall meet the level of care requirements for a residential care facility. (I, II, III)

(1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

(2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

c. Résumé of care. A résumé of care shall be submitted to the department for approval at least 30 days before a residential care facility for persons with an intellectual disability is opened. A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

(1) Describe the population to be served;

(2) Include a copy of the floor plan;

(3) List the titles of policies and procedures developed for the unit or facility;

(4) Set out a plan for specialized staff training;

(5) State visitor, volunteer, and safety policies;

(6) Describe programs for activities, social services and families; and

(7) Describe the interdisciplinary team and the role of each team member.

d. Policies and procedures. Separate written policies and procedures shall be implemented in the residential care facility for persons with an intellectual disability and shall address the following:

(1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a residential care facility for persons with an intellectual disability. The policy shall require a primary diagnosis of an intellectual disability for admission. (II, III)

(2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, emergency medical event or catastrophic event. (II, III)

(3) Staffing requirements, including the minimum number, types and qualifications of staff in the facility in accordance with resident needs. (II, III)

(4) Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

(5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

e. Assessment prior to transfer or admission. Prior to the transfer or admission of a resident applicant to the facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)

f. Administrator qualifications. In addition to meeting the requirements of subrule 57.10(1), the administrator of a residential care facility for persons with an intellectual disability shall have at least one year's documented experience in direct care or supervision of persons with an intellectual disability. An individual employed as an administrator on May 16, 2018, will be deemed to meet the requirements of this subrule.

g. In-service educational programming. The in-service educational programming required by paragraph 57.10(2)*"c"* shall include educational programming specific to serving persons with an intellectual disability.

h. Revocation, suspension or denial. The facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

This rule is intended to implement Iowa Code sections 135C.2(3)*"b"* and 135C.14.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 3737C**, IAB 4/11/18, effective 5/16/18; **ARC 6974C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 6/10/26]

481—57.7(135C) General requirements.

57.7(1) The license shall be displayed in the facility in a conspicuous place which is accessible to the public. (III)

57.7(2) The license shall be valid only in the possession of the licensee to whom it is issued.

57.7(3) The posted license shall accurately reflect the current status of the residential care facility. (III)

57.7(4) The license shall expire one year after the date of issuance or as indicated on the license.

57.7(5) The licensee shall:

a. Assume the responsibility for the overall operation of the residential care facility. (I, II, III)

b. Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III)

c. Provide an organized continuous 24-hour program of care commensurate with the needs of the residents. (I, II, III)

57.7(6) Each citation or a copy of each citation issued by the department for a class I or class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.8(135C) Certified volunteer long-term care ombudsman program. A certified volunteer long-term care ombudsman appointed in accordance with Iowa Code section 231.45 shall operate within the scope of the rules for volunteer ombudsmen promulgated by the office of the long-term care ombudsman and the Iowa department on aging.

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.9(135C) Required notifications to the department. The department shall be notified:

57.9(1) Thirty days before any proposed change in the residential care facility's functional operation or addition or deletion of required services; (III)

57.9(2) Thirty days before the beginning of the renovation, addition, functional alteration, change of space utilization, or conversion in the residential care facility or on the premises; (III)

57.9(3) Thirty days before closure of the residential care facility; (III)

57.9(4) Within two weeks of any change in administrator; (III)

57.9(5) Ninety days before a change in the category of license; (III)

57.9(6) Thirty days before a change of ownership, the licensee shall:

a. Inform the department of the pending change of ownership; (III)

b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee; (III)

c. Submit a written authorization to the department permitting the department to release all information of whatever kind from the department's files concerning the licensee's residential care facility to the named prospective purchaser, transferee, assignee, or lessee. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.10(135C) Administrator. Each residential care facility shall have one person in charge, duly approved by the department or acting in a provisional capacity in accordance with these rules. (III)

57.10(1) *Qualifications of an administrator.*

a. The administrator shall be at least 21 years of age and shall have a high school diploma or equivalent. (III) In addition, this person shall meet at least one of the following conditions:

(1) Have a two-year degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of two years' experience in the field; or (III)

(2) Have a four-year degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of one year experience in the field; or (III)

(3) Have a master's degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of one year experience in the field; or (III)

(4) Be a licensed nursing home administrator; or (III)

(5) Have completed a one-year educational training program approved by the department for residential care facility administrators; or (III)

(6) Have passed the National Association of Long Term Care Administrator Boards (NAB) RC/AL administrator licensure examination; or

(7) Have two years of direct care experience and at least six months of administrative experience in a residential care facility. (III)

b. An individual employed as an administrator on January 14, 2015, will be deemed to meet the requirements of this subrule.

57.10(2) *Duties of an administrator.* The administrator shall:

a. Select and direct competent personnel who provide services for the residential care program. (III)

b. Arrange for the heads of nursing, social services, dietary and activities to attend a minimum of ten contact hours of educational programs per year to increase skills and knowledge needed for their positions. The ten hours is in addition to the in-service requirements in paragraph 57.10(2)*"c."* (III)

c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

(1) Infection control.

(2) Emergency preparedness (fire, tornado, flood, 911, etc.).

(3) Meal time procedures/dietary.

(4) Resident activities.

(5) Mental illness/behavior modification/crisis intervention.

(6) Resident safety/supervision.

(7) Resident rights.

(8) Medication education, to include administration, storage and drug interactions.

(9) Resident service plans/programming/goals.

57.10(3) *Administrator serving at more than one residential care facility.* The administrator may be responsible for no more than 150 beds in total if the administrator is an administrator of more than one facility. (II)

a. An administrator of more than one facility shall designate in writing an administrative staff person in each facility who shall be responsible for directing programs in the facility.

b. The administrative staff person designated by the administrator shall:

(1) Have at least one year of experience in a supervisory or direct care position in a residential care facility or in a facility for the intellectually disabled, mentally ill or developmentally disabled; (II, III)

(2) Be knowledgeable of the operation of the facility; (II, III)

(3) Have access to records concerned with the operation of the facility; (II, III)

(4) Be capable of carrying out administrative duties and of assuming administrative responsibilities; (II, III)

(5) Be at least 21 years of age; (III)

(6) Be empowered to act on behalf of the licensee concerning the health, safety and welfare of the residents; and (II, III)

(7) Have training in emergency response, including how to respond to residents' sudden illnesses. (II, III)

c. If an administrator serves more than one facility, the administrator must designate in writing regular and specific times during which the administrator will be available to consult with staff and residents to provide direction and supervision of resident care and services. (II, III)

57.10(4) *Provisional administrator.* A provisional administrator may be appointed on a temporary basis by the residential care facility licensee to assume the administrative responsibilities for a residential care facility for a period not to exceed one year when the facility has lost its administrator and has not been able to replace the administrator, provided that the department has been notified and approved the provisional administrator prior to the date of the provisional administrator's appointment. (III) The provisional administrator must meet the requirements of paragraph 57.10(3)*"b."*

57.10(5) *Temporary absence of administrator.*

a. In the temporary absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. (III) The person designated shall:

(1) Be knowledgeable of the operation of the facility; (III)

(2) Have access to records concerned with the operation of the facility; (III)

(3) Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

(4) Be at least 21 years of age; (III)

(5) Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

(6) Have training in emergency response, including how to respond to residents' sudden illnesses. (II, III)

b. If the administrator is absent for more than six weeks, a provisional administrator must be appointed pursuant to subrule 57.10(4).

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.11(135C) Personnel.

57.11(1) *Alcohol and drug use prohibited.* No person under the influence of intoxicating drugs or alcoholic beverages shall be permitted to provide services in a residential care facility. (I, II)

57.11(2) *Job description.* There shall be a written job description developed for each category of worker. The job description shall include the job title, responsibilities and qualifications. (III)

57.11(3) *Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.* The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2014 Iowa Acts, chapter 1040, and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and

dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)

57.11(4) *Personnel record.* A personnel record shall be kept for each employee and shall include but not be limited to the following information about the employee: name and address, social security number, date of birth, date of employment, position, experience and education, references, results of criminal record checks, child abuse checks and dependent adult abuse checks, and date of discharge or resignation. (III)

57.11(5) *Supervision and staffing.*

a. The facility shall provide sufficient staff to meet the needs of the residents served. (I, II, III)

b. Personnel in a residential care facility shall provide 24-hour coverage for residential care services. Personnel shall be awake at all times while on duty. (I, II, III)

c. Direct care staff shall be present in the facility unless all residents are involved in activities away from the facility. (I, II, III)

d. Staff shall be aware of and provide supervision levels based on the present needs of the residents in the staff's care. The facility shall document the supervision of residents who require more than general supervision, as defined by facility policy. (I, II, III)

e. The facility shall maintain an accurate record of actual hours worked by employees. (III)

57.11(6) *Physical examination and screening.* Employees shall have a physical examination no longer than 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

57.11(7) *Orders for medications and treatments.* Orders for medications and treatments shall be correctly implemented by qualified personnel. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 2273C**, IAB 12/9/15, effective 1/13/16]

481—57.12(135C) General policies. The licensee shall establish and implement written policies and procedures as set forth in this rule. The policies and procedures shall be available for review by the department, other agencies designated by Iowa Code section 135C.16(3), staff, residents, residents' families or legal representatives, and the public and shall be reviewed by the licensee annually. (II)

57.12(1) *Facility operation.* The licensee shall establish written policies for the operation of the facility, including, but not limited to the following: (III)

a. Personnel; (III)

b. Admission; (III)

c. Evaluation services; (II, III)

d. Programming and individual program plans; (II, III)

e. Registered sex offender management; (II, III)

f. Crisis intervention; (II, III)

g. Discharge or transfer; (III)

h. Medication management, including self-administration of medications and chemical restraints; (III)

i. Resident property; (II, III)

j. Resident finances; (II, III)

k. Records; (III)

l. Health and safety; (II, III)

m. Nutrition; (III)

n. Physical facilities and maintenance; (III)

o. Resident rights; (II, III)

p. Investigation and reporting of alleged dependent adult abuse; (II, III)

q. Investigation and reporting of accidents or incidents; (II, III)

r. Transportation of residents; (II, III)

s. Resident supervision; (II, III)

t. Smoking; (III)

u. Visitors; (III)

v. Disaster/emergency planning; (III) and

w. Infection control. (III)

57.12(2) *Personnel policies.* Written personnel policies shall include the hours of work and attendance at educational programs. (III)

57.12(3) *Infection control.* The facility shall have a written and implemented infection control program, which shall include policies and procedures based on guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. The infection control program shall address the following:

a. Techniques for hand washing; (I, II, III)

b. Techniques for handling of blood, body fluids, and body wastes; (I, II, III)

c. Dressings, soaks or packs; (I, II, III)

d. Infection identification; (I, II, III)

e. Resident care procedures to be used when there is an infection present; (I, II, III)

f. Sanitation techniques for resident care equipment; (I, II, III)

g. Techniques for sanitary use and reuse of feeding syringes and single-resident use and reuse of urine collection bags; (I, II, III) and

h. Techniques for use and disposal of needles, syringes, and other sharp instruments. (I, II, III)

57.12(4) *Resident care techniques.* The facility shall have written and implemented procedures to be followed if a resident needs any of the following treatment or devices:

a. Intravenous or central line catheter; (I, II, III)

b. Urinary catheter; (I, II, III)

c. Respiratory suction, oxygen or humidification; (I, II, III)

d. Decubitus care; (I, II, III)

e. Tracheostomy; (I, II, III)

f. Nasogastric or gastrostomy tubes; (I, II, III)

g. Sanitary use and reuse of feeding syringes and single-resident use and reuse of urine collection bags. (I, II, III)

57.12(5) *Emergency care.* The facility shall establish written policies for the provision of emergency medical care to residents and employees in case of sudden illness or accident. The policies shall include a list of those individuals to be contacted in case of an emergency. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.13(135C) Admission, transfer and discharge.

57.13(1) *General admission policies.*

a. Residents shall be admitted to a residential care facility only on a written order signed by a primary care provider, specifying the level of care, and certifying that the individual being admitted requires no more than personal care and supervision and does not require routine nursing care. (II, III)

b. No residential care facility shall admit or retain a resident who is in need of greater services than the facility can provide. (I, II, III)

c. No residential care facility shall admit more residents than the number of beds for which the facility is licensed. (II, III)

d. A residential care facility is not required to admit an individual through court order, referral or other means without the express prior approval of the administrator. (III)

e. The admission of a resident shall not grant the residential care facility the authority or responsibility to manage the personal affairs of the resident except as may be necessary for the safety of the resident and the safe and orderly management of the residential care facility as required by these rules. (III)

f. Individuals under the age of 18 shall not be admitted to a residential care facility without prior written approval by the department. A distinct part of a residential care facility, segregated from the adult section, may be established based on a résumé of care that is submitted by the licensee or applicant and is commensurate with the needs of the residents of the residential care facility and that has received the department's review and approval. (III)

g. No health care facility and no owner, administrator, employee or representative thereof shall act as guardian, trustee, or conservator for any resident's property unless such resident is related within the third degree of consanguinity to the person acting as guardian. (III)

57.13(2) *Discharge or transfer.*

a. Notification shall be made to the legal representative, primary care provider, and sponsoring agency, if any, prior to the transfer or discharge of any resident. (III)

b. The licensee shall not refuse to discharge or transfer a resident when the primary care provider, family, resident, or legal representative requests such transfer or discharge. (II, III)

c. Advance notification will be made to the receiving facility prior to the transfer of any resident. (III)

d. When a resident is transferred or discharged, the appropriate record will accompany the resident to ensure continuity of care. "Appropriate record" includes the resident's face sheet, service plan, most recent orders of the primary care provider and any notifications of upcoming scheduled appointments. (II, III)

e. When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.14(135C) Involuntary discharge or transfer.

57.14(1) *Involuntary discharge or transfer permitted.* A facility may involuntarily discharge or transfer a resident for only one of the following reasons:

a. Medical reasons;

b. The resident's welfare or that of other residents;

c. Repeated refusal by the resident to participate in the resident's service plan;

d. Due to action pursuant to Iowa Code chapter 229; or

e. Nonpayment for the resident's stay, as described in the residency agreement for the resident's stay.

57.14(2) *Medical reasons.* Medical reasons for transfer or discharge shall be based on the resident's needs and shall be determined and documented in the resident's record by the primary care provider. Transfer or discharge may be required in order to provide a different level of care to the resident. (II)

57.14(3) *Welfare of a resident.* Welfare of a resident or that of other residents refers to a resident's social, emotional, or physical well-being. A resident may be transferred or discharged because the resident's behavior poses a continuing threat to the resident (e.g., suicidal) or to the well-being of other residents or staff (e.g., the resident's behavior is incompatible with other residents' needs and rights). Written documentation that the resident's continued presence in the facility would adversely affect the resident's own welfare or that of other residents shall be made by the administrator or designee and shall include specific information to support this determination. (II)

57.14(4) *Notice.* Involuntary transfer or discharge of a resident from a facility shall be preceded by a written notice to the resident and the responsible party. (II, III)

a. The notice shall contain all of the following information:

(1) The stated reason for the proposed transfer or discharge. (II)

(2) The effective date of the proposed transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows:

> You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within seven days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after receipt of your request by the department and you will not be transferred prior to a final decision. In emergency circumstances, extension of the 14-day requirement may be permitted upon request to the department's designee. If you lose the hearing, you will not be transferred before the expiration of (1) 30 days following receipt of the original notice of the discharge or transfer, or (2) 5 days following final decision of such hearing, including exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator,

Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083. (II)

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary care provider; the person or agency responsible for the resident's placement, maintenance, and care in the facility; and the department on aging's long-term care ombudsman. The notice shall indicate that a copy has been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent. (II)

c. The notice required by paragraph 57.14(4)*"a"* shall be provided at least 30 days in advance of the proposed transfer or discharge unless one of the following occurs: (II)

(1) An emergency transfer or discharge is mandated by the resident's health care needs and is in accordance with the written orders and medical justification of the primary care provider. Emergency transfers or discharges may also be mandated in order to protect the health, safety, or well-being of other residents and staff from the resident being transferred. (II)

(2) The transfer or discharge is subsequently agreed to by the resident or the resident's responsible party, and notification is given to the responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility.

d. A hearing requested pursuant to this subrule shall be held in accordance with subrule 57.14(6).

57.14(5) *Emergency transfer or discharge.* In the case of an emergency transfer or discharge, the resident must be given a written notice prior to or within 48 hours following transfer or discharge. (II, III)

a. A copy of this notice must be placed in the resident's file. The notice must contain all of the following information:

(1) The stated reason for the transfer or discharge. (II)

(2) The effective date of the transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads:

You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals within 7 days after receiving this notice. You have the right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after receipt of your request by the department. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083. (II)

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary care provider; the person or agency responsible for the resident's placement, maintenance, and care in the facility; and the department on aging's long-term care ombudsman. The notice shall indicate that a copy has been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent. (II)

c. A hearing requested pursuant to this subrule shall be held in accordance with subrule 57.14(6).

57.14(6) *Hearing.*

a. Request for hearing.

(1) The resident must request a hearing within 7 days of receiving the written notice.

(2) The request must be made to the department, either in writing or verbally.

b. The hearing shall be held no later than 14 days after receipt of the request by the department unless the resident requests an extension due to emergency circumstances.

c. Except in the case of an emergency discharge or transfer, a request for a hearing shall stay a transfer or discharge pending a final decision, including the exhaustion of all appeals. (II)

d. The hearing shall be heard by a department of inspections and appeals administrative law judge pursuant to Iowa Code chapter 17A and 7—Chapter 2506. The hearing shall be public unless the resident or the resident's legal representative requests in writing that the hearing be closed. In a determination as to whether a transfer or discharge is authorized, the burden of proof by a preponderance of evidence rests on the party requesting the transfer or discharge.

e. Notice of the date, time, and place of the hearing shall be sent by certified mail or delivered in person to the facility, the resident, the responsible party, and the office of the long-term care ombudsman not later than 5 full business days after receipt of the request. The notice shall also inform the facility and the resident or the responsible party that they have a right to appear at the hearing in person or be represented by an attorney or other individual. The appeal shall be dismissed if neither party is present or represented at the hearing. If only one party appears or is represented, the hearing shall proceed with one party present. A representative of the office of the long-term care ombudsman shall have the right to appear at the hearing.

f. The administrative law judge's written decision shall be mailed by certified mail to the licensee, resident, responsible party, and the office of the long-term care ombudsman within 10 working days after the hearing has been concluded.

57.14(7) *Nonpayment.* If nonpayment is the basis for involuntary transfer or discharge, the resident shall have the right to make full payment up to the date that the discharge or transfer is to be made and then shall have the right to remain in the facility. (II)

57.14(8) *Discussion of involuntary transfer or discharge.* Within 48 hours after notice of involuntary transfer or discharge has been received by the resident, the facility shall discuss the involuntary transfer or discharge with the resident, the resident's responsible party, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

a. The facility administrator or other appropriate facility representative serving as the administrator's designee shall provide an explanation and discussion of the reasons for the resident's involuntary transfer or discharge. (II)

b. The content of the explanation and discussion shall be summarized in writing, shall include the names of the individuals involved in the discussion, and shall be made part of the resident's record. (II)

c. The provisions of this subrule do not apply if the involuntary transfer or discharge has already occurred pursuant to subrule 57.14(5) and emergency notice is provided within 48 hours.

57.14(9) *Transfer or discharge planning.*

a. The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be transferred or discharged. (II)

b. To minimize the possible adverse effects of the involuntary transfer, the resident shall receive counseling services by the sending facility before the involuntary transfer and by the receiving facility after the involuntary transfer. Counseling shall be documented in the resident's record. (II)

c. The counseling requirement in paragraph 57.14(9)*"b"* does not apply if the discharge has already occurred pursuant to subrule 57.14(5) and emergency notice is provided within 48 hours.

d. Counseling, if required, shall be provided by a licensed mental health professional as defined in Iowa Code section 228.1(6).

e. The receiving health care facility of a resident involuntarily transferred shall immediately formulate and implement a plan of care which takes into account possible adverse effects the transfer may cause. (II)

57.14(10) *Transfer upon revocation of license or voluntary closure.* Residents shall not have the right to a hearing to contest an involuntary discharge or transfer resulting from the revocation of the facility's license by the department of inspections and appeals. In the case of the voluntary closure of a facility, a period of 30 days must be allowed for an orderly transfer of residents to other facilities.

57.14(11) *Intrafacility transfer.*

a. Residents shall not be arbitrarily relocated from room to room within a licensed health care facility. (I, II) Involuntary relocation may occur only in the following situations, which shall be documented in the resident's record: (II)

(1) Incompatibility with or disturbing to other roommates.

(2) For the welfare of the resident or other residents of the facility.

(3) To allow a new admission to the facility that would otherwise not be possible due to separation of roommates by sex.

(4) In the case of a resident whose source of payment was previously private, but who now is eligible for Title XIX (Medicaid) assistance, the resident may be transferred from a private room to a semiprivate room or from one semiprivate room to another.

(5) Reasonable and necessary administrative decisions regarding the use and functioning of the building.

b. Unreasonable and unjustified reasons for changing a resident's room without the concurrence of the resident or responsible party include:

(1) Change from private pay status to Title XIX, except as outlined in subparagraph 57.14(11)*"a"*(4). (II)

(2) As punishment or behavior modification, except as specified in subparagraph 57.14(11)*"a"*(1). (II)

(3) Discrimination on the basis of race or religion. (II)

c. If intrafacility relocation is necessary for reasons outlined in paragraph 57.14(11)*"a,"* the resident shall be notified at least 48 hours prior to the transfer and the reason therefor shall be explained. The responsible party shall be notified as soon as possible. The notification shall be documented in the resident's record and signed by the resident or responsible party. (II, III)

d. If emergency relocation is required in order to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family or responsible party shall be notified immediately or as soon as possible of the condition that necessitates emergency relocation, and such notification shall be documented. (II, III)

e. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility, and not as an intrafacility transfer. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 3523C**, IAB 12/20/17, effective 1/24/18; Editorial change: IAC Supplement 8/5/26]

481—57.15(135C) Residency agreement.

57.15(1) Each residency agreement shall:

a. State the base rate or scale per day or per month, the services included, and the method of payment. (III)

b. Contain a complete schedule of all offered services for which a fee may be charged in addition to the base rate. (III) Furthermore, the agreement shall:

(1) Stipulate that no further additional fees shall be charged for items not contained in the complete schedule of services; (III)

(2) State the method of payment for additional charges; (III)

(3) Contain an explanation of the method of assessment of such additional charges and an explanation of the method of periodic reassessment, if any, resulting in changing such additional charges; (III)

(4) State that additional fees may be charged to the resident for nonprescription drugs, other personal supplies, and services provided by a barber, beautician, and such. (III)

c. Contain an itemized list of services to be provided to the resident based on an assessment at the time of the resident's admission and in consultation with the administrator and including the specific fee the resident will be charged for each service and the method of payment. (III)

d. Include the total fee to be charged initially to the resident. (III)

e. State the conditions whereby the facility may make adjustments to its overall fees for resident care as a result of changing costs. (II, III) Furthermore, the agreement shall provide that the facility shall give:

(1) Written notification to the resident, or the responsible party when appropriate, of changes in the overall rates of both base and additional charges at least 30 days prior to the effective date of such changes; (II, III)

(2) Notification to the resident, or the responsible party when appropriate, of changes in additional charges, based on a change in the resident's condition. Notification must occur prior to the date such revised additional charges begin. If notification is given orally, subsequent written notification must also be given within a reasonable time, not to exceed one week, listing specifically the adjustments made. (II, III)

f. State the terms of agreement in regard to a refund of all advance payments in the event of the transfer, death, or voluntary or involuntary discharge of the resident. (II, III)

g. State the terms of agreement concerning the holding of and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons. The terms shall contain a provision that the bed will be held at the request of the resident or the resident's responsible party. (II, III)

(1) The facility shall ask the resident or responsible party whether the resident's bed should be held. This request shall be made before the resident leaves or within 48 hours after the resident leaves. The inquiry and the response shall be documented. (II, III)

(2) The facility shall inform the resident or responsible party that, when requested, the bed may be held beyond the number of days designated by the funding source, as long as payments are made in accordance with the agreement. (II, III)

h. State the conditions under which the involuntary discharge or transfer of a resident would be effected. (II, III)

i. Set forth any other matters deemed appropriate by the parties to the agreement. No agreement or any provision thereof shall be drawn or construed so as to relieve any health care facility of any requirement or obligation imposed upon it by this chapter or any standards or rules in force pursuant to this chapter. (II, III)

57.15(2) Each party to the residency agreement shall receive a copy of the signed agreement. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.16(135C) Medical examinations.

57.16(1) Each resident in a residential care facility shall have a designated primary care provider who may be contacted when needed. (II, III)

57.16(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III)

a. If the resident is admitted directly from a hospital, a copy of the hospital admission physical and discharge summary may be a part of the record in lieu of an additional physical examination. A record of the examination, signed by the primary care provider, shall be a part of the resident's record. (II, III)

b. The record of the admission physical examination and medical history shall portray the current medical status of the resident and shall include the resident's name, sex, age, medical history, physical examination, diagnosis, statement of medical concerns, diet, and results of any diagnostic procedures. (II, III)

c. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

57.16(3) The person in charge shall immediately notify the primary care provider of any accident, injury or adverse change in the resident's condition that has the potential for requiring physician intervention. (I, II, III)

57.16(4) Each resident shall be visited by or shall visit the resident's primary care provider at least once each year. The one-year period shall be measured from the date of admission and does not include the resident's preadmission physical. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.17(135C) Records.

57.17(1) *Resident record.* The licensee shall keep a permanent record on every resident admitted to the residential care facility, and all entries in the permanent record shall be current, dated, and signed. (III) The record shall include:

a. Name and previous address of resident; (III)

b. Birth date, sex, and marital status of resident; (III)

c. Church affiliation, if designated; (III)

d. Primary care provider's name, telephone number, and address; (III)

e. Dentist's name, telephone number, and address; (III)

f. Name, address, and telephone number of next of kin or legal representative; (III)

g. Name, address, and telephone number of person to be notified in case of emergency; (III)

h. Pharmacy name, telephone number, and address; (III)

i. Mortuary name, telephone number, and address, if designated; (III)

j. Physical examination and medical history; (III)

k. Primary care provider's orders for the resident's level of care, medication, treatments, and diet. The orders shall be in writing and signed by the primary care provider quarterly; (III)

l. A notation of visits to primary care provider and other professional services; (III)

m. Documentation regarding services provided by other providers, including but not limited to home health agencies, hospice, day treatment and those providing medical, mental health and Medicaid waiver services; (III)

n. Documentation of any adverse change in the resident's condition; (II, III)

o. A notation describing the resident's condition on admission, transfer and discharge; (III)

p. A copy of instructions given to the resident, legal representative or facility in the event of discharge or transfer; (III)

q. In the event of a resident's death, notations of the date and time of the resident's death, the circumstances of the resident's death, the disposition of the resident's body, and the date and time the resident's family and primary care provider were notified of the resident's death; and (III)

r. A notation of disposition of personal property and medications upon the resident's transfer, discharge or death. (III)

57.17(2) *Confidentiality of resident records.* Each resident shall be ensured confidential treatment of all information contained in the resident's records. The resident's written consent shall be required for the release of information to persons not otherwise authorized under law to receive the information. (II)

a. The facility shall limit access to any medical records to staff and professionals providing services to the resident. (II)

b. The facility shall limit access to the resident's personal records, e.g., financial records and social services records, to staff and professionals providing the service to the resident. Only those personnel concerned with the financial affairs of the resident may have access to the financial records. (II)

c. The resident, or the resident's responsible party, shall be entitled to examine all information contained in the resident's record and shall have the right to secure full copies of the record at reasonable cost upon request, unless the primary care provider determines that the disclosure of the record or section thereof is contraindicated, in which case this information will be deleted prior to making the record available to the resident or responsible party. This determination and the reasons for it must be documented in the resident's record. (II)

d. This subrule is not meant to preclude access to resident records by representatives of state and federal regulatory agencies.

57.17(3) *Incident record.*

a. Each residential care facility shall maintain an incident record report and shall have available incident report forms. (II, III)

b. Report of incidents shall be in detail on an incident report form. (III)

c. The person in charge at the time of the incident shall oversee the preparation of and sign the incident report. The administrator or designee shall review, sign and date the incident report within 72 hours of the accident, incident or unusual occurrence. (II, III)

d. An incident report shall be completed for every accident or incident where there is apparent injury or where an injury of unknown origin may have occurred. (II)

e. An incident report shall be completed for every accident, incident or unusual occurrence within the facility or on the premises that affects a resident, visitor, or employee. (II, III)

f. A copy of the incident report shall be kept on file in the facility. (II, III)

57.17(4) *Retention of records.*

a. Records shall be retained in the facility for five years following the termination of services to a resident. (III)

b. Records shall be retained within the facility upon change of ownership. (III)

c. When the facility ceases to operate, a copy of the resident's record shall be released to the facility to which the resident is transferred. (III)

d. When the facility ceases to operate, records shall be maintained for five years in a clean, dry secured storage area. (III)

57.17(5) *Electronic records.* In addition to the access provided in 481—subrule 50.10(2), an authorized representative of the department shall be provided unrestricted access to electronic records pertaining to the care provided to the residents of the facility. (II, III)

a. If access to an electronic record is requested by the authorized representative of the department, the facility may provide a tutorial on how to use its particular electronic system or may designate an individual who will, when requested, access the system, respond to any questions or assist the authorized representative as needed in accessing electronic information in a timely fashion. (II, III)

b. The facility shall provide a terminal where the authorized representative may access records. (II, III)

c. If the facility is unable to provide direct print capability to the authorized representative, the facility shall make available a printout of any record or part of a record on request in a time frame that does not intentionally prevent or interfere with the department's survey or investigation. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.18(135C) Resident care and personal services.

57.18(1) A complete change of bed linen shall be provided at least once a week and more often if necessary. (III)

57.18(2) Residents shall receive sufficient supervision to promote personal cleanliness. (II, III)

57.18(3) Residents shall have clean clothing as needed. Clothing shall be appropriate to residents' activities and to the weather. (III)

57.18(4) Residents shall be encouraged to bathe at least twice a week. (II, III)

57.18(5) All nonambulatory residents shall be housed on the grade level floor unless the facility has a suitably sized elevator. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.19(135C) Drugs.

57.19(1) *Drug storage.*

a. Residents who have been certified in writing by their primary care provider as capable of taking their own medications may retain these medications in their bedroom, but locked storage must be provided, with staff and the resident having access. Monitoring of the storage, administration and documentation by the resident shall be carried out by a person who meets the requirements of subrule 57.19(3) and is responsible for administering medications. (II, III)

b. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:

(1) Locked storage for drugs, solutions, and prescriptions shall be provided. (III)

(2) A bathroom shall not be used for drug storage. (III)

(3) The drug storage shall be kept locked when not in use. (III)

(4) The drug storage key shall be secured and available only to those employees charged with the responsibility of administering medications. (II, III)

(5) Schedule II drugs, as defined by Iowa Code chapter 124, shall be kept in a locked box within the locked drug storage. (II, III)

(6) Medications requiring refrigeration shall be kept locked in a refrigerator and separated from food and other items. (II, III)

(7) Drugs for external use shall be stored separately from drugs for internal use. (II, III)

(8) All potent, poisonous, or caustic materials shall be stored separately from drugs, shall be plainly labeled and stored in a specific, well-illuminated cabinet, closet, or storeroom, and shall be made accessible only to authorized persons. (I, II)

(9) Inspection of drug storage shall be made by the administrator or designee and a registered pharmacist not less than once every three months. The inspection shall be verified by a report signed by the administrator and the pharmacist and filed with the administrator. The report shall include, but not be limited to, certification of the absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current primary care provider's order, and drugs improperly stored. (III)

(10) Bulk supplies of prescription drugs for multiresident use shall not be kept in a residential care facility. (III)

57.19(2) *Drug safeguards.*

a. All prescribed medications shall be clearly labeled indicating the resident's full name, primary care provider's name, prescription number, name and strength of drug, dosage, directions for use, date of issue, and name and address and telephone number of pharmacy or primary care provider issuing the drug. Where unit dose is used, prescribed medications shall, at a minimum, indicate the resident's full name, primary care provider's name, name and strength of drug, and directions for use. Standard containers shall be utilized for dispensing drugs. (III)

b. Sample medications provided by the resident's primary care provider shall clearly identify to whom the medications belong. (III)

c. Medication containers having soiled, damaged, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or primary care provider for relabeling or disposal. (III)

d. The medication for each resident shall be kept or stored in the original containers unless the resident is participating in an individualized medication program. (II, III)

e. Unused prescription drugs shall be destroyed by the person in charge, in the presence of a witness, and with a notation made on the resident's record or shall be returned to the supplying pharmacist. (III)

f. Prescriptions shall be refilled only with the permission of the resident's primary care provider. (II, III)

g. No medications prescribed for one resident may be administered to or allowed in the possession of another resident. (I, II)

h. Instructions shall be requested from the Iowa board of pharmacy concerning disposal of unused Schedule II drugs prescribed for a resident who has died or for whom the Schedule II drug was discontinued. (III)

i. Discontinued medications shall be destroyed within a specified time by a responsible person, in the presence of a witness, and with a notation made to that effect or shall be returned to the pharmacist for destruction. Drugs listed under the Schedule II drugs shall be destroyed in accordance with the requirements established by the Iowa board of pharmacy. (II, III)

j. All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall be stopped automatically after a given time period. The automatic-stop order may vary for different types of drugs. The resident's primary care provider, in conjunction with the pharmacist, shall institute these policies and provide procedures for review and endorsement. (II, III)

k. No resident shall be allowed to possess any medications unless the primary care provider has certified in writing on the resident's medical record that the resident is mentally and physically capable of doing so. (II)

l. No medications or prescription drugs shall be administered to a resident without a written order signed by the primary care provider. (II)

m. The facility shall establish a policy to govern the distribution of prescribed medications to residents who are on leave from the facility. (II, III)

(1) Medications may be issued to residents who will be on leave from a facility for less than 24 hours. Only those medications needed for the time period the resident will be on leave from the facility may be issued. Non-child-resistant containers may be used. Instructions shall be provided and include the date, the

resident's name, the name of the facility, and the name of the medication, its strength, dose and time of administration. (II, III)

(2) Medication for residents on leave from a facility for longer than 24 hours shall be obtained in accordance with requirements established by the Iowa board of pharmacy. (II, III)

(3) Medication for residents on leave from a facility may be issued only by facility personnel responsible for administering medication. (II, III)

57.19(3) *Drug administration—authorized personnel.*

a. A properly trained person shall be charged with the responsibility of administering medications as ordered by a primary care provider. (II, III)

b. The person shall have knowledge of the purpose of the drugs and their dangers and contraindications. (II, III)

c. The person shall be a licensed nurse or primary care provider or shall have successfully completed a department-approved medication aide course and passed a department-approved medication aide challenge examination administered by an area community college. (II, III)

d. Prior to taking a department-approved medication aide course, the person shall have a letter of recommendation for admission to the medication aide course from the employing facility. (III)

e. A person who is a nursing student or a graduate nurse may take the challenge examination in place of taking a medication aide course. The person shall do all of the following before taking the medication aide challenge examination:

(1) Complete a clinical or nursing theory course within six months before taking the challenge examination; (III)

(2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination; (III)

(3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating that the person is competent in medication administration. (III)

f. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination. The requirements of paragraph 57.19(3)*"d"* do not apply to this person. (III)

g. In a freestanding residential care facility licensed for 15 or fewer beds, a person who has successfully completed a state-approved medication manager course may administer medications.

57.19(4) *Drug administration.*

a. Unless the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by personally preparing the dose, observing the actual act of swallowing the oral medication, and charting the medication. In facilities where the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by observing the actual act of swallowing the oral medication and by charting the medication. Medications shall be prepared on the same shift of the same day that they are administered unless the unit dose system is used. (II)

b. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, primary care provider or pharmacist. For purposes of this subrule, "injectable medications" does not include an epinephrine autoinjector, e.g., an EpiPen. (II, III)

c. A resident certified by the resident's primary care provider as capable of injecting the resident's own insulin may do so. Insulin may be administered pursuant to paragraph 57.19(4)*"b"* or as otherwise authorized by the resident's primary care provider. (II, III) Authorization shall:

(1) Be in writing,

(2) Be maintained in the resident's record,

(3) Be renewed quarterly,

(4) Include the name of the person authorized to administer the insulin,

(5) Include documentation by the primary care provider that the authorized person is qualified to administer insulin to that resident. (II, III)

d. A resident may participate in the administration of the resident's own medication if the primary care provider has certified in writing in the resident's medical record that the resident is mentally and physically capable of participating and has explained in writing in the resident's medical record what the resident's participation may include.

e. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident, with an accurate count and authorized signatures at every shift. (II)

f. The facility may use a unit dose system.

g. Medication aides and medication managers may administer PRN medications without contacting a licensed nurse or primary care provider if all of the following apply: (I, II, III)

(1) A written order from the resident's primary care provider specifies the purpose of the PRN medication and the frequency, dosage and strength of the PRN medication.

(2) The resident's primary care provider provides in writing specific criteria for administering PRN medications.

(3) The pharmacist assesses the resident's use of PRN medications when conducting the inspection of drug storage as required by subparagraph 57.19(1)*"b"*(9).

h. The pharmacist shall assess the use of PRN medications when conducting the inspection of drug storage as required by subparagraph 57.19(1)*"b"*(9). (II, III)

i. Medications administered by an employee of the facility shall be recorded on a medication record by the individual who administers the medication. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 2643C**, IAB 8/3/16, effective 9/7/16; see Delay note at end of chapter]

481—57.20(135C) Dental services.

57.20(1) The residential care facility personnel shall assist residents in obtaining annual and emergency dental services and shall arrange transportation for such services. (III)

57.20(2) Dental services shall be performed only on the request of the resident, responsible party, legal representative, or primary care provider. The resident's primary care provider shall be advised of the resident's dental problems. (III)

57.20(3) All dental reports or progress notes shall be included in the resident record as available. The facility shall make reasonable efforts to obtain the records following the provision of services. (III)

57.20(4) Personal care staff shall assist the resident in carrying out the dentist's recommendations. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.21(135C) Dietary.

57.21(1) *Dietary staffing.*

a. A minimum of one person directly responsible for food preparation shall successfully complete a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course's curriculum includes substantially similar competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instruction as it relates to sanitation and safe food handling. (III)

b. If the person is in the process of completing the food protection program in paragraph 57.21(1)*"a,"* the requirement relating to the completion of a state-approved food protection program shall be considered to have been met.

c. In addition to the requirement of paragraph 57.21(1)*"a,"* personnel who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (III)

57.21(2) *Nutrition and menu planning.*

a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III)

b. Menus shall be planned and served to include foods and amounts necessary to meet federal dietary guidelines. (II, III)

c. At least three meals or their equivalent shall be served daily, at regular hours. (II, III)

(1) There shall be no more than a 14-hour span between offering a substantial evening meal and breakfast. (II, III)

(2) Unless contraindicated, evening snacks shall be offered routinely to all residents. Special nourishments shall be available when ordered by the primary care provider. (II, III)

d. Menus shall include a variety of foods prepared in various ways. (III)

e. Menus shall be written at least one week in advance. The current menu shall be located in an accessible place for easy use by persons purchasing, preparing, and serving food. (III)

f. Records of menus as served shall be filed and maintained for 30 days and shall be available for review by departmental personnel. When substitutions are necessary or requested, they shall be of similar nutritive value and recorded on the menu or in a notebook. (III)

g. The facility shall provide an alternative choice at scheduled meal times. (III)

57.21(3) *Dietary storage, food preparation, and service.*

a. All food shall be handled, prepared, served and stored in compliance with the Food Code adopted pursuant to Iowa Code section 137F.2. (I, II, III)

b. Supplies of staple foods for a minimum of a one-week period and of perishable foods for a minimum of a two-day period shall be maintained on the premises. Minimum food portion requirements for a low-cost plan shall conform to information supplied by the bureau of nutrition and health promotion of the department of public health. (II, III)

c. Dishes shall be free of cracks, chips, and stains. (III)

d. If family-style service is used, all leftover prepared food that has been on the table shall be properly handled. (III)

57.21(4) *Sanitation in food preparation area.*

a. In facilities licensed for more than 15 beds, the kitchen shall not be used for serving meals to residents, food service personnel, or other staff. (III)

b. There shall be written procedures established for cleaning all work and serving areas in facilities with more than 15 beds. (III)

c. A schedule for duties to be performed daily shall be posted in each food area. (III)

d. All cooking equipment in facilities of 15 or more beds shall be provided with a properly sized exhaust system and hood to eliminate excess heat, moisture, and odors from the kitchen. (II, III)

e. The food service area shall be located so it will not be used as a passageway by residents, guests, or non-food service staff. (III)

f. There shall be no washing, ironing, sorting or folding of laundry in the food service area. Dirty linen shall not be carried through the food service area unless the linen is in sealed, leakproof containers. (III)

g. In facilities with more than 15 beds, a mechanical dishwasher is required. (III)

h. A three-compartment pot and pan sink with 110°F (43°C) to 115°F (46°C) water for washing, a compartment for rinsing with water at 170°F (76°C) to 180°F (82°C) for sanitizing with space for air drying, or a two-compartment sink with access to a mechanical dishwasher for sanitizing all utensils shall be provided. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.22(135C) Orientation and service plan.

57.22(1) *Orientation.* Within 24 hours of admission, each resident shall receive orientation to the facility. The orientation program shall be documented in the resident's file and shall include, but shall not be limited to, a review of the resident's rights, the daily schedule, house rules and the facility's evacuation plan. (II, III)

57.22(2) *Initial service plan.* Within 48 hours of admission, the administrator or the administrator's designee shall develop an initial service plan to address any immediate health and safety needs. The plan shall be based on information gathered from the resident, family, referring party, primary care provider, and other significant persons. The plan shall be followed until the service plan required in subrule 57.22(3) is complete. (I, II, III)

57.22(3) *Service plan.* Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III)

a. The service plan shall include measurable goals and objectives and the specific service(s) to be provided to achieve the goals. Each goal shall include the date of initiation and anticipated duration of service(s). Any restriction of rights shall be included in the service plan. (I, II, III)

b. The service plan shall include the documentation procedure for each goal and objective. (II, III)

c. The service plan should be modified to add or delete goals and objectives as the resident's needs change. Communications related to service plan changes or changes in the resident's condition shall occur within five working days of the change and shall be conveyed to all individuals inside and outside the residential care facility who work with the resident, as well as to the resident's responsible party. (I, II, III)

d. The service plan shall be reviewed at least quarterly by relevant staff, the resident and appropriate others, such as the resident's family, case manager and responsible party. The review shall include a written report which addresses a summary of the resident's progress toward goals and objectives and the need for continued services. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.23(135C) Resident activities program.

57.23(1) *Activities program.* Each residential care facility shall provide an organized resident activities program for the group and for the individual resident which shall include suitable activities. The facility shall offer at least two organized evening group activities per week and two organized weekend group activities per month. (III)

a. The activities program shall be designed to meet the needs and interests of each resident and to assist residents in continuing normal activities within limitations set by the resident's primary care provider. This shall include helping residents continue in their individual interests or hobbies. (III)

b. The activities program shall include measureable goals for each resident. (III)

c. The activities program shall include both group and individual activities. (III)

d. Residents shall be encouraged, but not required, to participate in activities. (III)

57.23(2) *Coordination of activities program.*

a. Each residential care facility with 15 or fewer beds shall designate a person to oversee the activities program, develop goals and monitor progress. (III)

b. Each residential care facility with more than 15 beds shall employ a person to direct the activities program. (III)

c. Staffing for the activities program shall be provided on the minimum basis of 45 minutes per resident per week. (II, III)

d. The activities coordinator shall have completed the activities coordinator orientation course approved by the department within six months of employment or have comparable training and experience as approved by the department. (III)

e. There shall be a written plan for personnel coverage when the activities coordinator is absent during scheduled working hours. (III)

57.23(3) *Duties of activities coordinator.* The activities coordinator shall:

a. Have access to all residents' records. (III)

b. Coordinate all activities, including volunteer or auxiliary activities and religious services. (III)

c. Keep all necessary records including:

(1) Attendance records; (III)

(2) Individual resident progress notes, recorded at least every three months; (III)

(3) Monthly calendars, prepared in advance, updated as necessary and maintained for one year. (III)

d. Coordinate the activities program with all other services in the facility. (III)

57.23(4) *Supplies, equipment, and storage.*

a. Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. (III)

b. Storage shall be provided for recreational equipment and supplies. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.24(135C) Residents' rights.

57.24(1) Each facility shall ensure that policies and procedures are written and implemented which include, at a minimum, the provisions of this rule and which govern all areas of service provided by the facility. These policies and procedures shall be available to staff, residents, residents' families or legal representatives and the public and shall be reviewed annually. (II, III)

57.24(2) Policies and procedures shall include a method for submitting complaints and recommendations by residents or their responsible parties and for ensuring a response and disposition by the facility. (II, III) The written procedures shall:

a. Ensure the provision of assistance to residents as necessary to complete and submit complaints and recommendations; (II, III)

b. Ensure protection of the resident from any form of reprisal or intimidation; (II, III)

c. Include designation of an employee responsible for handling grievances and recommendations; (II, III)

d. Include a method of investigating and assessing the validity of a grievance or recommendation; (II, III) and

e. Include methods of recording grievances and actions taken. (II, III)

57.24(3) Policies and procedures shall include provisions governing access to, duplication of, and dissemination of information from the residents' records. (II, III)

57.24(4) Policies and procedures shall include a provision that each resident shall be fully informed of the resident's rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. This information must be provided upon the resident's admission, or in the case of residents already in the facility, upon the facility's adoption or amendment of residents' rights policies. (II, III)

a. The facility shall communicate to residents prior to or within five days after admission what residents may expect from the facility and its staff, and what is expected from residents. The communication shall be in writing, e.g., in a separate handout or brochure describing the facility, and interpreted verbally, e.g., as part of a preadmission interview, resident counseling, or in individual or group orientation sessions following the resident's admission. (II, III)

b. Residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English-speaking or deaf or hard of hearing, steps shall be taken to translate the information into a foreign or sign language. In the case of blind residents, either Braille or a recording shall be provided. Residents shall be encouraged to ask questions about their rights and responsibilities and these questions shall be answered. (II, III)

c. A statement shall be signed by the resident, or the resident's responsible party, if applicable, indicating an understanding of these rights and responsibilities and shall be maintained in the resident's record. The statement shall be signed no later than five days after admission, and a copy of the signed statement shall be given to the resident or responsible party. (II, III)

d. In order to ensure that residents continue to be aware of these rights and responsibilities during their stay, a written copy shall be prominently posted in a location that is available to all residents. (II, III)

e. All residents shall be advised within 30 days following changes made in the statement of residents' rights and responsibilities. Appropriate means shall be utilized to inform non-English-speaking, deaf or hard-of-hearing, or blind residents of changes. (II, III)

57.24(5) Choice of primary care provider. Each resident shall be permitted free choice of a primary care provider, and pharmacy, if accessible. The facility may require the selected pharmacy to utilize a drug distribution system compatible with the system currently used by the facility. (II)

57.24(6) Each resident shall be afforded the opportunity to participate in the planning of the resident's total care and treatment, which may include, but shall not be limited to, medical care, nutritional needs, activities, and social work services. Each resident has the right to refuse treatment except as provided by

Iowa Code chapter 229. In the case of a resident with impaired decision-making skills, the responsible party shall be afforded the opportunity to participate in the planning of the resident's total care and medical treatment and to be informed of the resident's medical condition. (II, III)

57.24(7) Each resident shall be encouraged and assisted throughout the resident's period of stay to exercise the resident's rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to administrative staff or to outside representatives of the resident's choice, free from interference, coercion, discrimination, or reprisal. (II)

57.24(8) The facility shall provide ongoing opportunities for residents to be aware of and to exercise their rights as residents. Residents shall be kept informed of changes in policies and services that are more restrictive, and their views shall be solicited prior to action. (II)

57.24(9) The facility shall post in a prominent area the text of Iowa Code section 135C.46 (Retaliation Prohibited) and the name, telephone number, and address of the long-term care ombudsman, the department, and the local law enforcement agency to provide residents a further course of redress. (II)

57.24(10) All rights and responsibilities of the resident devolve to the resident's responsible party or any legal surrogate designated in accordance with state law, to the extent permitted by state law. This subrule is not intended to limit the authority of any individual acting pursuant to Iowa Code chapter 144A. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 5711C**, IAB 6/16/21, effective 7/21/21]

481—57.25(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (I, II)

57.25(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (I, II)

57.25(2) Schedules of daily activities shall allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, entertainment, sleeping and eating, also times to retire at night and arise in the morning shall be elicited and considered by the facility. (II)

57.25(3) Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or a drawn curtain shall shield the resident from passersby. People not involved in the care of the residents shall not be present without the resident's consent while the resident is being examined or treated. (II)

57.25(4) Privacy of a resident's body also shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. (II)

57.25(5) Staff shall knock and be acknowledged before entering a resident's room unless the resident is not capable of a response. This shall not apply under emergency conditions. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.26(135C) Communications. Each resident may communicate, associate, and meet privately with persons of the resident's choice, unless to do so would infringe upon the rights of other residents, and may send and receive personal mail unopened. (II)

57.26(1) Subject to reasonable scheduling restrictions, visiting policies and procedures shall permit residents to receive visits from anyone they wish. Visiting hours shall be posted. (II)

57.26(2) Reasonable, regular visiting hours shall not be less than 12 hours per day and shall take into consideration the special circumstances of each visitor. A particular visitor(s) may be restricted by the facility for one of the following reasons:

a. The resident refuses to see the visitor(s). (II)

b. The resident's primary care provider documents specific reasons why such a visit would be harmful to the resident's health. (II)

c. The visitor's behavior is unreasonably disruptive to the functioning of the facility. This judgment must be made by the administrator, and the reasons shall be documented and kept on file. (II)

57.26(3) Decisions to restrict a visitor are reviewed and reevaluated:

a. Each time the medical orders are reviewed by the primary care provider;

b. At least quarterly by the facility's staff; or

c. At the resident's request. (II)

57.26(4) Space shall be provided for residents to receive visitors in reasonable comfort and privacy. (II)

57.26(5) Telephones shall be available and accessible for residents to make and receive calls with privacy. Residents who need help shall be assisted in using the telephone. (II)

57.26(6) Arrangements shall be made to provide assistance to residents who require help in reading or sending mail. (II)

57.26(7) Residents, including residents court-ordered to the facility, shall be permitted to leave the facility at reasonable times unless there are justifiable reasons established in writing by court order, the primary care provider, the interdisciplinary team, or facility administrator for refusing permission. (II)

57.26(8) Residents shall not have their personal lives regulated beyond reasonable adherence to meal schedules, bedtime hours, and other written policies which may be necessary for the orderly management of the facility and as required by these rules. However, residents shall be encouraged to participate in recreational programs. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.27(135C) Resident activities.

57.27(1) Each resident may participate in activities of social, religious, and community groups at the resident's discretion unless contraindicated for reasons documented by the primary care provider or interdisciplinary team as appropriate in the resident's record. (II)

57.27(2) Residents who wish to meet with or participate in activities of social, religious, or other community groups in or outside of the facility shall be informed, encouraged, and assisted to do so. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.28(135C) Resident property.

57.28(1) Residents shall be permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility. The facility shall offer the resident the opportunity to have personal property itemized and documented on an inventory sheet upon the resident's admission. The inventory sheet shall be kept in a safe location which is convenient to the resident and shall be updated at least annually. At discharge, residents may sign off on a list of the personal property they are taking with them. (II, III)

57.28(2) The facility shall provide for the safekeeping of personal effects, funds and other property of its residents. The facility may require that items of exceptional value or that would convey unreasonable responsibilities to the licensee be removed from the premises of the facility for safekeeping. (III)

57.28(3) Funds or properties received by the facility, belonging or due a resident, expendable for the resident's account, shall be trust funds. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.29(135C) Financial affairs—management. Each resident who has not been assigned a guardian or conservator by the court may manage the resident's own personal financial affairs. To the extent the facility assists in management, under written authorization by the resident, the management shall be carried out in accordance with Iowa Code section 135C.24. (II)

57.29(1) The facility shall maintain a written account of all residents' funds received by or deposited with the facility. (II)

57.29(2) An employee shall be designated in writing to be responsible for resident accounts. (II)

57.29(3) The facility shall keep on deposit personal funds over which the resident has control in accordance with Iowa Code section 135C.24. Should the resident request these funds, they shall be given to the resident on request with receipts maintained by the facility and a copy to the resident. In the case of a resident with impaired decision-making skills, the resident's legal representative shall designate a method of disbursing the resident's funds. (II)

57.29(4) If the facility makes financial transactions on a resident's behalf, the facility must document that it has prepared and sent an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement shall be maintained in the resident's financial or business record. (II)

57.29(5) A resident's personal funds shall not be used without the written consent of the resident or the resident's legal representative. (I, II)

57.29(6) A resident's personal funds shall be returned to the resident when the funds have been used without the written consent of the resident or the resident's legal representative. The department may report findings that resident funds have been used without written consent to the department's investigations division or the local law enforcement agency, as appropriate. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.30(135C) Resident work. No resident may be required to perform services for the facility, except as provided by Iowa Code section 347B.5. (II)

57.30(1) Residents may not be used to provide a source of labor for the facility against their will. Approval by the primary care provider is required for all work programs. (I, II)

57.30(2) Residents who perform work for the facility must receive compensation unless the work is part of their approved training program. Persons on the resident census who perform work shall not be used to replace paid employees in fulfilling staffing requirements. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.31(135C) Family—shared rooms. Family members or spouses shall be permitted to share a room, if available, if requested by both parties, unless the primary care provider of one of the parties documents in the medical record specific reasons why such an agreement would have an adverse effect on the health of the resident. (II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.32(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. (I, II)

57.32(1) Mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. (I, II)

57.32(2) Physical abuse includes, but is not limited to, corporal punishment and the use of restraints as punishment. (I, II)

57.32(3) Drugs such as tranquilizers shall only be used in accordance with orders of the primary care provider. (I, II)

57.32(4) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)

57.32(5) Staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 3737C**, IAB 4/11/18, effective 5/16/18]

481—57.33(135C) Crisis intervention. If a facility utilizes physical restraints, the facility shall have written policies that define the uses of physical restraints, designate the administrator or designee as the person who may authorize their use, establish a mechanism for monitoring and controlling their use, and provide staff with proper training. (I, II, III)

57.33(1) Temporary physical restraint of residents shall be used only under the following conditions: (I, II)

a. An emergency to prevent injury to the resident or to others; or (I, II)

b. For crisis intervention, but shall not be used for punishment, for the convenience of staff or as a substitution for supervision or programming; (I, II) and

c. No staff person shall use any restraint that obstructs the airway of the resident. (I, II)

57.33(2) Authorization for the use of physical restraints must be prior to or immediately after application of the restraint. (I, II)

57.33(3) Prone restraint is prohibited. Staff persons who find themselves involved in the use of a prone restraint when responding to an emergency must take immediate steps to end the prone restraint. (I, II)

57.33(4) The rationale and authorization for the use of physical restraint and staff action and procedures carried out to protect the resident's rights and to ensure safety shall be clearly set forth in the resident's record by the responsible staff persons. (I, II)

57.33(5) The primary care provider, the interdisciplinary team and the resident's responsible party shall be notified of any restraints administered. (I, II, III)

57.33(6) The facility shall provide to the staff a department-approved training program by qualified professionals on physical restraint techniques. (I, II)

a. The facility shall keep a record of training for review by the department and shall include attendance. (II, III)

b. Only staff with documented training in physical restraint and techniques shall be authorized to assist with physical restraint of a resident. (I, II)

c. Under no circumstances shall a resident be allowed to actively or passively assist in the restraint of another resident. (I, II)

57.33(7) Residents shall not be kept behind locked doors. (I, II)

57.33(8) Mechanical restraint is prohibited. Staff persons who find themselves involved in the use of a mechanical restraint when responding to an emergency must take immediate steps to end the mechanical restraint. (I, II)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15; **ARC 3738C**, IAB 4/11/18, effective 5/16/18]

481—57.34(135C) Safety. The licensee of a residential care facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (I, II, III)

57.34(1) *Fire safety.*

a. All residential care facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II)

b. The size of the facility and needs of the residents shall be taken into consideration in evaluating safety precautions and practices.

57.34(2) *Safety duties of administrator.* The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III)

a. The plan shall be prominently posted in a common area of the building. (III)

b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (II, III)

57.34(3) *Resident safety.*

a. Smoking shall be prohibited, except as allowed by Iowa Code chapter 142D, the smokefree air Act. (II, III)

b. Whenever full or empty tanks of oxygen are being used or stored, they shall be securely supported in an upright position. (II, III)

c. Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III)

d. Storage areas for cleaning agents, bleaches, insecticides, or any other poisonous, dangerous, or flammable materials shall be locked. Residents permitted to access these materials shall be supervised by staff as identified in the resident's service plan. (I, II, III)

e. Sufficient numbers of noncombustible trash containers with covers shall be available. (III)

f. Residents' personal possessions that may constitute a hazard to residents or others shall be removed and stored. (III)

57.34(4) *First-aid kit.* A first-aid emergency kit shall be available on each floor in every facility. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.35(135C) Housekeeping.

57.35(1) Written procedures shall be established and implemented for daily and weekly cleaning schedules. (III)

57.35(2) Each resident room shall be cleaned on a routine schedule. (III)

57.35(3) All rooms, corridors, storage areas, linen closets, attics, and basements shall be kept in a clean, orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. (II, III)

57.35(4) A hallway or corridor shall not be used for storage of equipment. (II, III)

57.35(5) All odors shall be kept under control by cleanliness and proper ventilation. (III)

57.35(6) Clothing worn by personnel shall be clean and washable. (III)

57.35(7) Housekeeping and maintenance personnel shall be provided with well-constructed and properly maintained equipment appropriate to the function for which it is to be used. (III)

57.35(8) All furniture, bedding, linens, and equipment shall be cleaned periodically and before use by another resident. (II, III)

57.35(9) Polishes used on floors shall provide a nonslip finish. (II, III)

57.35(10) Throw or scatter rugs shall have nonskid backing. (II, III)

57.35(11) Entrances, exits, steps, and outside walkways shall be kept free from ice, snow, and other hazards. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.36(135C) Maintenance.

57.36(1) Each facility shall establish a maintenance program to ensure the continued maintenance of the facility, to promote good housekeeping procedures, and to ensure sanitary practices throughout the facility. In facilities with more than 15 beds, the maintenance program shall be established in writing and available for review by the department. (II, III)

57.36(2) The building, grounds, and other buildings shall be maintained in a clean, orderly condition and in good repair. (II, III)

57.36(3) Window treatments and furniture shall be clean and in good repair. (II, III)

57.36(4) Cracks in plaster, peeling wallpaper or paint, and tears or splits in floor coverings shall be promptly repaired or replaced in a professional manner. (II, III)

57.36(5) The electrical systems, including appliances, cords, and switches, shall be maintained to guarantee safe functioning and comply with the National Electric Code. (II, III)

57.36(6) All plumbing fixtures shall function properly and comply with the state plumbing code. (II, III)

57.36(7) Yearly inspections of the heating and cooling systems shall be made to guarantee safe operation. (II, III)

57.36(8) The building, grounds, and other buildings shall be kept free of breeding areas for flies, other insects, and rodents. (II, III)

57.36(9) The facility shall be kept free of flies, other insects, and rodents. (II, III)

57.36(10) Janitor's closet.

a. Facilities shall be provided with storage for cleaning equipment and supplies. (III)

b. Mops, scrub pails, and other cleaning equipment used in the resident areas shall not be stored or used in the dietary area. (III)

c. In facilities licensed for more than 15 beds, a janitor's closet shall be provided. It shall be equipped with water for filling scrub pails and a janitor's sink for emptying scrub pails. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.37(135C) Laundry.

57.37(1) All soiled linens shall be collected and transported to the laundry room in closed, leakproof laundry bags or covered, impermeable containers. (III)

57.37(2) Except for related activities, the laundry room shall not be used for other purposes. (III)

57.37(3) Procedures shall be written for the proper handling of wet, soiled, and contaminated linens. (III)

57.37(4) Residents' personal laundry shall be marked with an identification if comingled with other residents' personal laundry. (III)

57.37(5) Bed linens, towels, and washcloths shall be clean and stain-free. (III)

57.37(6) If laundry is done in the facility, the following shall be provided:

a. A clean, dry, well-lit area to accommodate a washer and dryer of adequate size to serve the needs of the facility. (III)

b. In facilities with more than 15 beds, the laundry room shall be divided into separate areas, one for sorting soiled linen and one for sorting and folding clean linen. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.38(135C) Garbage and waste disposal.

57.38(1) All garbage shall be gathered, stored, and disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding or feeding place for vermin or insects. (III)

57.38(2) All containers for refuse shall be watertight and rodent-proof and have tight-fitting covers. (III)

57.38(3) All unlined containers shall be thoroughly cleaned each time the containers are emptied. (III)

57.38(4) All waste shall be properly disposed of in compliance with local ordinances and state codes. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.39(135C) Supplies.

57.39(1) *Linen supplies.*

a. There shall be an adequate supply of linen so that each resident shall have at least three washcloths, hand towels, and bath towels per week. (III)

b. A complete change of bed linens shall be available in the linen storage area for each bed. (III)

c. Sufficient lightweight, clean, serviceable blankets shall be available. All blankets shall be laundered as often as necessary for cleanliness and freedom from odors. (III)

d. Each bed shall be provided with clean, washable bedspreads. There shall be a supply available when changes are necessary. (III)

e. Adequate storage shall be provided for linens, pillows, and bedding. (III)

57.39(2) *Supplies, equipment and storage.*

a. All equipment shall be properly cleaned and sanitized before use by another resident. (III)

b. Clean and sanitary storage shall be provided for equipment and supplies. (III)

c. Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. (III)

d. Locked storage should be available for potentially dangerous items such as scissors, knives, and toxic materials. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.40(135C) Buildings, furnishings, and equipment.

57.40(1) *Buildings—general requirements.*

a. All windows shall be supplied with window treatments that are kept clean and in good repair. (III)

b. Whenever glass sliding doors or transparent panels are used, they shall be marked conspicuously. (III)

c. The facility shall meet the equivalent requirements of the appropriate group occupancy of the state building code. (III)

57.40(2) *Furnishings and equipment.*

a. All furnishings and equipment shall be durable, cleanable, and appropriate to their function. (III)

b. All resident areas shall be decorated, painted, and furnished to provide a homelike atmosphere. (III)

c. Upholstery materials shall be moisture- and soil-resistant as needed, except on furniture provided by the resident and the property of the resident. (III)

57.40(3) *Dining and living rooms.*

a. Every facility shall have a dining room and a living room easily accessible to all residents. (III)

b. Living rooms shall be maintained for the use of residents and their visitors and may be used for recreational activities. Living rooms shall be suitably furnished. (III)

c. Dining rooms shall be furnished with dining tables and chairs appropriate to the size and function of the facility. Dining rooms and furnishings shall be kept clean and sanitary. (III)

57.40(4) *Bedrooms.*

a. Each resident shall be provided with a standard, single, or twin bed, substantially constructed and in good repair. Rollaway beds, metal cots, or folding beds are not acceptable. (III)

b. Each bed shall be equipped with the following: casters or glides; clean springs in good repair; a clean, comfortable, well-constructed mattress approximately five inches thick and standard in size for the bed; and clean, comfortable pillows of average bed size. (III)

c. Each resident shall have a bedside table with a drawer to accommodate personal possessions. (III)

d. There shall be a comfortable chair, either a rocking chair or armchair, per resident bed. The resident's personal wishes shall be considered. (III)

e. There shall be drawer space for each resident's clothing. In a bedroom in which more than one resident resides, drawer space shall be assigned to each resident. (III)

f. Beds and other furnishings shall not obstruct free passage to and through doorways. (III)

g. Beds shall not be placed in such a manner that the side of the bed is against the radiator or in close proximity to it unless the radiator is covered so as to protect the resident from contact with it or from excessive heat. (III)

h. There shall be no more than four residents per room. (III)

57.40(5) *Bath and toilet facilities.*

a. All sinks shall have paper towel dispensers and an available supply of soap. (III)

b. Toilet paper shall be readily available to residents. (III)

57.40(6) *Heating.* A centralized heating system shall be maintained in good working order and capable of maintaining a comfortable temperature for residents of the facility. Portable units or space heaters are prohibited from being used in the facility except in an emergency. (II, III)

57.40(7) *Water supply.*

a. Private sources of water supply shall be tested annually and the report made available for review by the department upon request. (III)

b. A bacterially unsafe source of water supply shall be grounds for denial, suspension, or revocation of license. (III)

c. The department may require testing of private sources of water supply at its discretion in addition to the annual test. The facility shall supply reports of such tests as directed by the department. (III)

d. Hot and cold running water under pressure shall be available in the facility. (II, III)

e. Prior to construction of a new facility or new water source, private sources of water supply shall be surveyed and shall comply with the requirements of the department. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.41(135C) Family and employee accommodations.

57.41(1) In facilities where the total occupancy of family, employees, and residents is more than five, separate bathing and toilet facilities shall be required for the family or employees distinct from such areas provided for the residents. (III)

57.41(2) In all facilities, if the family or employees live within the facility, separate living quarters and recreation facilities shall be required for the family or employees distinct from such areas provided for the residents. (III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.42(135C) Animals. No animals shall be allowed to reside in the facility except with written approval of the department and under controlled conditions. (II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.43(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the same physical structure of the facility, if the other business or activity is under the control of and is directly related to and incidental to the operation of the health care facility, or the business or activity is approved by the department and the state fire marshal. (I, II, III)

57.43(1) To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs 57.43(2)*"a"* through *"j."* (I, II, III)

57.43(2) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;

b. Compatibility of the proposed business or activity with the facility program;

c. Noise created by the proposed business or activity;

d. Odors created by the proposed business or activity;

e. Use of entrances and exits for the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

f. Use of the facility's corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

g. Proposed staffing for the business or activity;

h. Sharing of services and staff between the proposed business or activity and the facility;

i. Facility layout and design; and

j. Parking area utilized by the business or activity.

57.43(3) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

57.43(4) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 60. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

481—57.44(135C) Respite care services. "Respite care services" means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person. "Respite care services" does not include crisis stabilization services provided pursuant to 2014 Iowa Acts, chapter 1044 (to be codified at Iowa Code section 225C.19A). "Respite care individual" means a person receiving respite care services. A residential care facility which chooses to provide respite care services must meet the following requirements related to respite services and must be licensed as a residential care facility. (II, III)

57.44(1) *Length of stay.* Respite care may be provided for no more than 30 consecutive days and for a total of no more than 60 days in a consecutive 12-month period. The 12-month period begins on the first day of the respite care individual's stay at the facility. (II, III)

57.44(2) *No separate license.* A residential care facility which chooses to provide respite care services is not required to obtain a separate license or pay a license fee.

57.44(3) *Involuntary termination of respite services.* The facility may terminate the respite services for a respite care individual. Rule 481—57.14(135C) shall not apply. The facility shall make proper arrangements for the welfare of the respite care individual prior to involuntary termination of respite services, including notification of the respite care individual's family or legal representative. (II, III)

57.44(4) *Contract.* Pursuant to rule 481—57.15(135C), the facility shall have a contract with each resident in the facility. When an individual is there for respite care services, the contract shall specify the time period during which the individual will be considered to be receiving respite care services. At the end of that period, the contract may be amended to extend that period of time. The contract shall specifically state that respite care services may be involuntarily terminated. The contract shall meet other requirements under rule 481—57.15(135C), except the requirements under subrule 57.15(7). (II, III)

57.44(5) *Admission as a resident.*

a. An individual being cared for under a respite care contract shall not be considered an admission to the facility.

b. A respite care individual shall be included in the facility's census.

c. The facility shall not enter into multiple 30-day contracts with an individual being cared for under a respite care contract in order to lengthen the individual's stay at the facility. (II, III)

d. If an individual being cared for under a respite care contract remains in the facility beyond 30 consecutive days and is eligible for admission, the department shall consider the individual a resident in the facility. The facility shall follow all requirements for the individual's admission to the facility. (II, III)

57.44(6) *Level of care.* Respite care services shall not be provided by a health care facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide. (I, II, III)

57.44(7) *Reporting requirements.* The reporting requirements of rule 481—50.7(135C) shall apply to residents being cared for under a respite care contract. (I, II, III)

[**ARC 1753C**, IAB 12/10/14, effective 1/14/15]

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◊ Two or more ARCs

1 Effective date of 470—57.15(2)*"a"* and *"b"* delayed until the expiration of 45 calendar days into the 1987 session of the General Assembly pursuant to Iowa Code section 17A.8(9), IAB 6/4/86.

2 See IAB, Inspections and Appeals Department.

3 Effective date of 481—57.12(2)*"a,"* last paragraph, delayed 70 days by the Administrative Rules Review Committee at its meeting held July 8, 1993.

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CHAPTER 58
NURSING FACILITIES
[Prior to 7/15/87, Health Department[470] Ch 58]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—58.1(135C) Definitions. For the purpose of these rules, the following terms shall have the meaning indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in the rules. The use of the words "shall" and "must" indicates those standards are mandatory. The use of the words "should" and "could" indicates those standards are recommended.

"Accommodation" means the provision of lodging, including sleeping, dining, and living areas.

"Administrator" means a person licensed pursuant to Iowa Code chapter 147 who administers, manages, supervises, and is in general administrative charge of a nursing facility, whether or not such individual has an ownership interest in such facility, and whether or not the functions and duties are shared with one or more individuals.

"Ambulatory" means the condition of a person who immediately and without aid of another is physically or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs if applicable to the facility.

"Basement" means that part of a building where the finish floor is more than 30 inches below the finish grade.

"Board" means the regular provision of meals.

"Communicable disease" means a disease caused by the presence of viruses or microbial agents within a person's body, which agents may be transmitted either directly or indirectly to other persons.

"Department" means the state department of inspections and appeals.

"Distinct part" means a clearly identifiable area or section within a health care facility, consisting of at least a residential unit, wing, floor, or building containing contiguous rooms.

"Medication" means any drug including over-the-counter substances ordered and administered under the direction of the physician.

"Nonambulatory" means the condition of a person who immediately and without aid of another is not physically or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

"Nourishing snack" is defined as a verbal offering of items, single or in combination, from the basic food groups. Adequacy of the "nourishing snack" will be determined both by resident interviews and by evaluation of the overall nutritional status of residents in the facility.

"Person directed care environment" means the provision of care and services provided in a facility that promotes decision making and choices by the resident, enhances the primary caregiver's capacity to respond to each resident's needs, and promotes a homelike environment. Examples of a person directed care environment include, but are not limited to, the Green House concept, the Eden alternative, service houses and neighborhoods.

"Personal care" means assistance with the activities of daily living which the recipient can perform only with difficulty. Examples are assistance in getting in and out of bed, assistance with personal hygiene and bathing, assistance with dressing, meal assistance, and supervision over medications which can be self-administered.

"Potentially hazardous food" means a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, the growth and toxin production of clostridium botulinum, or in raw shell eggs, the growth of salmonella enteritidis. Potentially hazardous food includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic and oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth of bacteria.

"Primary care provider" means any of the following who provide primary care and meet certification standards:

1. A physician who is a family or general practitioner or an internist.
2. An advanced registered nurse practitioner.
3. A physician associate.

"Program of care" means all services being provided for a resident in a health care facility.

"Qualified intellectual disabilities professional" means a psychologist, physician, physician associate, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and having one year's experience working with persons with an intellectual disability.

"Qualified nurse" means a registered nurse or a licensed practical nurse, as defined in Iowa Code chapter 152.

"Rate" means that daily fee charged for all residents equally and shall include the cost of all minimum services required in these rules and regulations.

"Responsible party" means the person who signs or cosigns the admission agreement required in 481—58.13(135C) or the resident's guardian or conservator if one has been appointed. In the event that a resident does not have a guardian, conservator or other person signing the admission agreement, the term "responsible party" shall include the resident's sponsoring agency, e.g., the department of human services, the U.S. Department of Veterans Affairs, religious groups, fraternal organizations, or foundations that assume responsibility and advocate for their client patients and pay for their health care.

"Restraints" means any chemical, manual method or physical or mechanical device, material, or equipment attached to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

"Substantial evening meal" is defined as an offering of three or more menu items at one time, one of which includes a high protein such as meat, fish, eggs or cheese. The meal would represent no less than 20 percent of the day's total nutritional requirements.

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 1398C**, IAB 4/2/14, effective 5/7/14; **ARC 1752C**, IAB 12/10/14, effective 1/14/15; **ARC 7033C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 6/10/26]

481—58.2(135C) Waivers. Waivers from these rules may be granted by the director of the department of inspections and appeals for good and sufficient reason when the need for a waiver has been established; no danger to the health, safety, or welfare of any resident results; alternate means are employed or compensating circumstances exist and the waiver will apply only to an individual nursing facility. Waivers will be reviewed at the discretion of the director of the department of inspections and appeals.

58.2(1) To request a waiver, the licensee must:

a. Apply for a waiver in writing on a form provided by the department;

b. Cite the rule or rules from which a waiver is desired;

c. State why compliance with the rule or rules cannot be accomplished;

d. Explain alternate arrangements or compensating circumstances which justify the waiver;

e. Demonstrate that the requested waiver will not endanger the health, safety, or welfare of any resident.

58.2(2) Upon receipt of a request for a waiver, the director of inspections and appeals will:

a. Examine the rule from which a waiver is requested to determine that the request is necessary and reasonable;

b. If the request meets the above criteria, evaluate the alternate arrangements or compensating circumstances against the requirement of the rules;

c. Examine the effect of the requested waiver on the health, safety, or welfare of the residents;

d. Consult with the applicant if additional information is required.

58.2(3) Based upon these studies, approval of the waiver will be either granted or denied within 120 days of receipt.

[**ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—58.3(135C) Application for licensure.

58.3(1) Initial application and licensing. In order to obtain an initial nursing facility license, for a nursing facility which is currently licensed, the applicant must:

a. Meet all of the rules, regulations, and standards contained in 481—Chapters 58 and 61. Applicable exceptions found in rule 481—61.2(135C) shall apply based on the construction date of the facility.

b. Submit a letter of intent and a written résumé of the resident care program and other services provided for departmental review and approval;

c. Make application at least 60 days prior to the change of ownership of the facility on forms provided by the department;

d. Submit a floor plan of each floor of the nursing facility, drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathrooms, and designation of the use to which room will be put and window and door location;

e. Submit a photograph of the front and side elevation of the nursing facility;

f. Submit the statutory fee for a nursing facility license;

g. Meet the requirements of a nursing facility for which licensure application is made;

h. Comply with all other local statutes and ordinances in existence at the time of licensure;

i. Have a certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations.

58.3(2) In order to obtain an initial nursing facility license for a facility not currently licensed as a nursing facility, the applicant must:

a. Meet all of the rules, regulations, and standards contained in 481—Chapters 58 and 61. Exceptions noted in 481—subrule 61.1(2) shall not apply;

b. Submit a letter of intent and a written résumé of the resident care program and other services provided for departmental review and approval;

c. Make application at least 60 days prior to the change of ownership of the facility on forms provided by the department;

d. Submit a floor plan of each floor of the nursing facility, drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathrooms, and designation of the use to which room will be put and window and door locations;

e. Submit a photograph of the front and side elevation of the nursing facility;

f. Submit the statutory fee for a nursing facility license;

g. Comply with all other local statutes and ordinances in existence at the time of licensure;

h. Have a certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations.

58.3(3) *Renewal application.* In order to obtain a renewal of the nursing facility license, the applicant must:

a. Submit the completed application form 30 days prior to annual license renewal date of nursing facility license;

b. Submit the statutory license fee for a nursing facility with the application for renewal;

c. Have an approved current certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations;

d. Submit appropriate changes in the résumé to reflect any changes in the resident care program or other services.

58.3(4) Licenses are issued to the person or governmental unit which has responsibility for the operation of the facility and authority to comply with all applicable statutes, rules or regulations.

The person or governmental unit must be the owner of the facility or, if the facility is leased, the lessee.

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.4(135C) General requirements.

58.4(1) The license shall be displayed in a conspicuous place in the facility which is viewed by the public. (III)

58.4(2) The license shall be valid only in the possession of the licensee to whom it is issued.

58.4(3) The posted license shall accurately reflect the current status of the nursing facility. (III)

58.4(4) Licenses expire one year after the date of issuance or as indicated on the license.

58.4(5) A nursing facility shall not be licensed for more beds than have been approved by the health facilities council pursuant to Iowa Code chapter 135 or than the facility can accommodate pursuant to the minimum physical standards for nursing facilities as set forth in 481—Chapter 61.

58.4(6) The facility shall post in a place readily accessible to residents, visitors, and persons inquiring about placement in the facility the results of the most recent survey of the facility. The facility shall maintain any surveys, certifications, and complaint investigations made respecting the facility during the three preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.5(135C) Notifications required by the department. The department shall be notified:

58.5(1) Within 48 hours of any reduction or loss of nursing or dietary staff lasting more than seven days which places the staffing requirements below those required for licensing. No additional residents shall be admitted until the minimum staffing requirements are achieved; (III)

58.5(2) Thirty days before any proposed change in the nursing facility's functional operation or addition or deletion of required services; (III)

58.5(3) Thirty days before addition, alteration, or new construction is begun in the nursing facility or on the premises; (III)

58.5(4) Thirty days in advance of closure of the nursing facility; (III)

58.5(5) Within two weeks of any change in administrator; (III)

58.5(6) When any change in the category of license is sought; (III)

58.5(7) Prior to the purchase, transfer, assignment, or lease of a nursing facility, the licensee shall:

a. Inform the department of the pending sale, transfer, assignment, or lease of the facility; (III)

b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee at least 60 days before the sale, transfer, assignment, or lease is completed. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.6(135C) Witness fees. Rescinded IAB 3/30/94, effective 5/4/94. See 481—subrule 50.6(4).

481—58.7(135C) Licenses for distinct parts.

58.7(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, containing contiguous rooms in a separate wing or building or on a separate floor of the facility and which provide care and services of separate categories.

58.7(2) The following requirements shall be met for a separate licensing of a distinct part:

a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part; (III)

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought;

c. A distinct part must be operationally and financially feasible;

d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

481—58.8(135C) Administrator.

58.8(1) Each nursing facility shall have one person in charge, duly licensed as a nursing home administrator or acting in a provisional capacity. (III)

58.8(2) A licensed administrator may act as an administrator for not more than two nursing facilities.

a. The distance between the two facilities shall be no greater than 75 miles. (II)

b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II)

c. The administrator may be responsible for no more than 150 beds in total if the administrator is an administrator of more than one facility. (II)

58.8(3) The licensee may be the licensed nursing home administrator providing the licensee meets the requirements as set forth in these regulations and devotes the required time to administrative duties. Residency in the facility does not in itself meet the requirement. (III)

58.8(4) A provisional administrator may be appointed on a temporary basis by the nursing facility licensee to assume the administrative duties when the facility, through no fault of its own, has lost its administrator and has been unable to replace the administrator.

a. No facility licensed under Iowa Code chapter 135C shall be permitted to have a provisional administrator for more than 12 consecutive months.

b. The facility shall notify the department in writing within 14 days of the administrator's appointment. The written notice shall include the estimated time frame for the appointment of the provisional administrator and the reason for the appointment of a provisional administrator. (III)

c. The provisional administrator's appointment must be approved by the board of examiners for nursing home administrators. The approval shall be confirmed in writing to the department. (III)

58.8(5) In the absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. The administrator shall not be absent from the facility for more than 3 months without approval of the department. (III)

The person designated shall:

a. Be knowledgeable of the operation of the facility; (III)

b. Have access to records concerned with the operation of the facility; (III)

c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

d. Be at least 21 years of age; (III)

e. Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

f. Have had training to carry out assignments and take care of emergencies and sudden illness of residents. (III)

58.8(6) A licensed administrator in charge of two facilities shall employ an individual designated as a full-time assistant administrator for each facility. (III)

58.8(7) An administrator of only one facility shall be considered as a full-time employee. Full-time employment is defined as 40 hours per week. (III)

[**ARC 1398C**, IAB 4/2/14, effective 5/7/14; **ARC 2020C**, IAB 6/10/15, effective 7/15/15; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.9(135C) Administration.

58.9(1) The licensee shall:

a. Assume the responsibility for the overall operation of the nursing facility; (III)

b. Be responsible for compliance with all applicable laws and with the rules of the department; (III)

c. Establish written policies, which shall be available for review, for the operation of the nursing facility. (III)

58.9(2) The administrator shall:

a. Be responsible for the selection and direction of competent personnel to provide services for the resident care program; (III)

b. Be responsible for the arrangement for all department heads to annually attend a minimum of ten contact hours of educational programs to increase skills and knowledge needed for the position; (III)

c. Be responsible for a monthly in-service educational program for all employees and to maintain records of programs and participants; (III)

d. Make available the nursing facility payroll records for departmental review as needed; (III)

e. Be required to maintain a staffing pattern of all departments. These records must be maintained for six months and are to be made available for departmental review. (III)

481—58.10(135C) General policies.

58.10(1) There shall be written personnel policies in facilities of more than 15 beds to include hours of work, and attendance at educational programs. (III)

58.10(2) There shall be a written job description developed for each category of worker. The job description shall include title of job, job summary, qualifications (formal education and experience), skills needed, physical requirements, and responsibilities. (III)

58.10(3) There shall be written personnel policies for each facility. Personnel policies shall include the following requirements:

a. Employees shall have a physical examination before employment. (I, II, III)

b. Employees shall have a physical examination at least every four years. (I, II, III)

c. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

58.10(4) Health certificates for all employees shall be available for review. (III)

58.10(5) Rescinded IAB 10/19/88, effective 11/23/88.

58.10(6) There shall be written policies for emergency medical care for employees and residents in case of sudden illness or accident which includes the individual to be contacted in case of emergency. (III)

58.10(7) The facility shall have a written agreement with a hospital for the timely admission of a resident who, in the opinion of the attending physician, requires hospitalization. (III)

58.10(8) Infection control program. Each facility shall have a written and implemented infection control and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services. (I, II, III) CDC guidelines are available at www.cdc.gov.

58.10(9) Infection control committee. Each facility shall establish an infection control committee of representative professional staff responsible for overall infection control in the facility. The infection control committee may be part of or the same as another quality assurance committee as long as the following standards are met: (III)

a. The committee shall annually review and revise the infection control policies and procedures to monitor effectiveness and suggest improvement. (III)

b. The committee shall meet at least quarterly, submit reports to the administrator, and maintain minutes in sufficient detail to document its proceedings and actions. (III)

c. The committee shall monitor the health aspect and the environment of the facility. (III)

58.10(10) There shall be written policies for resident care programs and services as outlined in these rules. (III)

58.10(11) Prior to the removal of a deceased resident/patient from a facility, the funeral director or person responsible for transporting the body shall be notified by the facility staff of any special precautions that were followed by the facility having to do with the mode of transmission of a known or suspected communicable disease. (III)

[**ARC 0663C**, IAB 4/3/13, effective 5/8/13; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.11(135C) Personnel.

58.11(1) *General qualifications.*

a. No person with a current record of habitual alcohol intoxication or addiction to the use of drugs shall serve in a managerial role of a nursing facility. (II)

b. No person under the influence of alcohol or intoxicating drugs shall be permitted to provide services in a nursing facility. (II)

c. No person shall be allowed to provide services in a facility if the person has a disease:

(1) Which is transmissible through required workplace contact, (I, II, III)

(2) Which presents a significant risk of infecting others, (I, II, III)

(3) Which presents a substantial possibility of harming others, and (I, II, III)

(4) For which no reasonable accommodation can eliminate the risk. (I, II, III)

Refer to guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, to determine (1), (2), (3) and (4).

d. Individuals with either physical or mental disabilities may be employed for specific duties, but only if that disability is unrelated to that individual's ability to perform the duties of the job. (III)

e. Persons employed in all departments, except the nursing department of a nursing facility, shall be qualified through formal training or through prior experience to perform the type of work for which they have been employed. Prior experience means at least 240 hours of full-time employment in a field

related to their duties. Persons may be hired in laundry, housekeeping, activities and dietary without experience or training if the facility institutes a formal in-service training program to fit the job description in question and documents such as having taken place within 30 days after the initial hiring of such untrained employees. (III)

f. The health services supervisor shall be a qualified nurse as defined in these regulations. (II)

g. There shall be an organized ongoing in-service educational and training program planned in advance for all personnel in all departments. (II, III)

h. Nurse aides may be utilized in accordance with the requirements in 441—subrule 81.13(19) and rule 441—81.16(249A). Nurse aides who have received training other than the Iowa state-approved program must pass a competency evaluation approved by the department of inspections and appeals in accordance with 441—subrule 81.13(19) and rule 441—81.16(249A). Evidence of prior formal training must be presented to the facility or institution conducting the challenge examination before the examination is given. The approved facility or institution, following department of inspections and appeals guidelines, shall make the determination of who is qualified to take the examination. Documentation of the challenge examinations administered shall be maintained.

58.11(2) *Nursing supervision and staffing.*

a. Where only part-time nurses are employed, one nurse shall be designated health service supervisor. (III)

b. A qualified nurse shall be employed to relieve the supervising nurses, including charge nurses, on holidays, vacation, sick leave, days off, absences or emergencies. Pertinent information for contacting such relief person shall be readily available to nurses. (III)

c. When the health service supervisor serves as the administrator of a facility 50 beds and over, a qualified nurse must be employed to relieve the health service supervisor of nursing responsibilities. (III)

d. The department may establish on an individual facility basis the numbers and qualifications of the staff required in the facility using as its criteria the services being offered and the needs of the residents. (III)

e. A nursing facility of 75 beds or more shall have a qualified nurse on duty 24 hours per day, seven days a week. (II, III)

f. In facilities under 75 beds, if the health service supervisor is a licensed practical nurse, the facility shall employ a registered nurse, for at least four hours each week for consultation, who must be on duty at the same time as the health service supervisor. (II, III)

(1) This shall be an on-site consultation and documentation shall be made of the visit. (III)

(2) The registered nurse-consultant shall have responsibilities clearly outlined in a written agreement with the facility. (III)

(3) Consultation shall include but not be limited to the following: counseling the health service supervisor in the management of the health services; (III) reviewing and evaluating the health services in determining that the needs of the residents are met; (II, III) conducting a review of medications at least monthly if the facility does not employ a registered nurse part-time. (II, III)

g. Facilities with 75 or more beds must employ a health service supervisor who is a registered nurse. (II)

h. There shall be at least two people who shall be capable of rendering nursing service, awake, dressed, and on duty at all times. (II)

i. Physician's and other qualified health care practitioner's orders shall be implemented by qualified personnel. (II, III)

58.11(3) *Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.* The facility shall comply with the requirements found in Iowa Code section 135C.33 and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)

[**ARC 0903C**, IAB 8/7/13, effective 9/11/13; **ARC 5421C**, IAB 2/10/21, effective 3/17/21; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.12(135C) Admission, transfer, and discharge.

58.12(1) *General admission policies.*

a. No resident shall be admitted or retained in a nursing facility who is in need of greater services than the facility can provide. (II, III)

b. No nursing facility shall admit more residents than the number of beds for which it is licensed, except guest rooms for visitors. (II, III)

c. There shall be no more beds erected than is stipulated on the license. (II, III)

d. There shall be no more beds erected in a room than its size and other characteristics will permit. (II, III)

e. The admission of a resident to a nursing facility shall not give the facility or any employee of the facility the right to manage, use, or dispose of any property of the resident except with the written authorization of the resident or the resident's legal representative. (III)

f. The admission of a resident shall not grant the nursing facility the authority or responsibility to manage the personal affairs of the resident except as may be necessary for the safety of the resident and safe and orderly management of the facility as required by these rules. (III)

g. Residents have a right to retain and use personal possessions, including furnishings and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. (III)

h. Rescinded, effective 7/14/82.

i. Funds or properties received by the nursing facility belonging to or due a resident, expendable for the resident's account, shall be trust funds. (III)

j. Infants and children under the age of 16 shall not be admitted to health care facilities for adults unless given prior written approval by the department. A distinct part of a health care facility, segregated from the adult section, may be established based on a program of care submitted by the licensee or applicant which is commensurate with the needs of the residents of the health care facility and has received the department's review and approval. (III)

k. No health care facility, and no owner, administrator, employee or representative thereof shall act as guardian, trustee, or conservator for any resident's property, unless such resident is related to the person acting as guardian within the third degree of consanguinity.

l. Within 30 days of a resident's admission to a health care facility receiving reimbursement through the medical assistance program under Iowa Code chapter 249A, the facility shall ask the resident or the resident's personal representative whether the resident is a veteran and shall document the response. If the facility determines that the resident is a potential veteran, the facility shall report the resident's name along with the names of the resident's spouse and any dependent children, as well as the name of the contact person for this information, to the Iowa department of veterans affairs. Where appropriate, the facility may also report such information to the Iowa department of human services.

If a resident is eligible for benefits through the United States Department of Veterans Affairs or other third-party payor, the facility first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

The provisions of this paragraph shall not apply to the admission of an individual as a resident to a state mental health institute for acute psychiatric care or to the admission of an individual to the Iowa Veterans Home. (II, III)

58.12(2) *Discharge or transfer.*

a. Prior notification shall be made to the resident, as well as the resident's next of kin, legal representative, attending physician, and sponsoring agency, if any, prior to transfer or discharge of any resident. (III)

b. Proper arrangements shall be made by the nursing facility for the welfare of the resident prior to transfer or discharge in the event of an emergency or inability to reach the next of kin or legal representative. (III)

c. The licensee shall not refuse to discharge or transfer a resident when the physician, family, resident, or legal representative requests such a discharge or transfer. (II, III)

d. Advance notification will be made to the receiving facility prior to the transfer of any resident. (III)

e. When a resident is transferred or discharged, the appropriate record as set forth in 58.15(2)*"k"* of these rules will accompany the resident. (II, III)

f. Prior to the transfer or discharge of a resident to another health care facility, arrangements to provide for continuity of care shall be made with the facility to which the resident is being sent. (II, III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.13(135C) Contracts. Each contract shall:

58.13(1) State the base rate or scale per day or per month, the services included, and the method of payment; (III)

58.13(2) Contain a complete schedule of all offered services for which a fee may be charged in addition to the base rate. Furthermore, the contract shall: (III)

a. Stipulate that no further additional fees shall be charged for items not contained in complete schedule of services as set forth in 58.13(3); (III)

b. State the method of payment of additional charges; (III)

c. Contain an explanation of the method of assessment of such additional charges and an explanation of the method of periodic reassessment, if any, resulting in changing such additional charges; (III)

d. State that additional fees may be charged to the resident for nonprescription drugs, other personal supplies, and services by a barber, beautician, etc.; (III)

58.13(3) Contain an itemized list of those services, with the specific fee the resident will be charged and method of payment, as related to the resident's current condition, based on the nursing assessment at the time of admission, which is determined in consultation with the administrator; (III)

58.13(4) Include the total fee to be charged initially to the specific resident; (III)

58.13(5) State the conditions whereby the facility may make adjustments to the facility's overall fees for resident care as a result of changing costs. (III) Furthermore, the contract shall provide that the facility shall give:

a. Written notification to the resident, or responsible party when appropriate, of changes in the overall rates of both base and additional charges at least 30 days prior to effective date of such changes; (III)

b. Notification to the resident, or responsible party when appropriate, of changes in additional charges, based on a change in the resident's condition. Notification must occur prior to the date such revised additional charges begin. If notification is given orally, subsequent written notification must also be given within a reasonable time, not to exceed one week, listing specifically the adjustments made; (III)

58.13(6) State the terms of agreement in regard to refund of all advance payments in the event of transfer, death, voluntary or involuntary discharge; (III)

58.13(7) State the terms of agreement concerning the holding and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons. The terms shall contain a provision that the bed will be held at the request of the resident or the resident's responsible party.

a. The facility shall ask the resident or responsible party if the resident wants the bed held. This request shall be made before the resident leaves or within 48 hours after the resident leaves. The inquiry and the response shall be documented. (II)

b. The facility shall reserve the bed when requested for as long as payments are made in accordance with the contract. (II)

58.13(8) State the conditions under which the involuntary discharge or transfer of a resident would be effected; (III)

58.13(9) State the conditions of voluntary discharge or transfer; (III)

58.13(10) Set forth any other matters deemed appropriate by the parties to the contract. No contract or any provision thereof shall be drawn or construed so as to relieve any health care facility of any requirement or obligation imposed upon it by this chapter or any standards or rules in force pursuant to this chapter; (III)

58.13(11) Each party shall receive a copy of the signed contract. (III)

481—58.14(135C) Medical services.

58.14(1) Each resident in a nursing facility shall designate a licensed physician who may be called when needed. Professional management of a resident's care shall be the responsibility of the hospice program when:

a. The resident is terminally ill, and

b. The resident has elected to receive hospice services under the federal Medicare program from a Medicare-certified hospice program, and

c. The facility and the hospice program have entered into a written agreement under which the hospice program takes full responsibility for the professional management of hospice care.

58.14(2) Each resident admitted to a nursing facility shall have had a physical examination prior to admission. If the resident is admitted directly from a hospital, a copy of the hospital admission physical and discharge summary may be made part of the record in lieu of an additional physical examination. A record of the examination, signed by the physician or other qualifying health care practitioner, shall be a part of the resident's record. (III)

58.14(3) Arrangements shall be made to have a physician available to furnish medical care in case of emergency. (II, III)

58.14(4) Rescinded, effective 7/14/82.

58.14(5) The person in charge shall immediately notify the physician of any accident, injury, or adverse change in the resident's condition. (I, II, III)

58.14(6) A schedule listing the names and telephone numbers of the physicians shall be readily available to nursing staff. (III)

58.14(7) Residents shall be admitted to a nursing facility only on a written order signed by a physician certifying that the individual being admitted requires no greater degree of nursing care than the facility is licensed to provide. (III)

58.14(8) Physician delegation of tasks. Each resident, including private pay residents, shall be visited by or shall visit the resident's physician at least twice a year. The year period shall be measured from the date of admission and is not to include preadmission physicals.

a. For a skilled nursing patient, the resident must be seen by a physician for the initial comprehensive visit. Additional visits are required at least once every 30 days for 90 days after admission and at least once every 60 days thereafter. After the initial comprehensive visit, alternate required visits may be performed by an advanced registered nurse practitioner, clinical nurse specialist or physician associate who is working in collaboration with a physician, as outlined in Table 1. (III)

b. Notwithstanding the provisions of 42 CFR 483.40, any required physician task or visit in a nursing facility may also be performed by an advanced registered nurse practitioner, clinical nurse specialist, or physician associate who is working in collaboration with a physician, as outlined in Table 1. (III)

c. In dually certified skilled nursing/nursing facilities, the advanced registered nurse practitioner, clinical nurse specialist, and physician associate must follow the skilled nursing facility requirements for services for skilled nursing facility stays. For nursing facility stays in skilled nursing/nursing facilities, any required physician task or visit may be performed by an advanced registered nurse practitioner, clinical nurse specialist, or physician associate working in collaboration with the physician. (III)

d. Nurse practitioners, clinical nurse specialists, and physician associates may perform other tasks that are not reserved to the physician such as visits outside the normal schedule needed to address new symptoms or other changes in medical status. (III)

Table 1: Authority for non-physician practitioners to perform visits, sign orders, and sign certifications/recertifications when permitted by state law*

	Initial Comprehensive Visit/Orders	Other Required Visits[1]	Other Medically Necessary Visits and Orders[2]	Certification/ Recertification
Skilled Nursing Facilities				
Physician associate, nurse practitioner and clinical nurse specialist employed by the facility	May not perform/May not sign	May perform alternate visits	May perform and sign	May not sign

	Initial Comprehensive Visit/Orders	Other Required Visits[1]	Other Medically Necessary Visits and Orders[2]	Certification/ Recertification
Physician associate, nurse practitioner and clinical nurse specialist not a facility employee	May not perform/May not sign	May perform alternate visits	May perform and sign	May sign subject to state requirements
Nursing Facilities				
Nurse practitioner, clinical nurse specialist, and physician associate employed by the facility	May not perform/May not sign	May not perform	May perform and sign	Not applicable+
Nurse practitioner, clinical nurse specialist, and physician associate not a facility employee	May perform/May sign	May perform	May perform and sign	Not applicable+

*As permitted by state law governing the scope and practice of nurse practitioners, clinical nurse specialists, and physician associates.

1 Other required visits include the skilled nursing resident monthly visits that may be alternated between physician and advanced registered nurse practitioners, clinical nurse specialists, or physician associates after the initial comprehensive visit is completed.

2 Medically necessary visits may be performed prior to the initial comprehensive visit.

+ This requirement relates specifically to coverage of Part A Medicare stays, which can take place only in a Medicare-certified skilled nursing facility.

[**ARC 1048C**, IAB 10/2/13, effective 11/6/13; **ARC 1398C**, IAB 4/2/14, effective 5/7/14; **ARC 7033C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 6/10/26]

481—58.15(135C) Records.

58.15(1) *Resident admission record.* The licensee shall keep a permanent record on all residents admitted to a nursing facility with all entries current, dated, and signed. This shall be a part of the resident clinical record. (III) The admission record form shall include:

a. Name and previous address of resident; (III)

b. Birth date, sex, and marital status of resident; (III)

c. Church affiliation; (III)

d. Physician's name, telephone number, and address; (III)

e. Dentist's name, telephone number, and address; (III)

f. Name, address, and telephone number of next of kin or legal representative; (III)

g. Name, address, and telephone number of person to be notified in case of emergency; (III)

h. Mortician's name, telephone number, and address; (III)

i. Pharmacist's name, telephone number, and address. (III)

58.15(2) *Resident clinical record.* There shall be a separate clinical record for each resident admitted to a nursing facility with all entries current, dated, and signed. (III) The resident clinical record shall include:

a. Admission record; (III)

b. Admission diagnosis; (III)

c. The record of the admission physical examination described in subrule 58.14(2). It shall include the resident's name, sex, age, pertinent medical history, current medical status, tuberculosis status, and any other information required to adequately assess the resident and whether the facility is able to meet the resident's needs; (III)

d. Physician's certification that the resident requires no greater degree of nursing care than the facility is licensed to provide; (III)

e. Orders for medication, treatment, and diet in writing and signed by an appropriate qualifying health care practitioner quarterly; (III)

f. Progress notes.

(1) Physician shall enter a progress note at the time of each visit; (III)

(2) Other professionals, i.e., dentists, social workers, physical therapists, pharmacists, and others shall enter a progress note at the time of each visit; (III)

g. All laboratory, X-ray, and other diagnostic reports; (III)

h. Nurse's record including:

(1) Admitting notes including time and mode of transportation; room assignment; disposition of valuables; symptoms and complaints; general condition; vital signs; and weight; (II, III)

(2) Routine notes including physician's visits; telephone calls to and from the physician; unusual incidents and accidents; change of condition; social interaction; and P.R.N. medications administered including time and reason administered, and resident's reaction; (II, III)

(3) Discharge or transfer notes including time and mode of transportation; resident's general condition; instructions given to resident or legal representative; list of medications and disposition; and completion of transfer form for continuity of care; (II, III)

(4) Death notes including notification of physician and family to include time, disposition of body, resident's personal possessions and medications; and complete and accurate notes of resident's vital signs and symptoms preceding death; (III)

i. Medication record.

(1) An accurate record of all medications administered shall be maintained for each resident. (II, III)

(2) Schedule II drug records shall be kept in accordance with state and federal laws; (II, III)

j. Death record. In the event of a resident's death, notations in the resident's record shall include the date and time of the resident's death, the circumstances of the resident's death, the disposition of the resident's body, and the date and time that the resident's family and physician were notified of the resident's death; (III)

k. Transfer form.

(1) The transfer form shall include identification data from the admission record, name of transferring institution, name of receiving institution, and date of transfer; (III)

(2) The nurse's report shall include resident attitudes, behavior, interests, functional abilities (activities of daily living), unusual treatments, nursing care, problems, likes and dislikes, nutrition, current medications (when last given), and condition on transfer; (III)

(3) The physician's report shall include reason for transfer, medications, treatment, diet, activities, significant laboratory and X-ray findings, and diagnosis and prognosis; (III)

l. Consultation reports shall indicate services rendered by allied health professionals in the facility or in health-centered agencies such as dentists, physical therapists, podiatrists, oculists, and others. (III)

58.15(3) *Resident personal record.* Personal records may be kept as a separate file by the facility.

a. Personal records may include factual information regarding personal statistics, family and responsible relative resources, financial status, and other confidential information.

b. Personal records shall be accessible to professional staff involved in planning for services to meet the needs of the resident. (III)

c. When the resident's records are closed, the information shall become a part of the final record. (III)

d. Personal records shall include a duplicate copy of the contract(s). (III)

58.15(4) *Incident record.*

a. Each nursing facility shall maintain an incident record report and shall have available incident report forms. (III)

b. Report of incidents shall be in detail on a printed incident report form or electronic form. (III)

c. The person in charge at the time of the incident shall prepare and sign the report. (III)

d. The report shall cover all accidents where there is apparent injury or where hidden injury may have occurred. (III)

e. The report shall cover all accidents or unusual occurrences within the facility or on the premises affecting residents, visitors, or employees. (III)

f. A copy of the incident report shall be kept on file in the facility. (III)

58.15(5) *Retention of records.*

a. Records shall be retained in the facility for five years following termination of services. (III)

b. Records shall be retained within the facility upon change of ownership. (III)

c. Rescinded, effective 7/14/82.

d. When the facility ceases to operate, the resident's record shall be released to the facility to which the resident is transferred. If no transfer occurs, the record shall be released to the individual's physician. (III)

58.15(6) *Reports to the department.* The licensee shall furnish statistical information concerning the operation of the facility to the department on request. (III)

58.15(7) *Personnel record.*

a. An employment record shall be kept for each employee, consisting of the following information: name and address of employee, social security number of employee, date of birth of employee, date of employment, experience and education, references, position in the home, criminal history and dependent adult abuse background checks, and date and reason for discharge or resignation. (III)

b. The personnel records shall be made available for review upon request by the department. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.16(135C) Resident care and personal services.

58.16(1) Beds shall be made daily and adjusted as necessary. A complete change of linen shall be made at least once a week and more often if necessary. (III)

58.16(2) Residents shall receive sufficient supervision so that their personal cleanliness is maintained. (II, III)

58.16(3) Residents shall have clean clothing as needed to present a neat appearance, to be free of odors, and to be comfortable. Clothing shall be based on resident choice and shall be appropriate to residents' activities and to the weather. (III)

58.16(4) Rescinded, effective 7/14/82.

58.16(5) Residents shall be encouraged to leave their rooms and make use of the recreational room or living room of the facility. (III)

58.16(6) Residents shall not be required to pass through another's bedroom to reach a bathroom, living room, dining room, corridor, or other common areas of the facility. (III)

58.16(7) Rescinded, effective 7/14/82.

58.16(8) Uncontrollable residents shall be transferred or discharged from the facility in accordance with contract arrangements and requirements of Iowa Code chapter 135C. (II, III)

58.16(9) Except for those who request differently, residents who are not bedfast shall be fully dressed each day to maintain self-esteem and promote the residents' normal lifestyles. (III)

58.16(10) Residents shall receive a bath of their choice, based on the facility's accommodations, as needed to maintain proper hygiene. (II, III)

481—58.17 Rescinded, effective 7/14/82.

481—58.18(135C) Nursing care.

58.18(1) Individual health care plans shall be based on resident treatment decisions, the nature of the illness or disability, treatment, and care prescribed. Goals shall be developed by each discipline providing service, treatment, and care. These plans shall be in writing, revised as necessary, and kept current. They shall be made available to all those rendering the services and for review by the department. (III)

58.18(2) Rescinded IAB 4/2/14, effective 5/7/14.

58.18(3) The facility shall provide resident and family education as an integral part of restorative and supportive care. (III)

58.18(4) The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II, III) (Prompt response being considered as no longer than 15 minutes.)

[**ARC 1398C**, IAB 4/2/14, effective 5/7/14]

481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:

58.19(1) *Activities of daily living.*

a. Bathing; (II, III)

b. Daily oral hygiene (denture care); (II, III)

c. Routine shampoo; (II, III)

d. Nail care; (III)

e. Shaving; (III)

f. Daily care and application of prostheses (glasses, hearing aids, glass eyes, limb prosthetics, braces, or other assistive devices); (II, III)

g. Ambulation with equipment if applicable, or transferring, or positioning; (I, II, III)

h. Daily routine range of motion; (II, III)

i. Mobility (assistance with wheelchair, mechanical lift, or other means of locomotion); (I, II, III)

j. Elimination.

(1) Assistance to and from the bathroom and perineal care; (II, III)

(2) Bedpan assistance; (II, III)

(3) Care for incontinent residents; (II, III)

(4) Bowel and bladder training programs including in-dwelling catheter care (i.e., insertion and irrigation), enema and suppository administration, and monitoring and recording of intake and output, including solid waste; (I, II, III)

k. Colostomy care (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II, III)

l. Ileostomy care (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II, III)

m. All linens necessary; (III)

n. Nutrition and meal service.

(1) Regular, therapeutic, modified diets, and snacks; (I, II, III)

(2) Mealtime preparation of resident; (II, III)

(3) Assistance to and from meals; (II, III)

(4) In-room meal service or tray service; (II, III)

(5) Assistance with food preparation and meal assistance including total assistance if needed; (II, III)

(6) Assistance with adaptive devices; (II, III)

(7) Enteral nutrition (to be performed by a registered nurse or licensed practical nurse only); (I, II, III)

(8) Sufficient fluid intake to maintain proper hydration and health; (I, II, III)

o. Promote initiation of self-care for elements of resident care; (II, III)

p. Oral suctioning (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse). (I, II)

58.19(2) *Medication and treatment.*

a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)

b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)

c. Blood glucose monitoring; (I, II)

d. Vital signs, blood pressure, and weights; (I, II)

e. Ambulation and transfer; (II, III)

f. Provision of restraints; (I, II)

g. Administration of oxygen (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II)

h. Provision of all treatments; (I, II, III)

i. Provision of emergency medical care, including arranging for transportation, in accordance with written policies and procedures of the facility; (I, II, III)

j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)

[**ARC 1398C**, IAB 4/2/14, effective 5/7/14; **ARC 2560C**, IAB 6/8/16, effective 7/13/16]

481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:

58.20(1) Direct the implementation of the physician's orders; (I, II)

58.20(2) Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III)

58.20(3) Review the health care needs and choices, where practicable, of each resident admitted to the facility and assist the attending physician in planning for the resident's care; (II, III)

58.20(4) Develop and implement a written health care plan in cooperation with, to the extent practicable, the resident, the resident's family or the resident's legal representative, and others in accordance with instructions of the attending physician as follows:

a. The written health care plan, based on the assessment and reassessment of the resident's health needs and choices, where practicable, is personalized for the individual resident and indicates care to be given, goals to be accomplished, and methods, approaches, and modifications necessary to achieve best results; (III)

b. The health service supervisor is responsible for preparing, reviewing, supervising the implementation, and revising the written health care plan; (III)

c. The health care plan is readily available for use by all personnel caring for the resident; (III)

58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III)

58.20(6) Supervise health services personnel to ensure they perform the following restorative measures in their daily care of residents:

a. Maintaining good bodily alignment and proper positioning; (II, III)

b. Making every effort to keep the resident active except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities; (III)

c. Assisting residents to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests as necessary; (III)

d. Assisting residents to carry out prescribed therapy exercises between visits of the therapist; (III)

e. Assisting residents with routine range of motion exercises; (III)

58.20(7) Plan and conduct nursing staff orientation and in-service programs and provide for training of nurse's aides; (III)

58.20(8) Plan with the resident and the resident's physician and family and health-related agencies for the care of the resident upon discharge; (III)

58.20(9) Designate a responsible person to be in charge during absences; (III)

58.20(10) Be responsible for all assignments and work schedules for all health services personnel to ensure that the health needs of the residents are met; (III)

58.20(11) Ensure that all nurse's notes are descriptive of the care rendered including the resident's response; (III)

58.20(12) Visit each resident routinely to be knowledgeable of the resident's current condition; (III)

58.20(13) Evaluate in writing the performance of each individual on the health care staff on at least an annual basis. This evaluation shall be available for review in the facility to the department; (III)

58.20(14) Keep the administrator informed of the resident's status; (III)

58.20(15) Teach and coordinate rehabilitative health care including activities of daily living, promotion and maintenance of optimal physical and mental functioning; (III)

58.20(16) Supervise serving of meals to ensure that individuals unable to assist themselves are promptly fed and that special eating adaptive devices are available as needed; (II, III)

58.20(17) Make available a nursing procedure manual which shall include all procedures practiced in the facility; (III)

58.20(18) Participate with the administrator in the formulation of written policies and procedures for resident services; (III)

58.20(19) The person in charge shall immediately notify the family of any accident, injury, or adverse change in the resident's condition requiring physician's notification. (III)

481—58.21(135C) Drugs, storage, and handling.

58.21(1) Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:

a. A cabinet with a lock, convenient to nursing service, shall be provided and used for storage of all drugs, solutions, and prescriptions; (III)

b. The drug storage cabinet shall be kept locked when not in use; (III)

c. The medication cabinet key shall be in the possession of the person directly responsible for issuing medications; (II, III)

d. Double-locked storage of Schedule II drugs shall not be required under single unit package drug distribution systems in which the quantity stored does not exceed a three-day supply and a missing dose can be readily detected. (II)

58.21(2) Drugs for external use shall be stored separately from drugs for internal use. (III)

58.21(3) Medications requiring refrigeration shall be kept in a refrigerator and separated from food and other items. A method for locking these medications shall be provided. (III)

58.21(4) All potent, poisonous, or caustic materials shall be stored separately from drugs. They shall be plainly labeled and stored in a specific, well-illuminated cabinet, closet, or storeroom and made accessible only to authorized persons. (I, II)

58.21(5) All flammable materials shall be specially stored and handled in accordance with applicable local and state fire regulations. (II)

58.21(6) A properly trained person shall be charged with the responsibility of administering nonparenteral medications.

a. The individual shall have knowledge of the purpose of the drugs, their dangers, and contraindications.

b. This person shall be a licensed nurse or physician or shall have successfully completed a department-approved medication aide course or passed a department-approved medication aide challenge examination administered by an area community college.

c. Prior to taking a department-approved medication aide course, the individual shall:

(1) Successfully complete an approved nurse aide course, nurse aide training and testing program or nurse aide competency examination.

(2) Be employed in the same facility and work at least 480 hours prior to the start of the medication aide course.

(3) Have a letter of recommendation for admission to the medication aide course from the employing facility.

d. A person who is a nursing student may take the challenge examination in place of taking a medication aide course. This individual shall do all of the following before taking the medication aide challenge examination:

(1) Complete a clinical or nursing theory course within six months before taking the challenge examination;

(2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination;

(3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating the individual is competent in medication administration.

(4) Successfully complete a department-approved nurse aide competency evaluation.

e. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination.

The requirements of paragraph *"c"* of this subrule do not apply to this individual.

58.21(7) Unless the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by personally preparing the dose, observing the actual act of swallowing the oral medication, and charting the medication. (II) In facilities where the unit dose system is used, the person assigned the responsibility must complete the procedure by observing the actual act of

swallowing the medication and charting the medication. Medications shall be prepared on the same shift of the same day that they are administered, (II) unless the unit dose system is used.

58.21(8) An accurate written record of medications administered shall be made by the individual administering the medication. (III)

58.21(9) Records shall be kept of all medications received and dispensed in accordance with 42 CFR 483.45(b)(2) and federal interpretive guidelines. (III)

58.21(10) Any unusual resident reaction shall be reported to the physician at once. (II)

58.21(11) A policy shall be established by the facility in conjunction with a licensed pharmacist to govern the distribution of prescribed medications to residents who are on leave from the facility. (III)

a. Medication may be issued to residents who will be on leave from a facility for less than 24 hours. Notwithstanding the prohibition against paper envelopes in 58.21(14)*"a,"* non-child-resistant containers may be used. Each container may hold only one medication. A label on each container shall indicate the date, the resident's name, the facility, the medication, its strength, dose, and time of administration.

b. Medication for residents on leave from a facility longer than 24 hours shall be obtained in accordance with requirements established by the Iowa board of pharmacy.

c. Medication distributed as above may be issued only by a nurse responsible for administering medication. (I, II, III)

58.21(12) Emergency medications. A nursing facility shall provide emergency medications pursuant to the following requirements: (III)

a. Prescription drugs as well as nonprescription items must be prescribed or approved by the physician, in consultation with the pharmacist, who provides emergency service to the facility; (III)

b. The emergency medications shall be stored in an accessible place; (III)

c. A list of the emergency medications and quantities of each item shall be maintained by the facility; (III)

d. The container holding the emergency medications shall be closed with a seal which may be broken when drugs are required in an emergency or for inspection; (III)

e. Any item removed from the emergency medications shall be replaced within 48 hours; (III)

f. A permanent record shall be kept of each time the emergency medications are used; (III)

g. The emergency medications shall be inspected by a pharmacist at least once every three months to determine the stability of items. (III)

58.21(13) Drug handling.

a. Bulk supplies of prescription drugs shall not be kept in a nursing facility unless a licensed pharmacy is established in the facility under the direct supervision and control of a pharmacist or the prescription drugs are stored in an automated medication distribution system (AMDS) in compliance with standards established by the Iowa board of pharmacy. (III)

b. Inspection of drug storage condition shall be made by the health service supervisor and a registered pharmacist not less than once every three months. The inspection shall be verified by a report signed by the nurse and pharmacist and filed with the administrator. The report shall include, but not be limited to, certifying absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current physician's order, and drugs improperly stored. (III)

c. If the facility permits licensed nurses to dilute or reconstitute drugs at the nursing station, distinctive supplementary labels shall be available for the purpose. The notation on the label shall be so made as to be indelible. (III)

d. Dilution and reconstitution of drugs and their labeling shall be done by the pharmacist whenever possible. If not possible, the following shall be carried out only by the licensed nurse:

(1) Specific directions for dilution or reconstitution and expiration date should accompany the drug; (III)

(2) A distinctive supplementary label shall be affixed to the drug container when diluted or reconstituted by the nurse for other than immediate use. (III) The label shall bear the following: resident's name, dosage and strength per unit/volume, nurse's name, expiration date, and date and time of dilution. (III)

58.21(14) Drug safeguards.

a. All prescribed medications shall be clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of drug, dosage, directions for use, date of issue, and name and address and telephone number of pharmacy or physician issuing the drug. Where unit dose is used, prescribed medications shall, as a minimum, indicate the resident's full name, physician's name, name and strength of drug, and directions for use. Standard containers shall be utilized for dispensing drugs. Paper envelopes shall not be considered standard containers. Prescription medications distributed from an AMDS shall follow any labeling standards established by the Iowa board of pharmacy. (III)

b. Medication containers having soiled, damaged, illegible or makeshift labels, or medication samples shall be returned to the issuing pharmacist, pharmacy, or physician for relabeling or disposal. (III)

c. There shall be no medications or any solution in unlabeled containers. (II, III)

d. The medications of each resident shall be kept or stored in the originally received containers. (II, III)

e. Labels on containers shall be clearly legible and firmly affixed. No label shall be superimposed on another label of a drug container. (II, III)

f. When a resident is discharged or leaves the facility, the unused prescription shall be sent with the resident or with a legal representative only upon the written order of a physician. (III)

g. Unused prescription drugs prescribed for residents who are deceased shall be returned to the supplying pharmacist. (III)

h. Prescriptions shall be refilled only with the permission of the attending physician. (II, III)

i. No medications prescribed for one resident may be administered to or allowed in the possession of another resident. (II)

j. Instructions shall be requested of the Iowa board of pharmacy concerning disposal of unused Schedule II drugs prescribed for residents who have died or for whom the Schedule II drug was discontinued. (III)

k. There shall be a formal routine for the proper disposal of discontinued medications within a reasonable but specified time. These medications shall not be retained with the resident's current medications. Discontinued drugs shall be destroyed by the responsible nurse with a witness and a notation made to that effect or returned to the pharmacist for destruction or resident credit. Drugs listed under the Schedule II drugs shall be disposed of in accordance with the provisions of the Iowa board of pharmacy. (II, III)

l. All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall be stopped automatically after a given time period. The automatic stop order may vary for different types of drugs. The physician, in consultation with the pharmacist serving the home, shall institute policies and provide procedures for review and endorsement of stop orders on drugs. This policy shall be conveniently located for personnel administering medications. (II, III)

m. No resident shall be allowed to keep possession of any medications unless the attending physician has certified in writing on the resident's medical record that the resident is mentally and physically capable of doing so. (II)

n. Residents who have been certified in writing by the physician as capable of taking their own medications may retain these medications in their bedroom, but locked storage must be provided. (II)

o. No medications or prescription drugs shall be administered to a resident without a written order signed by the attending physician. (II)

p. A qualified nurse shall:

(1) Establish a medication schedule system which identifies the time and dosage of each medication prescribed for each resident, is based on the resident's desired routine, and is approved by the resident's physician. (II, III)

(2) Establish a medication record containing the information specified above needed to monitor each resident's drug regimen. (II, III)

q. Telephone orders shall be taken by a qualified nurse. Orders shall be written into the resident's record and signed by the person receiving the order. Telephone orders shall be submitted to the physician for signature within 48 hours. (III)

r. A pharmacy operating in connection with a nursing facility shall comply with the provisions of the pharmacy law requiring registration of pharmacies and the regulations of the Iowa board of pharmacy. (III)

s. In a nursing facility with a pharmacy or drug supply, service shall be under the personal supervision of a pharmacist licensed to practice in the state of Iowa. (III)

58.21(15) Drug administration.

a. Injectable medications shall be administered as permitted by Iowa law by a qualified nurse, physician, pharmacist, or physician associate (PA). In the case of a resident who has been certified by the resident's physician or physician associate (PA) as capable of taking the resident's own insulin, the resident may inject the resident's own insulin. (II)

b. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident. (II)

c. The health service supervisor shall be responsible for the supervision and direction of all personnel administering medications. (II)

[**ARC 1050C**, IAB 10/2/13, effective 11/6/13; **ARC 7033C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 6/10/26]

481—58.22(135C) Rehabilitative services. Rehabilitative services shall be provided to maintain function or improve the resident's ability to carry out the activities of daily living.

58.22(1) *Physical therapy services.*

a. Each facility shall have a written agreement with a licensed physical therapist to provide physical therapy services. (III)

b. Physical therapy shall be rendered only by a physical therapist licensed to practice in the state of Iowa. All personnel assisting with the physical therapy of residents must be under the direction of a licensed physical therapist. (II, III)

c. The licensed physical therapist shall:

(1) Evaluate the resident and prepare a physical therapy treatment plan conforming to the medical orders and goals; (III)

(2) Consult with other personnel in the facility who are providing resident care and plan with them for the integration of a physical therapy treatment program into the overall health care plan; (III)

(3) Instruct the nursing personnel responsible for administering selected restorative procedures between treatments; (III)

(4) Present programs in the facility's in-service education programs. (III)

d. Treatment records in the resident's medical chart shall include:

(1) The prescription for treatment; (III)

(2) An initial evaluation note by the physical therapist; (III)

(3) The physical therapy care plan defining clearly the long-term and short-term goals and outlining the current treatment program; (III)

(4) Notes of the treatments given and changes in the resident's condition; (III)

(5) A complete discharge summary to include recommendations for nursing staff and family. (III)

e. There shall be adequate facilities, space, appropriate equipment, and storage areas as are essential to the treatment or examinations of residents. (III)

58.22(2) *Other rehabilitative services.*

a. The facility shall arrange for specialized and supportive rehabilitative services when such services are ordered by a physician. (III) These may include audiology and occupational therapy.

b. Audiology services shall be under the direction of a person licensed in the state of Iowa by the board of speech pathology and audiology. (II, III)

c. Occupational therapy services shall be under the direction of a qualified occupational therapist who is currently registered by the American Occupational Therapy Association. (II, III)

d. The appropriate professional shall:

(1) Develop the treatment plan and administer or direct treatment in accordance with the prescription and rehabilitation goals; (III)

(2) Consult with other personnel within the facility who are providing resident care and plan with them for the integration of a treatment program into the overall health care plan. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.23(135C) Dental, diagnostic, and other services.

58.23(1) *Dental services.*

a. The nursing facility personnel shall assist residents to obtain regular and emergency dental services. (III)

b. Transportation arrangements shall be made when necessary for the resident to be transported to the dentist's office. (III)

c. Dental services shall be performed only on the request of the resident, responsible relative, or legal representative. The resident's physician shall be advised of the resident's dental problems. (III)

d. All dental reports or progress notes shall be included in the clinical record. (III)

e. Nursing personnel shall assist the resident in carrying out dentist's recommendations. (III)

f. Dentists shall be asked to participate in the in-service program of the facility. (III)

58.23(2) *Diagnostic services.*

a. The nursing facility shall make provisions for promptly securing required clinical laboratory, X-ray, and other diagnostic services. (III)

b. All diagnostic services shall be provided only on the written, signed order of a physician. (III)

c. Agreements shall be made with the local hospital laboratory or independent laboratory to perform specific diagnostic tests when they are required. (III)

d. Transportation arrangements for residents shall be made, when necessary, to and from the source of service. (III)

e. Copies of all diagnostic reports shall be requested by the facility and included in the resident's clinical record. (III)

f. The physician ordering the specific diagnostic service shall be promptly notified of the results. (III)

g. Simple tests such as customarily done by nursing personnel for diabetic residents may be performed in the facility. (III)

58.23(3) *Other services.*

a. The nursing facility shall assist residents to obtain such supportive services as requested by the physician. (III)

b. Transportation arrangements shall be made when necessary. (III)

c. Services could include the need for prosthetic devices, glasses, hearing aids, and other necessary items. (III)

481—58.24(135C) Dietary.

58.24(1) *Organization of dietetic services.* The facility shall meet the needs of the residents and provide the services listed in this standard. If a service is contracted out, the contractor shall meet the same standard. A written agreement shall be formulated between the facility and the contractor and shall convey to the department the right to inspect the food service facilities of the contractor. (III)

a. There shall be written policies and procedures for dietetic services that include staffing, nutrition, menu planning, therapeutic diets, preparation, food service, ordering, receiving, storage, sanitation, and staff hygiene. The policies and procedures shall be made available for use by dietetic services. (III)

b. There shall be written job descriptions for each position in dietetic services. The job descriptions shall be made available for use by dietetic services. (III)

58.24(2) *Dietary staffing.* The facility shall employ dietary staff in accordance with 42 CFR 483.60(a).

a. Reserved.

b. The supervisor shall have overall supervisory responsibility for dietetic services and shall be employed for a sufficient number of hours to complete management responsibilities that include:

(1) Participating in regular conferences with the consultant dietitian, the administrator and other department heads; (III)

(2) Writing menus with consultation from the dietitian and seeing that current menus are posted and followed and that menu changes are recorded; (III)

(3) Establishing and maintaining standards for food preparation and service; (II, III)

(4) Participating in selection, orientation, and in-service training of dietary personnel; (II, III)

(5) Supervising activities of dietary personnel; (II, III)

(6) Maintaining up-to-date records of residents identified by name, location and diet order; (III)

(7) Visiting residents to learn individual needs and communicating with other members of the health care team regarding nutritional needs of residents when necessary; (II, III)

(8) Keeping records of repairs of equipment in dietetic services. (III)

c. A minimum of one person with supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has received training from and passed a test that is part of an American National Standards Institute (ANSI)-accredited Certified Food Protection Manager Program.

d. The facility shall employ sufficient supportive personnel to carry out the following functions:

(1) Preparing and serving adequate amounts of food that are handled in a manner to be bacteriologically safe; (II, III)

(2) Washing and sanitizing dishes, pots, pans and equipment at temperatures required by procedures described in the Food Code as defined in Iowa Code section 137F.2; (II, III)

(3) Serving therapeutic diets as prescribed by the physician or other qualified health care practitioner, including a licensed dietitian if delegated by the physician and within the dietician's scope of practice, and following the planned menu. (II, III)

e. The facility may assign simultaneous duties in the kitchen and laundry, housekeeping, or nursing service to appropriately trained personnel. Proper sanitary and personal hygiene procedures shall be followed in compliance with the Food and Drug Administration Food Code adopted pursuant to Iowa Code section 137F.2 and 481—Chapter 31. (II, III)

f. If the dietetic service supervisor is not a licensed dietitian, a consultant dietitian is required. The consultant dietitian shall be licensed by the state of Iowa pursuant to Iowa Code chapter 152A.

g. Consultants' visits shall be scheduled to be of sufficient duration and at a time convenient to:

(1) Record, in the resident's medical record, any observations, assessments and information pertinent to medical nutrition therapy; (I, II, III)

(2) Work with residents and staff on resident care plans; (III)

(3) Consult with the administrator and others on developing and implementing policies and procedures; (III)

(4) Write or approve general and therapeutic menus; (III)

(5) Work with the dietetic supervisor on developing procedures, recipes and other management tools; (III)

(6) Present planned in-service training and staff development for food service employees and others. Documentation of consultation shall be available for review in the facility by the department. (III)

h. In facilities licensed for more than 15 beds, dietetic services shall be available for a minimum of a 12-hour span extending from the time of preparation of breakfast through supper. (III)

58.24(3) *Nutrition and menu planning.*

a. Menus shall be planned and followed to meet the nutritional needs of each resident in accordance with a qualified health care practitioner's orders and in consideration of the resident's allergies, intolerances, choices, and preferences. (II, III)

b. Menus shall be planned to provide 100 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. A current copy of the Simplified Diet Manual or other suitable diet manual shall be available and used in the planning and serving of all meals. (II)

c. At least three meals or their equivalent shall be served daily at regular hours. (II)

(1) There shall be no more than a 14-hour span between a substantial evening meal and breakfast except as provided in subparagraph (3) below. (II, III)

(2) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at nontraditional times or outside of scheduled meal service times, consistent with the resident plan of care and 42 CFR 483.60(f) and federal interpretive guidelines. (II, III)

(3) When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast of the following day. The current resident group must agree to this meal span and a nourishing snack must be served. (II)

d. Menus shall include a variety of foods prepared in various ways. (III)

e. Menus shall be written at least one week in advance. The current menu shall be located in an accessible place in the dietetic services department for easy use by persons purchasing, preparing and serving food. (III)

f. Records of menus as served shall be filed and maintained for 30 days and shall be available for review by department personnel. When substitutions are necessary, they shall be of similar nutritive value and recorded. (III)

g. A file of tested recipes adjusted to the number of people to be served in the facility shall be maintained. (III)

h. Alternate foods of similar nutritional value shall be offered to residents who refuse the food served. (II, III)

58.24(4) *Therapeutic diets and nutritional status.*

a. The facility shall ensure that each resident has a nutritional assessment completed by the licensed dietitian within 14 days of admission or after the facility determines there has been a significant change in the resident's physical or mental condition that addresses the residents' medical condition and therapeutic dietary needs, desires and rights in regard to their nutritional plan. (I, II, III)

b. Therapeutic diets shall be prescribed by the resident's physician or other qualified health care practitioner. A current edition of the Simplified Diet Manual or other suitable diet manual shall be readily available to physicians, nurses and dietetic services personnel. A current diet manual shall be used as a guide for writing menus for therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and reviewing procedures for preparation and service of food. (II, III)

c. Personnel responsible for planning, preparing and serving therapeutic diets shall receive instructions on those diets. (II, III)

d. The facility shall ensure that each resident maintains acceptable parameters of nutritional status, such as body weight, unless the resident's clinical condition demonstrates that this is not possible. (I, II, III)

58.24(5) *Food handling, preparation and service.* All food shall be handled, prepared and served in compliance with the requirements of the Food and Drug Administration Food Code adopted under provisions of Iowa Code section 137F.2. (I, II, III) In addition, the following shall apply.

a. Methods used to prepare foods shall be those which conserve nutritive value and flavor and meet the taste preferences of the residents. (III)

b. Foods shall be attractively served. (III)

c. Foods shall be cut up, chopped, ground or blended to meet individual needs. (I, II, III)

d. Self-help devices shall be provided as needed. (II, III)

e. Disposables shall not be used routinely. Plasticware, china and glassware that are unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded. (II, III)

f. All food that is transported through public corridors shall be covered. (III)

g. Residents may be allowed in the food preparation area. (III)

h. The food preparation area may be used as a dining area for residents, staff or food service personnel if the facility engages in person-directed care. (III)

i. There shall be effective written procedures established for cleaning all work and serving areas. (III)

j. A schedule of cleaning duties to be performed daily shall be posted. (III)

k. An exhaust system and hood shall be clean, operational and maintained in good repair. (III)

l. The food service area shall be located so it will not be used as a passageway by residents, guests or non-food service staff. (III)

58.24(6) *Paid nutritional assistants.* A paid nutritional assistant means an individual who meets the requirements of this subrule and who is an employee of the facility or an employee of a temporary employment agency employed by the facility. A facility may use an individual working in the facility as a paid nutritional assistant only if that individual has successfully completed a state-approved training program for paid nutritional assistants. (I, II, III)

a. Training program requirements.

(1) A state-approved training program for paid nutritional assistants must include, at a minimum, eight hours of training in the following areas:

1. Feeding techniques.
2. Assistance with feeding and hydration.
3. Communication and interpersonal skills.
4. Appropriate responses to resident behavior.
5. Safety and emergency procedures, including the Heimlich maneuver.
6. Infection control.
7. Resident rights.
8. Recognizing changes in residents that are inconsistent with their normal behavior and reporting these changes to the supervisory nurse.

(2) In addition to the training program requirements specified in subparagraph (1), the training program must include at least four hours of classroom study, two hours of supervised laboratory work, and two hours of supervised clinical experience.

(3) A facility that offers a paid nutritional assistant training program must provide sufficient supplies in order to teach the objectives of the course.

(4) All paid nutritional assistant training program instructors shall be registered nurses. Other qualified health care professionals may assist the instructor in teaching the classroom portion and clinical or laboratory experience. The ratio of students to instructor shall not exceed ten students per instructor in the clinical setting.

(5) Each individual enrolled in a paid nutritional assistant training program shall complete a 50-question multiple choice written test and must obtain a score of 80 percent or higher. In addition, the individual must successfully perform the feeding of a resident in a clinical setting. A registered nurse shall conduct the final competency determination.

(6) If an individual does not pass either the written test or competency demonstration, the individual may retest the failed portion a second time. If the individual does not pass either the written test or competency demonstration portion the second time, the individual shall not be allowed to retest.

b. Program approval. A facility or other entity may not offer or teach a paid nutritional assistant training program until the department has approved the program. Individuals trained in a program not approved by the department will not be allowed to function as paid nutritional assistants.

(1) A facility or other institution offering a paid nutritional assistant training program must provide the following information about the training program to the department before offering the program or teaching paid nutritional assistants:

1. Policies and procedures for program administration.
2. Qualifications of the instructors.
3. Maintenance of program records, including attendance records.
4. Criteria for determining competency.
5. Program costs and refund policies.
6. Lesson plans, including the objectives to be taught, skills demonstrations, assignments, quizzes, and classroom, laboratory and clinical hours.

(2) The facility or other institution offering a paid nutritional assistant training program must submit the materials specified in subparagraph (1) for department review. The department shall, within ten days of receipt of the material, advise the facility or institution whether the program is approved, or request additional information to assist the department in determining whether the curriculum meets

the requirements for a paid nutritional assistant training program. Before approving any paid nutritional assistant training program, the department shall determine whether the curriculum meets the requirements specified in this subrule. The department shall maintain a list of facilities and institutions eligible to provide paid nutritional assistant training. (I, II, III)

(3) A facility shall maintain a record of all individuals who have successfully completed the required training program and are used by the facility as paid nutritional assistants. The individual shall complete the training program with a demonstration of knowledge and competency skills necessary to serve as a paid nutritional assistant. (I, II, III)

(4) The facility or other institution providing the training shall, within ten calendar days of an individual's successful completion of the training program, provide the individual with a signed and dated certificate of completion. A facility that employs paid nutritional assistants shall maintain on file copies of the completed certificate and skills checklist for each individual who has successfully completed the training program. (I, II, III)

c. Working restrictions.

(1) A paid nutritional assistant must work under the supervision of a registered nurse or a licensed practical nurse. In an emergency, a paid nutritional assistant must call a supervisory nurse on the resident call system for help. (I, II, III)

(2) A facility must ensure that a paid nutritional assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube, parenteral or intravenous feedings. The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care. (I, II, III)

[**ARC 2560C**, IAB 6/8/16, effective 7/13/16; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.25(135C) Social services program.

58.25(1) The administrator or designee shall be responsible for developing a written, organized orientation program for all residents. (III)

58.25(2) The program shall be planned and implemented to resolve or reduce personal, family, business, and emotional problems that may interfere with the medical or health care, recovery, and rehabilitation of the individual. (III)

58.25(3) The social services plan, including specific goals and regular evaluation of progress, shall be incorporated into the overall plan of care. (III)

481—58.26(135C) Resident activities program.

58.26(1) *Organized activities.* Each nursing facility shall provide an organized resident activity program for the group and for the individual resident which shall include suitable activities for evenings and weekends. (III)

a. The activity program shall be designed to meet the needs and interests of each resident and to assist residents in continuing normal activities within limitations set by the resident's physician. This shall include helping residents continue in their individual interests or hobbies. (III)

b. The program shall include individual goals for each resident. (III)

c. The program shall include both group and individual activities. (III)

d. No resident shall be forced to participate in the activity program. (III)

e. The activity program shall include suitable activities for those residents unable to leave their rooms. (III)

f. The program shall be incorporated into the overall health plan and shall be designed to meet the goals as written in the plan.

58.26(2) *Coordination of activities program.*

a. Each nursing facility shall employ a person to direct the activities program. (III)

b. Staffing for the activity program shall be sufficient to meet the residents' activity needs. (II, III)

c. The activity coordinator shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. These programs shall be approved by the department. (III)

d. There shall be a written plan for personnel coverage when the activity coordinator is absent during scheduled working hours. (III)

58.26(3) *Duties of activity coordinator.* The activity coordinator shall:

a. Have access to all residents' records excluding financial records; (III)

b. Coordinate all activities, including volunteer or auxiliary activities and religious services; (III)

c. Keep all necessary records including:

(1) Attendance; (III)

(2) Individual resident progress notes recorded at regular intervals (at least quarterly). A copy of these notes shall be placed in the resident's clinical record; (III)

(3) Monthly calendars, prepared in advance. (III)

d. Coordinate the activity program with all other services in the facility; (III)

e. Participate in the in-service training program in the facility. This shall include attending as well as presenting sessions. (III)

58.26(4) *Supplies, equipment, and storage.*

a. Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. (III) These may include: books (standard and large print), magazines, newspapers, radio, television, and bulletin boards. Also appropriate would be box games, game equipment, songbooks, cards, craft supplies, record player, movie projector, piano, outdoor equipment, etc.

b. Storage shall be provided for recreational equipment and supplies. (III)

c. Locked storage should be available for potentially dangerous items such as scissors, knives, and toxic materials. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 6/28/23]

481—58.27(135C) Certified volunteer long-term care ombudsman program. Rescinded **ARC 7033C**, IAB 5/31/23, effective 7/5/23.

481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)

58.28(1) *Fire safety.*

a. All nursing facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II)

b. The size of the facility and needs of the residents shall be taken into consideration in evaluating safety precautions and practices.

58.28(2) *Safety duties of administrator.* The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III)

a. The plan shall be posted. (III)

b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (III)

58.28(3) *Resident safety.*

a. Residents shall be permitted to smoke only where proper facilities are provided. Smoking shall not be permitted in bedrooms. Smoking by residents considered to be careless shall be prohibited except when the resident is under direct supervision. (II, III)

b. Smoking is prohibited in all rooms where oxygen is being administered or in rooms where oxygen is stored. (II, III)

c. Whenever full or empty tanks of oxygen are being used or stored, they shall be securely supported in an upright position. (II, III)

d. Smoking shall be permitted only in posted areas. (II, III)

e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)

f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)

[**ARC 1398C**, IAB 4/2/14, effective 5/7/14]

481—58.29(135C) Resident care.

58.29(1) There shall be a readily available supply of self-help and ambulation devices such as wheelchairs, walkers, and such other devices maintained in good repair that will meet the current needs of all residents. (III)

58.29(2) The facility shall ensure that each ambulatory resident has well-fitting shoes to provide support and prevent slipping. (III)

58.29(3) Equipment for personal care shall be maintained in a safe and sanitary condition. (II, III)

58.29(4) The expiration date for sterile equipment shall be exhibited on its wrappings. (III)

58.29(5) Residents who have been known to wander shall be provided with appropriate means of identification. (II, III)

58.29(6) Electric heating pads, blankets, or sheets shall be used only on the written order of a physician, when allowed by the Life Safety Code or applicable state or local fire regulations. (II, III)

481—58.30 Rescinded, effective 7/14/82.

481—58.31(135C) Housekeeping.

58.31(1) Written procedures shall be established and implemented for daily and weekly cleaning schedules. (III)

58.31(2) Each resident unit shall be cleaned on a routine schedule. (III)

58.31(3) All rooms, corridors, storage areas, linen closets, attics, and basements shall be kept in a clean, orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. (III)

58.31(4) A hallway or corridor shall not be used for storage of equipment. (III)

58.31(5) All odors shall be kept under control by cleanliness and proper ventilation. (III)

58.31(6) Clothing worn by personnel shall be clean and washable. (III)

58.31(7) Housekeeping and maintenance personnel shall be provided with well-constructed and properly maintained equipment appropriate to the function for which it is to be used. (III)

58.31(8) All furniture, bedding, linens, and equipment shall be cleaned periodically and before use by another resident. (III)

58.31(9) Polishes used on floors shall provide a nonslip finish. (III)

58.31(10) [*]Throw or scatter rugs shall not be permitted. (III)

58.31(11) Entrances, exits, steps, and outside walkways shall be kept free from ice, snow, and other hazards. (II, III)

58.31(12) Residents shall not have access to storage areas for all cleaning agents, bleaches, insecticides, or any other poisonous, dangerous, or flammable materials. (II, III)

58.31(13) Sufficient numbers of noncombustible trash containers, which have covers, shall be available. (III)

58.31(14) Definite procedures shall be established for training housekeeping personnel. (III)

58.31(15) Rescinded IAB 12/6/06, effective 1/10/07.

58.31(16) There shall be provisions for the cleaning and storage of housekeeping equipment and supplies for each nursing unit. (III)

58.31(17) Bathtubs, shower stalls, or lavatories shall not be used for laundering, cleaning of utensils and mops, or for storage. (III)

58.31(18) Bedside utensils shall be stored in enclosed cabinets. (III)

58.31(19) Kitchen sinks shall not be used for the cleaning of mops, soaking of laundry, cleaning of bedside utensils, nursing utensils, or dumping of wastewater. (III)

58.31(20) Personal possessions of residents which may constitute hazards to themselves or others shall be removed and stored. (III)

[*] Objection. For text of Objection, see IAC Supp., Part I, 9/7/77. For text of Filed rules, 470—Chapter 58, see IAC Supp. 10/5/77.

481—58.32(135C) Maintenance.

58.32(1) Each facility shall establish a maintenance program in writing to ensure the continued maintenance of the facility, to promote good housekeeping procedures, and to ensure sanitary practices throughout the facility. (III)

58.32(2) The building, grounds, and other buildings shall be maintained in a clean, orderly condition and in good repair. (III)

58.32(3) Draperies and furniture shall be clean and in good repair. (III)

58.32(4) Cracks in plaster, peeling wallpaper or paint, and tears or splits in floor coverings shall be promptly repaired or replaced in a professional manner. (III)

58.32(5) The electrical systems, including appliances, cords, and switches, shall be maintained to guarantee safe functioning and comply with the national electrical code. (III)

58.32(6) All plumbing fixtures shall function properly and comply with the state plumbing code. (III)

58.32(7) Yearly inspections of the heating and cooling systems shall be made to guarantee safe operation. Documentation of these inspections shall be available for review. (III)

58.32(8) The building, grounds, and other buildings shall be kept free of breeding areas for flies, other insects, and rodents. (III)

58.32(9) The facility shall be kept free of flies, other insects, and rodents. (III)

58.32(10) Maintenance personnel.

a. A written program shall be established for the orientation of maintenance personnel. (III)

b. Maintenance personnel shall:

(1) Follow established written maintenance programs; (III)

(2) Be provided with appropriate, well-constructed, and properly maintained equipment. (III)

481—58.33(135C) Laundry.

58.33(1) All soiled linens shall be collected in and transported to the laundry room in closed, leakproof laundry bags or covered, impermeable containers. (III)

58.33(2) Except for related activities, the laundry room shall not be used for other purposes. (III)

58.33(3) Procedures shall be written for the proper handling of wet, soiled, and contaminated linens. (III)

58.33(4) Residents' personal laundry shall be marked with an identification. (III)

58.33(5) Bed linens, towels, and washcloths shall be clean and stain-free. (III)

481—58.34(135C) Garbage and waste disposal.

58.34(1) All garbage shall be gathered, stored, and disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding or feeding place for vermin or insects. (III)

58.34(2) All containers for refuse shall be watertight, rodent-proof, and have tight-fitting covers. (III)

58.34(3) All containers shall be thoroughly cleaned each time the containers are emptied. (III)

58.34(4) All wastes shall be properly disposed of in compliance with local ordinances and state codes. (III)

58.34(5) Special provision shall be made for the disposal of soiled dressings and similar items in a safe, sanitary manner. (III)

481—58.35(135C) Buildings, furnishings, and equipment.

58.35(1) *Buildings—general requirements.*

a. For purposes of computation of usable floor space in bedrooms and other living areas of the facility, that part of the room having no less than seven feet of ceiling height shall be used. Usable floor space may include irregularities in the rooms such as alcoves and offsets with approval of the department. Usable floor space shall not include space needed for corridor door swings or wardrobes being used as a substitute for closet space. (III)

b. Portable emergency lights in good working condition shall be available at all times, at a ratio of one light per one employee on duty from 6 p.m. to 6 a.m. (III)

c. All windows shall be supplied with curtains and shades or drapes which are kept clean and in good repair. (III)

d. Light fixtures shall be so equipped to prevent glare and to prevent hazards to the residents. (III)

e. Exposed heating pipes, hot water pipes, or radiators in rooms and areas used by residents and within reach of residents shall be covered or protected to prevent injury or burns to residents. (II, III)

f. All fans located within seven feet of the floor shall be protected by screen guards of not more than one-half-inch mesh. (III)

g. Whenever glass sliding doors or transparent panels are used, they shall be marked conspicuously. (III)

h. The facility shall meet the equivalent requirements of the appropriate group occupancy of the state building code. (III)

i. No part of any room shall be enclosed, subdivided, or partitioned unless such part is separately lighted and ventilated and meets such other requirements as its usage and occupancy dictates, except closets used for the storage of residents' clothing. (III)

58.35(2) *Furnishings and equipment.*

a. All furnishings and equipment shall be durable, cleanable, and appropriate to its function and in accordance with the department's approved program of care. (III)

b. All resident areas shall be decorated, painted, and furnished to provide a home-like atmosphere. (III)

c. Upholstery materials shall be moisture- and soil-resistant, except on furniture provided by the resident and the property of the resident. (III)

58.35(3) *Dining and living rooms.*

a. Every facility shall have a dining room and a living room easily accessible to all residents. (III)

b. Dining rooms and living rooms shall at no time be used as bedrooms. (III)

c. Dining rooms and living rooms shall be available for use by residents at appropriate times to provide periods of social and diversional individual and group activities. (III)

d. A combination dining room and living room may be permitted if the space requirements of a multipurpose room as provided in 58.35(3)*"e"* are met. (III)

e. Multipurpose rooms. When space is provided for multipurpose dining and activities and recreational purposes, the area shall total at least 30 square feet per licensed bed for the first 100 beds and 27 square feet per licensed bed for all beds in excess of 100. An open area of sufficient size shall be provided to permit group activities such as religious meetings or presentation of demonstrations or entertainment. (III)

f. Living rooms.

(1) Living rooms shall be maintained for the use of residents and their visitors and may be used for recreational activities. (III)

(2) Living rooms shall be suitably provided with parlor furniture, television and radio receivers in good working order, recreational material such as games, puzzles, and cards, and reading material such as current newspapers and magazines. Furnishings and equipment of the room should be such as to allow group activities. (III)

(3) Card tables or game tables shall be made available. The tables should be of a height to allow a person seated in a wheelchair to partake in the games or card playing. (III)

(4) Chairs of proper height and appropriate to their use shall be provided for seating residents at game tables and card tables. (III)

g. Dining rooms.

(1) Dining rooms shall be furnished with dining tables and chairs appropriate to the size and function of the facility. These rooms and furnishings shall be kept clean and sanitary. (III)

(2) Dining tables and chairs shall be provided. (III)

(3) Dining tables should be so constructed that a person seated in a wheelchair can dine comfortably. (III)

(4) Tables shall be of sturdy construction with smooth, durable, nonpermeable tops that can be cleaned with a detergent sanitizing solution. (III)

(5) Dining chairs shall be sturdy and comfortable. Some arm chairs should be provided for ease of movement for some residents. (III)

(6) Residents shall be encouraged to eat in the dining room. (III)

58.35(4) *Bedrooms.*

a. Each resident shall be provided with a standard, single, or twin bed that is substantially constructed and in good repair. Rollaway beds, metal cots, or folding beds are not acceptable. Seventy-five percent of the beds shall have a spring with an adjustable head and foot section. A resident shall have the right to sleep in a chair per the resident's request and to have the bed removed from the room to allow for additional space. (III)

b. Each bed shall be equipped with the following: casters or glides unless a low bed and mattress are being used for fall precautions; a clean, comfortable, well-constructed mattress approximately five inches thick and standard in size for the bed; clean, comfortable pillows of average size; and moisture-proof covers and sheets as necessary to keep the mattress and pillows dry and clean. (III)

c. Each resident shall have a bedside table with a drawer to accommodate personal possessions. (III)

d. There shall be a comfortable chair, either a rocking chair or armchair, per resident bed. The resident's personal wishes shall be considered. (III)

e. There shall be drawer space for each resident's clothing. In a multiple bedroom, drawer space shall be assigned each resident. (III)

f. Walls, ceilings, and floors shall have easily cleanable surfaces and shall be kept clean and in good repair. (III)

g. Beds and other furnishings shall not obstruct free passage to and through doorways. (III)

h. Clothing shall be hung in closets or wardrobes available in each room. (III)

i. Beds shall not be placed with the head of the bed in front of a window or radiator. (III)

j. Beds shall not be placed in such a manner that the side of the bed is against the radiator or in close proximity to it unless it is covered so as to protect the resident from contact with it or from excessive heat. (III)

k. Reading lamps shall be provided each resident in the resident's room. (III)

l. Each room shall have sufficient accessible mirrors to serve the resident's needs. Mirrors are not required if the room is located in a CCDI unit and the mirrors cause concern for the resident. (III)

m. Sturdy, adjustable overbed tables shall be provided for each resident who is unable to eat in the dining room. (III)

n. Each resident bedroom shall have a door. The door shall be the swing type and shall not swing into the corridor. (III)

58.35(5) *Heating.* A centralized heating system capable of maintaining a minimum temperature of 78°F (26°C) shall be provided. Portable units or space heaters are prohibited from being used in the facility except as permitted in the governing Life Safety Code or in an emergency. In the event of emergency use, the facility shall provide notice to the state fire marshal's office within 24 hours. (III)

58.35(6) *Water supply.*

a. Every facility shall have an adequate water supply from an approved source. A municipal source of supply shall be considered as meeting this requirement. (III)

b. Private sources of supply shall be tested annually and the report submitted with the annual application for license. (III)

c. A bacterially unsafe source of supply shall be grounds for denial, suspension, or revocation of license. (III)

d. The department may require testing of private sources of supply at its discretion in addition to the annual test. The facility shall supply reports of such tests as directed by the department. (III)

e. Hot and cold running water under pressure shall be available in the facility. (III)

f. Prior to construction of a new facility or new water source, private sources of supply shall be surveyed and shall comply with the requirements of the department of health. (III)

58.35(7) *Nonambulatory residents.*

a. All nonambulatory residents shall be housed on the grade level floor. (II, III)

b. These provisions in *"a"* above relating to nonambulatory residents are not applicable if the facility has a suitably sized elevator.

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.36(135C) Family and employee accommodations.

58.36(1) Children under 14 years of age shall not be allowed into the service areas. (III)

58.36(2) The residents' bedrooms shall not be occupied by employees or family members of the licensee. (III)

58.36(3) In facilities where the total occupancy of family, employees, and residents is five or less, one toilet and one tub or shower shall be the minimum requirement. (III)

58.36(4) In facilities where the total occupancy of family, employees, and residents is more than five, separate bathing and toilet facilities shall be required for the family or employees distinct from such areas provided for residents. (III)

58.36(5) In all health care facilities, if the family or employees live within the facility, separate living quarters and recreation facilities shall be required for the family or employees distinct from such areas provided for residents. (III)

481—58.37(135C) Animals. Animals may be permitted within the facility with prior approval of the department and under controlled conditions. (III)

481—58.38(135C) Supplies.

58.38(1) *Linen supplies.*

a. There shall be an adequate supply of linen so that each resident shall have at least three washcloths, hand towels, and bath towels per week. (III)

b. A complete change of bed linens shall be available in the linen storage area for each bed. (III)

c. Sufficient lightweight, clean, serviceable blankets shall be available. All blankets shall be laundered as often as necessary for cleanliness and freedom from odors. (III)

d. Each bed shall be provided with clean, washable bedspreads. There shall be a supply available when changes are necessary. (III)

e. Uncrowded and convenient storage shall be provided for linens, pillows, and bedding. (III)

58.38(2) *First-aid kit.* A first-aid emergency kit shall be available on each floor in every facility. (II, III)

58.38(3) *Supplies and equipment for nursing services.*

a. All nursing care equipment shall be properly sanitized or sterilized before use by another resident. (II)

b. There shall be disposable or one-time use items available with provisions for proper disposal to prevent reuse except as allowed by generally accepted infection control standards. (I, II, III)

c. Convenient, safe storage shall be provided for bath and toilet supplies, bathroom scales, mechanical lifts, and shower chairs. (III)

d. Sanitary and protective storage shall be provided for all equipment and supplies. (III)

e. All items that must be sterilized shall be autoclaved unless sterile disposable items are furnished which are promptly disposed of after a single use. (III)

f. Supplies and equipment for nursing and personal care sufficient in quantities to meet the needs of the residents shall be provided. (III)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.39(135C) Residents' rights in general.

58.39(1) Each facility shall ensure that policies and procedures are written and implemented which include, at a minimum, all of the following provisions (subrules 58.39(2) to 58.39(6)) and which govern all areas of service provided by the facility. These policies and procedures shall be available to staff, residents, their families or legal representatives and the public and shall be reviewed annually. (II)

58.39(2) Policies and procedures shall address the admission and retention of persons with histories of dangerous or disturbing behavior. For the purposes of the subrule, persons with histories of dangerous or disturbing behavior are those persons who have been found to be seriously mentally impaired pursuant to Iowa Code section 229.13 within six months of the request for admission to the facility. In addition to establishing the criteria for admission and retention of persons so defined, the policies and procedures shall provide for:

a. Reasonable precautions to prevent the resident from harming self, other residents, or employees of the facility.

b. Treatment of persons with mental illness as defined in Iowa Code section 229.1(1) and which is provided in accordance with the individualized health care plan.

c. Ongoing and documented staff training on individualized health care planning for persons with mental illness.

58.39(3) Policies and procedures regarding the admission, transfer, and discharge of residents shall ensure that:

a. Only those persons are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts. (II)

b. As changes occur in residents' physical or mental condition, necessitating services or care which cannot be adequately provided by the facility, they are transferred promptly to other appropriate facilities. (II)

58.39(4) Policies and procedures regarding the use of chemical and physical restraints shall define the use of said restraints and identify the individual who may authorize the application of physical restraints in emergencies, and describe the mechanism for monitoring and controlling their use. (II)

58.39(5) Policies and procedures shall include a method for submitting complaints and recommendations by residents or their responsible party and for ensuring a response and disposition by the facility. (II)

58.39(6) Policies and procedures shall include provisions governing access to, duplication of, and dissemination of information from the residents' records. (II)

58.39(7) Policies and procedures shall include a provision that each resident shall be fully informed of the resident's rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. This information must be provided upon admission, or in the case of residents already in the facility, upon the facility's adoption or amendment of residents' rights policies. (II)

a. The facility shall make known to residents what they may expect from the facility and its staff, and what is expected from them. The facility shall communicate these expectations during the period of not more than two weeks before or five days after admission. The communication shall be in writing, e.g., in a separate handout or brochure describing the facility, and interpreted verbally, e.g., as part of a preadmission interview, resident counseling, or in individual or group orientation sessions following admission. (II)

b. Residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English speaking or deaf or hard of hearing, steps shall be taken to translate the information into a foreign or sign language. In the case of blind residents, either Braille or a recording shall be provided. Residents shall be encouraged to ask questions about their rights and responsibilities and these questions shall be answered. (II)

c. A statement shall be signed by the resident, or the resident's responsible party, indicating an understanding of these rights and responsibilities, and shall be maintained in the record. The statement shall be signed no later than five days after admission, and a copy of the signed statement shall be given to the resident or responsible party, if applicable. In the case of an intellectually disabled resident, the signature shall be witnessed by a person not associated with or employed by the facility. The witness may be a parent, guardian, Medicaid agency representative, etc. (II)

d. In order to ensure that residents continue to be aware of these rights and responsibilities during their stay, a written copy shall be prominently posted in a location that is available to all residents. (II)

e. All residents shall be advised within 30 days following changes made in the statement of residents' rights and responsibilities. Appropriate means shall be utilized to inform non-English speaking, deaf or hard-of-hearing, or blind residents of such changes. (II)

58.39(8) Each resident or responsible party shall be fully informed in a contract as required in rule 481—58.13(135C), prior to or at the time of admission and during the resident's stay, of services available in the facility, and of related charges including any charges for services not covered under the Title XIX program or not covered by the facility's basic per diem rate. (II)

58.39(9) Each resident or responsible party shall be fully informed by a physician of the resident's health and medical condition unless medically contraindicated (as documented by a physician in the

resident's record). Each resident shall be afforded the opportunity to participate in the planning of the resident's total care and medical treatment, which may include, but is not limited to, nursing care, nutritional care, rehabilitation, restorative therapies, activities, and social work services. Each resident only participates in experimental research conducted under the U.S. Department of Health and Human Services' protection from research risks policy and then only upon the resident's informed written consent. Each resident has the right to refuse treatment except as provided by Iowa Code chapter 229. In the case of a confused or intellectually disabled individual, the responsible party shall be informed by the physician of the resident's medical condition and be afforded the opportunity to participate in the planning of the resident's total care and medical treatment, to be informed of the medical condition, and to refuse to participate in experimental research. (II)

a. The requirement that residents shall be informed of their conditions, involved in the planning of their care, and advised of any significant changes in either shall be communicated to every physician responsible for the medical care of residents in the facility. (II)

b. The administrator or designee shall be responsible for working with attending physicians in the implementation of this requirement. (II)

c. If the physician determines or in the case of a confused or intellectually disabled resident the responsible party determines that informing the resident of the resident's condition is contraindicated, this decision and reasons for it shall be documented in the resident's record by the physician. (II)

d. The resident's plan of care shall be based, in part, on the physician's orders. It shall be developed upon admission by appropriate facility staff and shall include participation by the resident if capable. Residents shall be advised of alternative courses of care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives shall be elicited and honored if feasible.

e. Any clinical investigation involving residents must be under the sponsorship of an institution with a human subjects review board functioning in accordance with the requirements of 45 CFR 46. A resident being considered for participation in experimental research must be fully informed of the nature of the experiment, e.g., medication, treatment, and understand the possible consequences of participating or not participating. The resident's (or responsible party's) written informed consent must be received prior to participation. (II)

This rule is intended to implement Iowa Code section 135C.23(2).

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 5711C**, IAB 6/16/21, effective 7/21/21; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.40(135C) Involuntary discharge or transfer.

58.40(1) *Involuntary discharge or transfer permitted.* A facility may involuntarily discharge or transfer a resident for only one of the following reasons:

a. Medical reasons;

b. The resident's welfare or that of other residents;

c. Nonpayment for the resident's stay, as described in the contract for the resident's stay;

d. Due to action pursuant to Iowa Code chapter 229;

e. By reason of negative action by the Iowa department of human services; or

f. By reason of negative action by the quality improvement organization (QIO). (I, II, III)

58.40(2) *Medical reasons.* Medical reasons for transfer or discharge shall be based on the resident's needs and shall be determined and documented in the resident's record by the primary care provider. Transfer or discharge may be required in order to provide a different level of care to the resident. (II)

58.40(3) *Welfare of a resident.* Welfare of a resident or that of other residents refers to a resident's social, emotional, or physical well-being. A resident may be transferred or discharged because the resident's behavior poses a continuing threat to the resident (e.g., suicidal) or to the well-being of other residents or staff (e.g., the resident's behavior is incompatible with other residents' needs and rights). Written documentation that the resident's continued presence in the facility would adversely affect the resident's own welfare or that of other residents shall be made by the administrator or designee and shall include specific information to support this determination. (II)

58.40(4) *Involuntary discharge or transfer prohibited—payment source.* A resident shall not be transferred or discharged solely because the cost of the resident's care is being paid under Iowa Code chapter 249A or because the resident's source of payment is changing from private support to payment under Iowa Code chapter 249A. (I, II)

58.40(5) *Notice.* Involuntary transfer or discharge of a resident from a facility shall be preceded by a written notice to the resident and the responsible party. (II, III)

a. The notice shall contain all of the following information:

(1) The stated reason for the proposed transfer or discharge. (II)

(2) The effective date of the proposed transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows: (II)

> You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request and you will not be transferred before a final decision is rendered. Extension of the 14-day requirement may be permitted in emergency circumstances upon request to the department's designee. If you lose the hearing, you will not be transferred before the expiration of either (1) 30 days following your receipt of the original notice of the discharge or transfer, or (2) 5 days following final decision of such hearing, including the exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary care provider; the person or agency responsible for the resident's placement, maintenance, and care in the facility; and the department on aging's office of the long-term care ombudsman. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent.

c. The notice required by paragraph 58.40(5)*"a"* shall be provided at least 30 days in advance of the proposed transfer or discharge unless one of the following occurs:

(1) An emergency transfer or discharge is mandated by the resident's health care needs and is in accordance with the written orders and medical justification of the primary care provider. Emergency transfers or discharges may also be mandated in order to protect the health, safety, or well-being of other residents and staff from the resident being transferred. (II)

(2) The transfer or discharge is subsequently agreed to by the resident or the resident's responsible party, and notification is given to the responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility.

(3) The discharge or transfer is the result of a final, nonappealable decision by the department of human services or the QIO.

d. A hearing requested pursuant to this subrule shall be held in accordance with subrule 58.40(7).

58.40(6) *Emergency transfer or discharge.* In the case of an emergency transfer or discharge, the resident must be given a written notice prior to or within 48 hours following the transfer or discharge. (II, III)

a. A copy of this notice shall be placed in the resident's file. The notice shall contain all of the following information:

(1) The stated reason for the transfer or discharge. (II)

(2) The effective date of the transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows: (II)

You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary care provider; the person or agency responsible for the resident's placement, maintenance, and care in the facility; and the department on aging's office of the long-term care ombudsman. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent.

c. A hearing requested pursuant to this subrule shall be held in accordance with subrule 58.40(7).

58.40(7) *Hearing.*

a. Request for hearing.

(1) The resident must request a hearing within 7 days of receipt of the written notice.

(2) The request must be made to the department, either in writing or verbally.

b. The hearing shall be held no later than 14 days after the department's receipt of the request unless either party requests an extension due to emergency circumstances.

c. Except in the case of an emergency discharge or transfer, a request for a hearing shall stay a transfer or discharge pending a final decision, including the exhaustion of all appeals. (II)

d. The hearing shall be heard by a department of inspections and appeals administrative law judge pursuant to Iowa Code chapter 17A and 7—Chapter 2506. The hearing shall be public unless the resident or resident's legal representative requests in writing that the hearing be closed. In a determination as to whether a transfer or discharge is authorized, the burden of proof by a preponderance of the evidence rests on the party requesting the transfer or discharge.

e. Notice of the date, time, and place of the hearing shall be sent by certified mail or delivered in person to the facility, the resident, the responsible party, and the office of the long-term care ombudsman not later than 5 full business days after the department's receipt of the request. The notice shall also inform the facility and the resident or the responsible party that they have a right to appear at the hearing in person or be represented by an attorney or other individual. The appeal shall be dismissed if neither party is present or represented at the hearing. If only one party appears or is represented, the hearing shall proceed with one party present. The office of the long-term care ombudsman shall have the right to appear at the hearing.

f. The administrative law judge's written decision shall be mailed by certified mail to the facility, resident, responsible party, and the office of the long-term care ombudsman within 10 working days after the hearing has been concluded.

g. If the basis for an involuntary transfer or discharge is the result of a negative action by the Iowa department of human services or the QIO, an appeal shall be filed with those agencies as appropriate. Continued payment shall be consistent with rules of those agencies.

58.40(8) *Nonpayment.* If nonpayment is the basis for involuntary transfer or discharge, the resident shall have the right to make full payment up to the date that the discharge or transfer is to be made and then shall have the right to remain in the facility. (II)

58.40(9) *Discussion of involuntary transfer or discharge.* Within 48 hours after notice of involuntary transfer or discharge has been received by the resident, the facility shall discuss the involuntary transfer or

discharge with the resident, the resident's responsible party, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

a. The facility administrator or other appropriate facility representative serving as the administrator's designee shall provide an explanation and discussion of the reasons for the resident's involuntary transfer or discharge. (II)

b. The content of the explanation and discussion shall be summarized in writing, shall include the names of the individuals involved in the discussion, and shall be made part of the resident's record. (II)

c. The provisions of this subrule do not apply if the involuntary transfer or discharge has already occurred pursuant to subrule 58.40(6) and emergency notice is provided within 48 hours.

58.40(10) *Transfer or discharge planning.*

a. The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be transferred or discharged. (II)

b. To minimize the possible adverse effects of the involuntary transfer, the resident shall receive counseling services by the sending facility before the involuntary transfer and by the receiving facility after the involuntary transfer. Counseling shall be documented in the resident's record. (II)

c. The counseling requirement in paragraph 58.40(10)*"b"* does not apply if the discharge has already occurred pursuant to subrule 58.40(6) and emergency notice is provided within 48 hours.

d. Counseling, if required, shall be provided by a licensed mental health professional as defined in Iowa Code section 228.1(6). (II)

e. The health care facility that receives a resident who has been involuntarily transferred shall immediately formulate and implement a plan of care which takes into account possible adverse effects the transfer may cause. (II)

58.40(11) *Transfer upon revocation of license or voluntary closure.* Residents shall not have the right to a hearing to contest an involuntary discharge or transfer resulting from the revocation of the facility's license by the department of inspections and appeals. In the case of the voluntary closure of a facility, a period of 60 days must be allowed for an orderly transfer of residents to other facilities.

58.40(12) *Intrafacility transfer.*

a. Residents shall not be arbitrarily relocated from room to room within a licensed health care facility. (I, II) Involuntary relocation may occur only in the following situations, which shall be documented in the resident's record: (II)

(1) Resident's incompatibility with or disturbance to other roommates.

(2) For the welfare of the resident or other residents of the facility.

(3) For medical, nursing or psychosocial reasons, as judged by the primary care provider, nurse or social worker in the case of a facility which groups residents by medical, nursing or psychosocial needs.

(4) To allow a new admission to the facility that would otherwise not be possible due to separation of roommates by sex.

(5) In the case of a resident whose source of payment was previously private, but who now is eligible for Title XIX (Medicaid) assistance, the resident may be transferred from a private room to a semiprivate room or from one semiprivate room to another.

(6) Reasonable and necessary administrative decisions regarding the use and functioning of the building.

b. Unreasonable and unjustified reasons for changing a resident's room without the concurrence of the resident or responsible party include:

(1) Change from private pay status to Title XIX, except as outlined in subparagraph 58.40(12)*"a"*(5). (II)

(2) As punishment or behavior modification, except as specified in subparagraph 58.40(12)*"a"*(1). (II)

(3) Discrimination on the basis of race or religion. (II)

c. If intrafacility relocation is necessary for reasons outlined in paragraph 58.40(12)*"a,"* the resident shall be notified at least 48 hours prior to the transfer and the reason therefor shall be explained. The responsible party shall be notified as soon as possible. The notification shall be documented in the resident's record and signed by the resident or responsible party. (II)

d. If emergency relocation is required in order to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family or responsible party shall be notified immediately or as soon as possible of the condition that necessitates emergency relocation, and such notification shall be documented. (II)

e. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility and not as an intrafacility transfer. (II, III)

[**ARC 1752C**, IAB 12/10/14, effective 1/14/15; **ARC 3523C**, IAB 12/20/17, effective 1/24/18; **ARC 7033C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 8/5/26]

481—58.41(135C) Residents' rights. Each resident shall be encouraged and assisted throughout the resident's period of stay, to exercise rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to administrative staff or to outside representatives of the resident's choice, free from interference, coercion, discrimination, or reprisal. (II)

58.41(1) The facility shall provide ongoing opportunities for residents to be aware of and to exercise their rights as residents. Residents shall be kept informed of issues or pending decisions of the facility that affect them and their views shall be solicited prior to action. (II)

58.41(2) The facility shall implement a written procedure for registering and resolving grievances and recommendations by residents or their responsible party. The procedure shall ensure protection of the resident from any form of reprisal or intimidation. The written procedure shall include:

a. Designation of an employee responsible for handling grievances and recommendations. (II)

b. A method of investigating and assessing the validity of a grievance or recommendation. (II)

c. Methods of resolving grievances. (II)

d. Methods of recording grievances and actions taken. (II)

58.41(3) The facility shall post in a prominent area the name, telephone number, and address of the ombudsman, survey agency, local law enforcement agency, and certified volunteer long-term care ombudsman and the text of Iowa Code section 135C.46 to provide to residents a further course of redress. (II)

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14]

481—58.42(135C) Financial affairs—management. Each resident who has not been assigned a guardian or conservator by the court may manage the resident's own personal financial affairs, and to the extent, under written authorization by the resident that the facility assists in management, the management shall be carried out in accordance with Iowa Code section 135C.24. (II)

58.42(1) The facility shall maintain a written account of all residents' funds received by or deposited with the facility. (II)

58.42(2) An employee shall be designated in writing to be responsible for resident accounts. (II)

58.42(3) The facility shall keep on deposit personal funds over which the resident has control in accordance with Iowa Code section 135C.24(2). Should the resident request these funds, they shall be given to the resident on request with receipts maintained by the facility and a copy to the resident. In the case of a confused or intellectually disabled resident, the resident's responsible party shall designate a method of disbursing the resident's funds. (II)

58.42(4) If the facility makes financial transactions on a resident's behalf, the resident must receive or acknowledge that the resident has seen an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement shall be maintained in the resident's financial or business record. (II)

58.42(5) A resident's personal funds shall not be used without the written consent of the resident or the resident's guardian. (II)

58.42(6) A resident's personal funds shall be returned to the resident when the funds have been used without the written consent of the resident or the resident's guardian. The department may report findings that resident funds have been used without written consent to the audits division or the local law enforcement agency, as appropriate. (II)

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13]

481—58.43(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints except as follows: when authorized in writing by a physician for a specified period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II)

58.43(1) Mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. (II)

58.43(2) Physical abuse includes, but is not limited to, corporal punishment and the use of restraints as punishment. (II)

58.43(3) Drugs such as tranquilizers may not be used as chemical restraints to limit or control resident behavior for the convenience of staff. (II)

58.43(4) Physicians' orders are required to utilize all types of physical restraints and shall be renewed at least quarterly. (II) Physical restraints are defined as the following:

Type I—the equipment used to promote the safety of the individual but is not applied directly to their person. Examples: divided doors and totally enclosed cribs.

Type II—the application of a device to the body to promote safety of the individual. Examples: vest devices, soft-tie devices, hand socks, geriatric chairs.

Type III—the application of a device to any part of the body which will inhibit the movement of that part of the body only. Examples: wrist, ankle or leg restraints and waist straps.

58.43(5) Physical restraints are not to be used to limit resident mobility for the convenience of staff and must comply with life safety requirements. If a resident's behavior is such that it may result in injury to the resident or others and any form of physical restraint is utilized, it should be in conjunction with a treatment procedure(s) designed to modify the behavioral problems for which the resident is restrained, or as a last resort, after failure of attempted therapy. (I, II)

58.43(6) Each time a Type II or III restraint is used documentation on the nurse's progress record shall be made which includes type of restraint and reasons for the restraint and length of time resident was restrained. The documentation of the use of Type III restraint shall also include the time of position change. (II)

58.43(7) Each facility shall implement written policies and procedures governing the use of restraints which clearly delineate at least the following:

a. Physicians' orders shall indicate the specific reasons for the use of restraints. (II)

b. Their use is temporary and the resident will not be restrained for an indefinite amount of time. (I, II)

c. A qualified nurse shall make the decision for the use of a Type II or Type III restraint for which there shall be a physician's order. (II)

d. A resident placed in a Type II or III restraint shall be checked at least every 30 minutes by appropriately trained staff. No form of restraint shall be used or applied in such a manner as to cause injury or the potential for injury and provide a minimum of discomfort to resident restrained. (I, II)

e. Reorders are issued only after the attending physician reviews the resident's condition. (II)

f. Their use is not employed as punishment, for the convenience of the staff, or as a substitute for supervision or program. (I, II)

g. The opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which Type II and Type III restraints are employed, except when resident is sleeping. However, when resident awakens, this shall be provided. This shall be documented each time. A check sheet may serve this purpose. (I, II)

h. Locked restraints or leather restraints shall not be permitted except in life-threatening situations. Straight jackets and secluding residents behind locked doors shall not be employed. (I, II)

i. Nursing assessment of the resident's need for continued application of a Type III restraint shall be made every 12 hours and documented on the nurse's progress record. Documentation shall include the type of restraint, reason for the restraint and the circumstances. Nursing assessment of the resident's need for continued application of either a Type I or Type II restraint and nursing evaluation of the resident's physical and mental condition shall be made every 30 days and documented on the nurse's progress record. (II)

j. Divided doors shall be of the type that when the upper half is closed the lower section shall close. (II)

k. Methods of restraint shall permit rapid removal of the resident in the event of fire or other emergency. (I, II)

l. The facility shall provide orientation and ongoing education programs in the proper use of restraints.

58.43(8) In the case of an intellectually disabled individual who participates in a behavior modification program involving use of restraints or aversive stimuli, the program shall be conducted only with the informed consent of the individual's parent or responsible party. Where restraints are employed, an individualized program shall be developed by the interdisciplinary team with specific methodologies for monitoring its progress. (II)

a. The resident's responsible party shall receive a written account of the proposed plan of the use of restraints or aversive stimuli and have an opportunity to discuss the proposal with a representative(s) of the treatment team. (II)

b. The responsible party must consent in writing prior to the use of the procedure. Consent may also be withdrawn in writing. (II)

58.43(9) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)

58.43(10) and **58.43(11)** Rescinded IAB 12/11/13, effective 1/15/14.

This rule is intended to implement Iowa Code sections 135C.14, 235B.3(1), and 235B.3(11).

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 1204C**, IAB 12/11/13, effective 1/15/14; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.44(135C) Resident records. Each resident shall be ensured confidential treatment of all information contained in the resident's records, including information contained in an automatic data bank. The resident's written consent shall be required for the release of information to persons not otherwise authorized under law to receive it. (II)

58.44(1) The facility shall limit access to any medical records to staff and consultants providing professional service to the resident. This is not meant to preclude access by representatives of state and federal regulatory agencies. (II)

58.44(2) Similar procedures shall safeguard the confidentiality of residents' personal records, e.g., financial records and social services records. Only those personnel concerned with the financial affairs of the residents may have access to the financial records. This is not meant to preclude access by representatives of state and federal regulatory agencies. (II)

58.44(3) The resident, or the resident's responsible party, shall be entitled to examine all information contained in the resident's record and shall have the right to secure full copies of the record at reasonable cost upon request. (II)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.45(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (II)

58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (II)

58.45(2) Schedules of daily activities shall allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, entertainment, sleeping and eating, also times to retire at night and arise in the morning shall be elicited and considered by the facility. (II)

58.45(3) Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or a drawn curtain shall shield the resident from passersby. People not involved in the care of the residents shall not be present without the resident's consent while the resident is being examined or treated. (II)

58.45(4) Privacy of a resident's body also shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. (II)

58.45(5) Staff shall knock and be acknowledged before entering a resident's room unless the resident is not capable of a response. This shall not apply in emergency conditions. (II)

481—58.46(135C) Resident work. No resident may be required to perform services for the facility, except as provided by Iowa Code sections 35D.14 and 347B.5. Residents may perform services for the facility if such services are performed in accordance with 42 CFR 483.10(f)(9). (II)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.47(135C) Communications. Each resident may communicate, associate, and meet privately with persons of the resident's choice, unless to do so would infringe upon the rights of other residents, and may send and receive personal mail unopened. (II)

58.47(1) Residents shall be permitted to receive visitors in accordance with 42 CFR 483.10(f)(4) and the federal interpretive guidelines. A particular visitor may be restricted by the facility if the visitor's behavior is unreasonably disruptive to the functioning of the facility (this judgment must be made by the administrator and the reasons shall be documented and kept on file). (II)

58.47(2) Decisions to restrict a visitor are reviewed and reevaluated: each time the medical orders are reviewed by the physician, at least quarterly by the facility's staff, or at the resident's request. (II)

58.47(3) Space shall be provided for residents to receive visitors in reasonable comfort and privacy. (II)

58.47(4) Telephones shall be available and accessible for residents to make and receive calls with privacy in accordance with 42 CFR 483.10(g)(6) and (7). Residents who need help shall be assisted in using the telephone. (II)

58.47(5) Arrangements shall be made to provide assistance to residents who require help in reading or sending mail. (II)

58.47(6) Residents shall be permitted to leave the facility and environs at reasonable times unless there are justifiable reasons established in writing by the attending physician, qualified intellectual disabilities professional or facility administrator for refusing permission. (II)

58.47(7) Residents shall not have their personal lives regulated beyond reasonable adherence to meal schedules, bedtime hours, and other written policies which may be necessary for the orderly management of the facility and as required by these rules. However, residents shall be encouraged to participate in recreational programs. (II)

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.48(135C) Resident activities. Each resident may participate in activities of social, religious, and community groups at the resident's discretion unless contraindicated for reasons documented by the attending physician or qualified intellectual disabilities professional as appropriate in the resident's record. (II)

58.48(1) Residents who wish to meet with or participate in activities of social, religious, or other community groups in or outside of the facility shall be informed, encouraged, and assisted to do so. (II)

58.48(2) All residents shall have the freedom to refuse to participate in these activities. (II)

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13]

481—58.49(135C) Resident property. Each resident may retain and use personal clothing and possessions as space permits and provided such use is not otherwise prohibited by these rules. (II)

58.49(1) Residents shall be permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility. The personal property shall be kept in a safe location which is convenient to the resident. (II)

58.49(2) Any personal clothing or possessions retained by the facility for the resident during the resident's stay shall be identified and recorded on admission and a record placed on the resident's chart. The facility shall be responsible for secure storage of the items, and they shall be returned to the resident promptly upon request or upon discharge from the facility. (II)

58.49(3) A resident's personal property shall not be used without the written consent of the resident or the resident's guardian. (II)

58.49(4) A resident's personal property shall be returned to the resident when it has been used without the written consent of the resident or the resident's guardian. The department may report findings that a resident's property has been used without written consent to the local law enforcement agency, as appropriate. (II)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.50(135C) Family visits. Each resident, if married, shall be ensured privacy for visits by the resident's spouse; if both are residents in the facility, they shall be permitted to share a room if available. (II)

58.50(1) The facility shall provide for needed privacy in visits between spouses. (II)

58.50(2) Spouses who are residents in the same facility shall be permitted to share a room, if available. (II)

58.50(3) Family members shall be permitted to share a room, if available, if requested by both parties. (II)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.51(135C) Choice of physician and pharmacy. Each resident shall be permitted free choice of a physician. Each resident shall have the right to choose the resident's Medicare prescription drug benefit plan (Part D) pursuant to Section 1860D of the Social Security Act, and the facility shall utilize a pharmacy(ies) that recognizes the Part D plans chosen by that facility's Medicare beneficiaries. Each resident shall have free choice of pharmacy as to medications purchased by the resident outside of Part D plan coverage, although the facility may require the pharmacy selected to utilize a drug distribution system compatible with the system currently used by the facility.

A facility shall not require the repackaging of medications dispensed by the Veterans Administration or an institution operated by the Veterans Administration for the purpose of making the drug distribution system compatible with the system used by the facility. (II)

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.52(135C) Incompetent resident.

58.52(1) Each facility shall provide that all rights and responsibilities of the resident devolve to the resident's responsible party when a resident is adjudicated incompetent in accordance with state law or, in the case of a resident who has not been adjudicated incompetent under the laws of the state, in accordance with 42 CFR 483.10. This subrule is not intended to limit the authority of any individual acting pursuant to Iowa Code chapter 144A. (II)

58.52(2) The fact that a resident has been adjudicated incompetent does not absolve the facility from advising the resident of these rights to the extent the resident is able to understand them. The facility shall also advise the responsible party, if any, and acquire a statement indicating an understanding of residents' rights. (II)

481—58.53(135C) County care facilities. Rescinded **ARC 7033C**, IAB 5/31/23, effective 7/5/23.

481—58.54(135C) Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).

58.54(1) A nursing facility which chooses to care for residents in a distinct part shall obtain a license for a CCDI unit or facility. In the case of a distinct part, this license will be in addition to its nursing facility license. The license shall state the number of beds in the unit or facility. (III)

a. Application for this category of care shall be submitted on a form provided by the department. (III)

b. Plans to modify the physical environment shall be submitted to the department. The plans shall be reviewed based on the requirements of 481—Chapter 61. (III)

58.54(2) A statement of philosophy shall be developed for each unit or facility which states the beliefs upon which decisions will be made regarding the CCDI unit or facility. Objectives shall be developed for each CCDI unit or facility as a whole. The objectives shall be stated in terms of expected results. (II, III)

58.54(3) A résumé of the program of care shall be submitted to the department for approval at least 60 days before a separate CCDI unit or facility is opened. A new résumé of the program of care shall be submitted when services are substantially changed. (II, III)

The résumé of the program of care shall:

a. Describe the population to be served; (II, III)

b. State philosophy and objectives; (II, III)

c. List admission and discharge criteria; (II, III)

d. Include a copy of the floor plan; (II, III)

e. List the titles of policies and procedures developed for the unit or facility; (II, III)

f. Propose a staffing pattern; (II, III)

g. Set out a plan for specialized staff training; (II, III)

h. State visitor, volunteer, and safety policies; (II, III)

i. Describe programs for activities, social services and families; (II, III) and

j. Describe the interdisciplinary care planning team. (II, III)

58.54(4) Separate written policies and procedures shall be implemented in each CCDI unit or facility. There shall be:

a. Admission and discharge policies and procedures which state the criteria to be used to admit residents and the evaluation process which will be used. These policies shall require a statement from the attending physician agreeing to the placement before a resident can be moved into a CCDI unit or facility. (II, III)

b. Safety policies and procedures which state the actions to be taken by staff in the event of a fire, natural disaster, emergency medical or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility. The facility shall identify its method for security of the unit or facility and the manner in which the effectiveness of the security system will be monitored. (II, III)

c. Program and service policies and procedures which explain programs and services offered in the unit or facility including the rationale. (III)

d. Policies and procedures concerning staff which state minimum numbers, types and qualifications of staff in the unit or facility. (II, III)

e. Policies about visiting which suggest times and ensure the residents' rights to free access to visitors. (II, III)

f. Quality assurance policies and procedures which list the process and criteria which will be used to monitor and to respond to risks specific to the residents. This shall include, but not be limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

58.54(5) Preadmission assessment of physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by a registered nurse and a staff social worker or social work consultant and shall become part of the permanent record upon admission of the resident. (II, III)

58.54(6) All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

a. Upon assignment to the unit or facility, everyone working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III) The orientation shall be at least six hours. The following topics shall be covered:

(1) Explanation of the disease or disorder; (II, III)

(2) Symptoms and behaviors of memory-impaired people; (II, III)

(3) Progression of the disease; (II, III)

(4) Communication with CCDI residents; (II, III)

(5) Adjustment to care facility residency by the CCDI unit or facility residents and their families; (II, III)

(6) Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it; (II, III)

(7) Activities of daily living for CCDI residents; (II, III)

(8) Handling combative behavior; (II, III) and

(9) Stress reduction for staff and residents. (II, III)

b. Licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of CCDI residents. The six-hour training shall count toward the required annual in-service training. (II, III)

58.54(7) There shall be at least one nursing staff person on a CCDI unit at all times. (I, II, III)

58.54(8) The CCDI unit or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and Iowa Administrative Code 481—Chapter 50.

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.55(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the physical structure of the facility, if the other business or activity meets the requirements of applicable state and federal laws, administrative rules, and federal regulations.

To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs *"a"* through *"f"* of subrule 58.55(1). (I, II, III)

58.55(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;

b. Noise created by the proposed business or activity;

c. Odors created by the proposed business or activity;

d. Use of the facility's corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

e. Proposed staffing for the business or activity; and

f. Sharing of services and staff between the proposed business or activity and the facility.

58.55(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

58.55(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 61. (I, II, III)

481—58.56(135C) Respite care services. Respite care services means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person. A nursing facility which chooses to provide respite care services must meet the following requirements related to respite services and must be licensed as a nursing facility.

58.56(1) A nursing facility certified as a Medicaid nursing facility or Medicare skilled nursing facility must meet all Medicaid and Medicare requirements including 42 CFR 483.15, admission, transfer and discharge rights.

58.56(2) A nursing facility which chooses to provide respite care services is not required to obtain a separate license or pay a license fee.

58.56(3) Rule 481—58.40(135C) regarding involuntary discharge or transfer rights, does not apply to residents who are being cared for under a respite care contract.

58.56(4) Pursuant to rule 481—58.13(135C), the facility shall have a contract with each resident in the facility. When the resident is there for respite care services, the contract shall specify the time period during which the resident will be considered to be receiving respite care services. At the end of that period, the contract may be amended to extend that period of time. The contract shall specifically state the resident may be involuntarily discharged while being considered as a respite care resident. The contract shall meet other requirements under 481—58.13(135C), except the requirements under subrule 58.13(7).

58.56(5) Respite care services shall not be provided by a health care facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.

[**ARC 7033C**, IAB 5/31/23, effective 7/5/23]

481—58.57(135C) Training of inspectors.

58.57(1) Subject to the availability of funding, all nursing facility inspectors shall receive 12 hours of annual continuing education in gerontology, wound care, dementia, falls, or a combination of these subjects.

58.57(2) An inspector shall not be personally liable for financing the training required under subrule 58.57(1).

58.57(3) The department shall consult with the collective bargaining representative of the inspector in regard to the training required under this rule.

[**ARC 8433B**, IAB 12/30/09, effective 2/3/10]

These rules are intended to implement Iowa Code sections 10A.402, 135C.6(1), 135C.14, 135C.32, 135C.36 and 227.4.

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◊ Two or more ARCs

1 Effective date of 470—58.15(2)*"c"* delayed 70 days by the Administrative Rules Review Committee, IAB 2/26/86.
Effective date of 470—58.15(2)*"c"* delayed until the expiration of 45 calendar days into the 1987 session of the General Assembly pursuant to Iowa Code section 17A.8(9), IAB 6/4/86.

2 See IAB, Inspections and Appeals Department.

CHAPTER 59
TUBERCULOSIS (TB) SCREENING

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—59.1(135B,135C) Purpose. The intent of this chapter is to outline requirements and procedures to conduct tuberculosis screening for health care workers in health care facilities and hospitals and for residents of health care facilities regulated by the department.
[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.2(135B,135C) Definitions. For purposes of this chapter, the following definitions apply:

"Bacille Calmette-Guérin vaccination" or *"BCG vaccination"* means a vaccine for TB. BCG vaccination is used in many countries with a high prevalence of TB to prevent childhood tuberculosis meningitis and miliary disease. BCG vaccination is not generally recommended for use in the United States because of the low risk of infection with *Mycobacterium tuberculosis*, the variable effectiveness of the vaccine against adult pulmonary TB, and the vaccine's potential interference with tuberculin skin test reactivity.

"Baseline TB screening" means the screening of health care workers (HCWs) of health care facilities or hospitals at the beginning of employment in a facility or hospital and of residents of health care facilities upon admission to a facility for latent tuberculosis infection (LTBI) and TB disease. Baseline TB screening includes a symptom screen for all HCWs and residents, and two-step tuberculin skin test (two-step TST) or single interferon-gamma release assay (IGRA) for *M. tuberculosis* for those persons with previous negative test results for *M. tuberculosis* infection.

"Baseline TST" or *"baseline IGRA"* means the two-step TST or IGRA, respectively, which is administered at the beginning of employment to newly hired HCWs or upon admission of residents to health care facilities.

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

"Department" means the department of inspections and appeals.

"Employment" or *"employed"* means to be hired or retained for paid or unpaid work in a facility or hospital.

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

"Health care facility" or *"facility"* means a health care facility as defined in Iowa Code section 135C.1 or a long-term care service of a hospital as defined in rule 481—51.38(135B).

"Health care worker" or *"HCW"* means any paid or unpaid person (including health care students) working in a health care facility or hospital, including any person who is paid either by the health care facility or hospital or paid by any other entity (i.e., temporary agency, private duty, Medicaid/Medicare or independent contractors), or any volunteer who volunteers in a health care facility or hospital on a consistent and regularly scheduled basis for five or more hours per week. Specifically excluded from the definition of "health care worker" are individuals such as visitors, building contractors, repair workers or others who are in the facility or hospital for a very limited purpose and are not in the facility or hospital on a regular basis.

"Hospital" means a hospital as defined in Iowa Code section 135B.1.

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

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

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

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

"Patient" means a person admitted to a hospital.

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

"Purified protein derivative tuberculin" or *"PPD tuberculin"* means a material used in diagnostic tests for detecting infection with *M. tuberculosis*.

"Resident" means a person admitted to a health care facility or a long-term care service of a hospital as defined in rule 481—51.38(135B). For purposes of this chapter, "resident" does not include a patient admitted to a hospital.

"Risk classification" means the category that the infection control team, or designated other staff, determines is appropriate for the facility or hospital as a result of the TB risk assessment.

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

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

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

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

"TB screening" means an administrative control measure in which evaluation for LTBI and TB disease is performed through baseline and serial screening of HCWs in hospitals and health care facilities and residents of health care facilities.

"Transfer" means an HCW changes employment from one health care facility or hospital to another health care facility or hospital where the time frame between employment does not exceed 90 days.

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

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

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

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

"Two-step tuberculin skin test" or *"two-step TST"* means the procedure used for the baseline skin testing of persons who may receive serial TSTs.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.3(135B,135C) TB risk assessment.

59.3(1) Annually, a health care facility or hospital shall conduct a TB risk assessment to evaluate the risk for transmission of *M. tuberculosis*, regardless of whether a person with suspected or confirmed TB disease is expected to be encountered in the facility or hospital. The TB risk assessment shall be utilized to determine the types of administrative, environmental, and respiratory protection controls needed and serves as an ongoing evaluation tool of the quality of TB infection control and for the identification of needed improvements in infection control measures.

59.3(2) The TB risk assessment shall include the number of persons with infectious TB encountered in the facility or hospital that resulted in the facility's or hospital's conducting a contact investigation of exposed HCWs or patients during the previous 12 months.

59.3(3) TB cases include persons who had undiagnosed infectious pulmonary or laryngeal TB while in the facility or hospital during the preceding year. This does not include persons with LTBI (treated or untreated), persons with extrapulmonary TB disease, or persons with pulmonary and laryngeal TB who have met criteria for noninfectiousness.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.4(135B,135C) Health care facility or hospital risk classification. The infection control team or designated staff in a health care facility or hospital is responsible for determining the type of risk classification. The facility's or hospital's risk classification is used to determine frequency of serial TB screening. The facility or hospital risk classification may change due to an increase or decrease in the number of TB cases during the preceding year. The following criteria are consistent with those of the Centers for Disease Control and Prevention (CDC), TB Elimination Division, as outlined in the MMWR December 30, 2005/Vol.54/No.RR-17, "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005."

59.4(1) *Types of risk classifications.*

a. "Low risk" means that a facility or hospital is one in which persons with active TB disease are not expected to be encountered and in which exposure to TB is unlikely.

b. "Medium risk" means that a facility or hospital is one in which health care workers will or might be exposed to persons with active TB disease or to clinical specimens that might contain *M. tuberculosis*.

c. "Potential ongoing transmission" means that a facility or hospital is one in which there is evidence of person-to-person transmission of *M. tuberculosis*. This classification is a temporary classification. If it is determined that this classification applies to a facility or hospital, the facility or hospital shall consult with the department of public health's TB control program.

59.4(2) *Classification criteria—low risk.*

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

b. Inpatient settings with fewer than 200 beds. If a facility or hospital has fewer than three TB patients for the preceding year, the facility or hospital shall be classified as low risk.

59.4(3) *Classification criteria—medium risk.*

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

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

59.4(4) *Classification criteria—potential ongoing transmission.* If evidence of ongoing *M. tuberculosis* transmission exists at a facility or hospital, the facility or hospital shall be classified as potential ongoing transmission, regardless of the facility's or hospital's previous classification.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.5(135B,135C) Baseline TB screening procedures for health care facilities and hospitals.

59.5(1) All HCWs shall receive baseline TB screening upon employment. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) testing using the two-step TST procedure or a single IGRA to screen for infection with *M. tuberculosis*. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If initiation of the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.

59.5(2) An HCW may begin working with patients or residents after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative TST (i.e., first step) or negative IGRA. The second TST may be performed after the HCW starts working with patients or residents.

59.5(3) An HCW with a new positive test result for *M. tuberculosis* infection (i.e., TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless signs or symptoms of TB disease develop or unless a repeat radiograph is recommended by a clinician. Treatment for LTBI should be considered in accordance with CDC guidelines.

59.5(4) An HCW with documentation of past positive test results (i.e., TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, does not need another chest radiograph at the time of hire.

59.5(5) TB, TST or IGRA tests for *M. tuberculosis* infection do not need to be performed for HCWs with a documented history of TB disease, documented previously positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease. A TB symptom screen and documentation of a previously positive test result for *M. tuberculosis* infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result. All other HCWs should undergo baseline testing for *M. tuberculosis* infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic procedures.

59.5(6) Previous BCG vaccination is not a contraindication to having an IGRA, a TST or a two-step skin testing administered. HCWs with previous BCG vaccination should receive baseline and serial testing in the same manner as those without BCG vaccination. Evaluation of TST reactions in persons BCG-vaccinated should be interpreted using the same criteria for those not BCG-vaccinated. An HCW's history of BCG vaccination should be disregarded when administering and interpreting TST results. Prior BCG vaccination does not cause a false-positive IGRA test result.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.6(135B,135C) Serial TB screening procedures for health care facilities and hospitals.

59.6(1) *Health care facilities or hospitals classified as low risk.* After establishing baseline TB screening of HCWs, serial TB screening of HCWs is not necessary for health care facilities or hospitals classified as low risk.

59.6(2) *Health care facilities or hospitals classified as medium risk.*

a. After establishing baseline TB screening, HCWs in health care facilities or hospitals classified as medium risk shall receive serial TB screening annually. However, an HCW with a previous positive TB test result shall only receive annual TB symptom screening in accordance with 59.5(5).

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

59.6(3) *Health care facilities or hospitals classified as potential ongoing transmission.* HCWs in facilities or hospitals classified as potential ongoing transmission shall receive serial TB screening every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent. However, an HCW with a previous positive TB test result shall only receive TB symptom screening in accordance with 59.5(5). The potential ongoing transmission classification should be used only as a temporary classification. This classification warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting shall be reclassified as medium risk for a minimum of one year.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.7(135B,135C) Screening of HCWs who transfer to other health care facilities or hospitals.

59.7(1) *HCWs transferring from a low-risk health care facility or hospital to another low-risk health care facility or hospital.* HCWs with documentation of baseline TB screening who are transferring from a low-risk health care facility or hospital to another low-risk health care facility or hospital do not need to repeat baseline TB screening if the time frame between employment from one facility or hospital to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test

result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).

59.7(2) *HCWs transferring from a low-risk health care facility or hospital to a medium-risk health care facility or hospital.* HCWs with documentation of baseline TB screening who are transferring from a low-risk health care facility or hospital to a medium-risk health care facility or hospital do not need to repeat baseline TB screening if the time frame between employment from one facility or hospital to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).

59.7(3) *HCWs transferring from a low- or medium-risk health care facility or hospital to a health care facility or hospital classified as potential ongoing transmission.* HCWs with documentation of baseline TB screening who are transferring to a potential ongoing risk health care facility or hospital do not need to repeat baseline TB screening if the time frame between employment from one facility to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted for an HCW with a previous negative test result and a TB symptom screen shall be performed for an HCW with a previous positive TB test result in accordance with 59.5(5).

59.7(4) *HCWs transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital.*

a. An HCW who is transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital and whose previous TB test result was negative shall receive a symptom screen and a single TST or IGRA upon employment if the time frame between employment from one facility to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted.

b. An HCW who is transferring from a medium-risk health care facility or hospital to a low-risk health care facility or hospital and whose previous TB test result was positive shall receive a symptom screen upon employment in accordance with 59.5(5).

59.7(5) *HCWs transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium-risk health care facility or hospital.*

a. An HCW who is transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium-risk health care facility or hospital and whose previous TB test result was negative shall receive a symptom screen and a single TST or IGRA upon employment if the time frame between employment from one facility to another does not exceed 90 days. If the time frame between employment from one facility or hospital to another exceeds 90 days, baseline TB screening shall be restarted.

b. An HCW who is transferring from a health care facility or hospital classified as potential ongoing transmission to a low- or medium-risk health care facility or hospital and whose previous TB test result was positive shall receive a symptom screen upon employment in accordance with 59.5(5).

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.8(135B,135C) Baseline TB screening procedures for residents of health care facilities.

59.8(1) Baseline TB screening is a formal procedure to evaluate residents for LTBI and TB disease. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease, and (2) using the two-step TST procedure or a single IGRA to screen for infection with *M. tuberculosis*. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.

59.8(2) All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB screening for infection shall be initiated unless baseline TB screening occurred within 90 days prior to the resident's admission.

59.8(3) A resident with a new positive test result for *M. tuberculosis* infection (i.e., TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless signs or symptoms of TB disease develop or unless a repeat radiograph is recommended by a clinician.

59.8(4) Residents with documentation of past positive test results (i.e., TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, do not need another chest radiograph at the time of admission.

59.8(5) TB, TST or IGRA tests for *M. tuberculosis* infection do not need to be performed for residents with a documented history of TB disease, documented previously positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease. Documentation of a previously positive test result for *M. tuberculosis* infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result, including the concentration of cytokine measured (e.g., IFN-g). All other residents should undergo baseline testing for *M. tuberculosis* infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic procedures.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.9(135B,135C) Serial TB screening procedures for residents of health care facilities. After baseline TB screening is accomplished, serial TB screening of residents is not recommended.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

481—59.10(135B,135C) Performance of screening and testing. Any nurse licensed in Iowa and properly trained to screen for TB and perform TB testing may screen for TB and perform TB testing.

[**ARC 3930C**, IAB 8/1/18, effective 9/5/18]

These rules are intended to implement Iowa Code sections 135B.7 and 135C.14.

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[Filed Emergency ARC 0674C, IAB 4/3/13, effective 3/26/13]
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[1] January 16, 2013, effective date of Chapter 59 [ARC 0484C] delayed 70 days by the Administrative Rules Review Committee at its meeting held January 8, 2013.

CHAPTER 60
MINIMUM PHYSICAL STANDARDS FOR RESIDENTIAL CARE FACILITIES
[Prior to 7/15/87, Health Department[470] Ch 60]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/5/28

481—60.1(135C) Definitions. Definitions in rules 481—57.1(135C) and 481—63.1(135C) are incorporated by reference as part of this chapter. In addition, the following definition shall apply:

"Responsible design professional" means a registered architect or licensed professional engineer who signs the documents submitted pursuant to rule 481—60.3(135C).

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.2(135C) General requirements. Residential care facilities licensed under this chapter shall be built in accordance with the following construction standards:

60.2(1) Construction shall be in conformance with 661—Chapter 201.

60.2(2) Construction shall be in conformance with 661—Chapter 301. Projects meeting the local building code shall be deemed to be in compliance with the state building code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system that includes both plan review and inspection.

60.2(3) Nothing in these rules shall relieve a residential care facility from compliance with fire and building codes, ordinances and regulations that are enforced by a city, county, state or federal jurisdiction.

60.2(4) Any alteration or installation of new equipment shall be accomplished as nearly as practical in conformance with all applicable codes, ordinances, regulations and standards required for new construction. Alteration or installation of new equipment shall not diminish the level of compliance with any codes, ordinances, regulations or standards below that existed prior to the alteration. Any feature that does not meet the requirement for new buildings but exceeds the requirement for existing buildings shall not be further diminished. Features that exceed requirements for new construction need not be maintained. In no case shall any feature be less than that required for existing buildings. (III)

60.2(5) Existing residential care facilities built in compliance with prior versions of this chapter will be deemed in compliance, with the exception of any renovations, additions, functional alterations, changes of space utilization, or conversions to existing facilities for which construction documents are submitted pursuant to rule 481—60.3(135C) on or after July 1, 2023, which shall meet the standards specified in this chapter. Conversion of a building or any of the parts not currently licensed as a nursing facility must meet the rules governing construction of new facilities.

60.2(6) Final plan approval and final occupancy shall be given by the state fire marshal's office.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.3(135C) Submission of construction documents.

60.3(1) Submissions of architectural technical documents, engineering documents, and plans and specifications to the state fire marshal's office shall be as required by rule 481—300.4(103A) and are the responsibility of the owner of the building or facility, although the actual submission may be completed by an authorized agent of the owner or the responsible design professional.

60.3(2) Plans, specifications and other supporting information shall be sufficiently clear and complete to show in detail that the proposed work will comply with the construction standards required by rule 481—60.2(135C).

60.3(3) Submittals to the state fire marshal's office shall be certified or stamped and signed as required by Iowa Code chapters 542B and 544A, unless the applicant has certified on the submittal to the applicability of a specific exception under Iowa Code section 544A.18 and the submittal does not constitute the practice of engineering as defined by Iowa Code section 542B.2.

60.3(4) The responsible design professional shall certify that the building plans meet the requirements specified in this chapter, unless a waiver has been granted pursuant to rule 481—60.4(135C).

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 8/5/26]

481—60.4(135C) Waivers.

60.4(1) Procedures in rule 481—57.2(135C) for requesting a waiver are incorporated by reference as part of this chapter.

60.4(2) Waivers are limited to the specific project under consideration and do not establish a precedent for similar acceptance in other cases. The type of license, occupancy, and function of the building will be considered with respect to a request for waiver. In specific cases, waivers may be granted by the director after the following conditions are met:

a. The design and planning for the specific property offer improved or compensating features that provide equivalent desirability and utility;

b. Alternate or special construction methods, techniques, and mechanical equipment offer equivalent durability, utility, safety, structural strength and rigidity, sanitation, and odor control; protection from corrosion, decay and insect attack; and quality of workmanship; and

c. The health, safety or welfare of any resident is not endangered.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.5(135C) Additional notification requirements.

60.5(1) When new construction or renovation, addition, functional alteration, change of space utilization, or conversion of an existing building is contemplated, the licensee or applicant for a license shall:

a. File a detailed and comprehensive program of care, as set forth in rule 481—57.3(135C), which includes a description of the specific needs of the residents to be served, and any other information the department may require. (III)

b. Receive written approval from the state fire marshal's office before starting construction. The applicant is responsible for ensuring that construction proceeds according to approved plans and specifications.

c. Meet requirements for new construction if the project includes changes to structural and life safety components of the building or changes for accessibility of persons with disabilities. Only that portion of the building that is part of the project must meet requirements for new construction.

60.5(2) For new construction or renovations, additions, functional alterations, change of space utilization or conversion of an existing building, it is the responsibility of the owner or an agent to notify the state fire marshal's office at all of the following intervals and wait for inspection before proceeding. Inspections shall be conducted in accordance with the following schedule:

a. Two days prior to the beginning of any construction or demolition.

b. After installation of any under-slab plumbing and before covering is installed.

c. After installation of electrical, mechanical and plumbing and prior to covering.

d. Five days prior to a final occupancy inspection.

60.5(3) The following must approve the project before final occupancy: the state fire inspector; the state building inspector; and, in jurisdictions without electrical code enforcement, the state electrical inspector. Approval of local or county jurisdictions is as required by those jurisdictions.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.6(135C) Construction requirements.

60.6(1) *General provisions.*

a. Projects shall be constructed in compliance with 661—Chapter 201. Projects required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the residential care facility is in compliance with the provisions of 661—Chapter 205.

b. Projects shall be constructed in compliance with 661—Chapter 301. Projects meeting the local building code shall be deemed to be in compliance with the state building code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system that includes both plan review and inspection.

c. Final plan approval and final occupancy shall be given by the state fire marshal's office.

60.6(2) *Mechanical requirements.*

a. Projects shall be constructed in compliance with 661—Chapter 201.

b. Projects shall be constructed in compliance with the state mechanical code as provided in 661—Chapter 201. Projects meeting the local mechanical code shall be deemed to be in compliance with the state mechanical code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system that includes both plan review and inspection.

c. Final plan approval and final occupancy shall be given by the state fire marshal's office.

60.6(3) *Electrical requirements.*

a. Projects shall be constructed in compliance with standards referenced in 661—Chapter 205.

b. Projects shall be constructed in compliance with the state electrical code as provided in 661—Chapter 504.

60.6(4) *Plumbing requirements.* Projects shall be constructed in compliance with 481—Chapter 425.

60.6(5) *Accessibility requirements.* Projects shall be constructed in compliance with 661—Chapter 302.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23; Editorial change: IAC Supplement 4/2/25]

481—60.7(135C) Typical construction.

60.7(1) Details and finishes shall be designed to provide a high degree of safety for the occupants by minimizing the opportunity for accidents. Hazards such as sharp corners shall be avoided. (III)

60.7(2) No door shall swing into the exit corridor except doors to spaces such as small closets that are not subject to occupancy. Each resident bedroom shall have a door that is a swing type and swings in, unless the door is fully recessed.

60.7(3) All doors opening into corridors shall be swing-type doors, except elevator doors. (III)

60.7(4) All sinks shall have towel dispensers that hold non-reusable towels. (III)

60.7(5) Partition, floor, and ceiling construction in resident areas shall comply with noise reduction criteria in the following table. The requirements set forth in this table assume installation methods that will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacles, grills, ductwork, and other mechanical items, and blocking and sealing of partitions at floors and ceilings shall not compromise the sound isolation required. (III)

Table 1

Airborne Sound Transmission Class (STC)*

	Partitions	Floors
Resident's room to resident's room	35	35
Corridor to resident's room	35	35
Public space to resident's room**	40	40
Service areas to resident's room***	50	50

*STC shall be determined by tests in accordance with methods set forth in ASTM Standard E 90 and ASTM Standard E 413.

**Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar places.

***Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces of high noise. Mechanical equipment located on the same floor or above residents' rooms, offices, nurses stations, and similar occupied spaces shall be effectively isolated from the floor.

60.7(6) Doors, sidelights, borrowed lights, and windows in which the glazing extends below 31 inches from the floor shall have a horizontal mullion or railing at 31 to 34 inches above the finished floor and be glazed with safety glass, plastic glazing material, or wire glass where required by the state fire marshal. All replacement glass shall meet this code with no exception.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.8(135C) Sleeping, bathing, and medication rooms.

60.8(1) Facilities shall have a medication room that is well-lighted and has the following: (III)

a. A drug cabinet;

b. A work counter;

c. Refrigerator storage;

d. A chest or compartment with a lock for storage of Schedule II drugs as defined by Iowa Code chapter 124; and

e. A sink.

60.8(2) Facilities licensed for 15 beds or fewer need not have a medication room, but shall have space for the appropriate preparation and storage of medication, including locked medication storage as required in subrule 60.8(1).

60.8(3) Resident rooms shall meet the following minimum requirements:

a. Bedrooms shall open directly into a corridor or common living area and shall not be used as a thoroughfare. (III)

b. The minimum room area, exclusive of closets, toilet rooms, lockers, wardrobes, vestibules, and corridor door swings, shall be 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms. Usable floor space of a room shall be no less than 8 feet in any major dimension.

c. Each resident room shall be provided with light by means of a window or windows with a net glass area equal to 10 percent of the total floor area. The window sill shall not be higher than 3 feet above the floor.

d. There shall be a wardrobe, closet, or chest of drawers in each resident's room to provide sufficient storage for clothing and personal belongings. Where a closet is shared, segregated portions shall be established. Each wardrobe and closet in each resident room shall have a door. (III)

e. No bedroom shall be located so that its floor will be more than 30 inches below the adjacent grade level. (III)

f. Fixtures or storage shall be provided to hold individual towels and washcloths. (III)

g. No part of any room shall be enclosed, subdivided, or partitioned unless such part is separately lighted and ventilated and meets other requirements its usage and occupancy dictate, except closets used for the storage of resident's clothing. (III)

h. Rooms in which beds are erected shall not be used for purposes other than bedrooms. (III)

i. Each resident bedroom shall have a door. The door shall be the swing type and shall swing in, unless fully recessed. (III)

j. Multibed rooms shall be designed to permit no more than two beds, side-by-side, parallel to the window wall. (III)

k. Each resident bedroom shall be so designed that the head of the bed shall not be in front of a window or a heat register or radiator. (III)

l. One sink shall be provided in each resident room. The sink may be omitted from a room when a sink is located in an adjoining toilet room which serves that room. (III)

m. Multibed rooms shall provide full visual privacy for each resident. (III)

60.8(4) Each resident toilet room shall be adjacent to the resident rooms. Jack and Jill-style toilet rooms are not permitted in new constructions or renovations.

60.8(5) Central bathing.

a. Minimum numbers of toilets in bathing facilities shall be one sink and one toilet for each 10 residents, and one tub or shower for each 15 residents or fraction thereof. For facilities licensed for 15 beds or fewer, one bathing unit shall be provided for each five residents.

b. There shall be a minimum of one bathroom with tub or shower, toilet, and sink on each floor that has resident bedrooms in multistory buildings. (III)

c. Separate toilets for genders shall be provided. (III)

d. Privacy for dressing and bathing shall be provided in central bathrooms. (III)

e. All bathrooms shall have mechanical ventilation. (III)

f. Each bathroom shall have a toilet and a sink. (III)

g. Toilet and bathing facilities shall not open directly into food preparation areas. (III)

h. Central bathing areas shall have a swinging door that swings into the bathroom. (III)

i. Soap holders shall be provided in showers and bathtubs. (III)

j. Raised toilet seats shall be available for residents as needed. (III)

k. In facilities where the total occupancy of family, employees, and residents is more than five, separate bathing and toilet facilities shall be required for the family or employees distinct from such areas provided for residents. (III)

l. Bathtubs or showers shall be equipped with screwdriver stop valves in the water supply system. (III)

m. The temperature of the hot water to the resident sinks, bath, and showers shall range between 110° Fahrenheit and 120° Fahrenheit.

60.8(6) A soiled workroom, work counter, waste and soiled linen receptacles, and a two-compartment sink shall be provided. (III) One compartment of the double sink shall be a minimum of 10 inches deep for cleaning and sanitizing equipment. (III)

60.8(7) Enclosed clean linen storage, separate from the clean workroom. (III)

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.9(135C) Dining, activity, and storage rooms.

60.9(1) Where space is provided for multipurpose dining, activities, or recreational purposes, the area shall total at least 30 square feet per licensed bed for the first 100 beds and 27 feet per licensed bed for all beds in excess of 100. An open area of sufficient size shall be provided to permit group activities, such as religious meetings or presentation of demonstrations or entertainment. (III)

60.9(2) Where space is provided to be used only for activities and recreational purposes, the area shall be at least 15 square feet per licensed bed. At least 50 percent of the required area must be in one room. (III)

60.9(3) Where the dining and the lounge recreation areas are separated, each area shall provide a minimum of 180 square feet of usable floor space and be not less than 10 feet in any one dimension. Where space is provided to be used only for dining, the area shall total at least 15 square feet per licensed bed. (III)

60.9(4) An equipment storage room shall be provided. (III)

60.9(5) Enclosed clothing storage of at least 2 linear feet per bed for storage of off-season clothing shall be provided.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.10(135C) Service area.

60.10(1) *Definition of a service area.* The size of a service area shall depend upon the number and types of beds within the supervised unit. A service area shall contain the following rooms or areas: (III)

a. Dietetic service area,

b. Janitor's closet,

c. Laundry area,

d. General storage area,

e. Mechanical room,

f. Maintenance shop,

g. Yard equipment storage area.

60.10(2) *Dietetic service area.*

a. Detailed layout plans and specifications of equipment shall be submitted to the department for review and approval before the new construction, alterations, or additions to existing kitchens begin. (III)

b. The dietetic service area shall provide food serving facilities for residents and staff outside the food preparation area. (III)

c. The dishwashing area shall be provided with mechanical dishwashing equipment. Either conventional or chemical dishwashing equipment may be used. (III)

(1) Where conventional dishwashing equipment is used, the hot water system shall be designed to supply hot water at 110° Fahrenheit to 120° Fahrenheit. (III)

(2) A three-compartment pot and pan sink shall be provided for ware washing that provides and maintains hot water at 110° Fahrenheit to 115° Fahrenheit for washing and 170° Fahrenheit to 180° Fahrenheit for sanitizing, or a two-compartment sink shall be provided for soaking and washing utensils, with easy access to a dish machine that must be large enough for sanitizing all sizes of utensils used. (III)

(3) Machines (single-tank stationary rack, door-type machines and spray-type glass washers) using chemicals for sanitation may be used, provided that:

1. The temperature of the wash water shall not be less than 120° Fahrenheit. (III)
2. Chemicals added for sanitation purposes shall be automatically dispensed. (III)
3. The wash water shall be kept clean. (III)
4. Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with manufacturers' specifications for time and concentration. (III)
5. The chemical sanitizing rinse water temperature shall be not less than 75° Fahrenheit nor less than the temperature specified by the machine's manufacturer. (III)
6. Chemical sanitizers used shall meet the requirements of 21 CFR 178.1010. (III)
7. A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used. (III)

d. The dietetic service area shall be designed to provide a separation of the clean and dirty areas and to eliminate intermingling of the two types of activities. Food preparation and service areas are regarded as clean areas. (III)

e. A hand-washing sink shall be provided in the dietetic service area. In facilities licensed for eight beds or fewer, the sink shall be adjacent or convenient to the dietetic service area. (III)

f. There shall be refrigerated storage for at least a three-day supply of perishable food. (III)

g. There shall be available storage for at least a seven-day supply of staple food. (III)

h. Provisions for maintaining sanitary waste disposal and storage shall be provided on the premises. (III)

i. Where meals are provided by a health care facility or by a commercial food service, the preparation, storing and serving of the food and the utensil sanitizing procedures shall meet the requirements of these rules. (III)

j. Mechanical ventilation shall be provided in food storerooms to maintain temperatures and humidity at a level appropriate for the type of food being stored. (III)

60.10(3) *Janitor's closet.*

a. A janitor's closet shall be provided for storage of housekeeping supplies and equipment, including a floor receptor or service sink. (III)

b. The door to the janitor's closet shall be equipped with a lock. (III)

c. Locked storage shall be provided for chemicals. (III)

60.10(4) *Laundry area.*

a. In the laundry area, a work flow pattern shall be established in which soiled linen is not transported through the clean area to the soiled area. Two distinct areas physically separated, not necessarily by a wall, are required. (III)

b. A hand-washing sink shall be located in the laundry area. In facilities licensed for 15 beds or fewer, a hand-washing sink located adjacent to the laundry area may meet this requirement. (III)

c. Where linen is processed onsite, the following shall be provided (III):

(1) A clean, dry, well-lighted laundry processing room with equipment sufficient to process seven days' needs within the workweek.

(2) A soiled linen holding area.

(3) A clean linen area.

(4) Linen cart storage.

(5) Lockable storage for laundry supplies.

(6) One janitor's closet or alcove in the immediate vicinity of the laundry.

d. The laundry room in any facility not using off-site processing but serving more than 20 residents shall contain no less than 125 square feet of available floor space. (III)

e. Where linen is processed off the site, the following shall be provided (III):

(1) Soiled linen holding room.

(2) Clean linen receiving, holding, inspection, and storage area.

60.10(5) *General storage areas.*

a. General storage areas totaling not less than 10 square feet per bed shall be provided. Storage areas are not required to be located in the same area. (III)

b. The equipment storage room space may be included in this general area, but is not required to be located in the same area. (III)

c. Storage areas for linens, janitor's supplies, sterile nursing supplies, activity supplies, library books, office supplies, kitchen supplies, and mechanical plant accessories shall not be included as part of the general storage area and are not required to be located in the same area. (III)

d. Thirty percent of the general storage area may be provided in a building outside the facility, readily and easily accessible by the personnel. (III)

60.10(6) *Mechanical, electrical, and maintenance areas.* The following areas shall be provided (III):

a. Boiler room or mechanical room and electrical equipment room. (III)

(1) These rooms may be used for noncombustible material storage.

(2) Any noncombustible material shall not be stored close to or hinder access to any fuel-fired equipment or electrical panels.

(3) These areas shall not be included in calculating the 10 square feet per bed for general storage areas, as required under paragraph 60.10(5)*"a."*

b. Yard equipment storage may be provided in a separate room or building for yard maintenance equipment and supplies. This shall not be included in the general storage area.

c. No portable fuel-operated equipment shall be housed inside a facility unless it is separated by at least a two-hour fire separation approved by the state fire marshal's office.

d. Rooms containing heating or cooling equipment shall be locked.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.11(135C) Administration and staff area. The size of an administration and staff area depend upon the needs of the facility. An administration and staff area shall contain the following rooms or areas (III):

1. An administration office.
2. An area containing storage for office equipment and supplies. This area shall be secure and contain work space for charting and record storage and may contain medication storage.
3. A lounge shall be provided for staff. Toilet rooms with sink and toilet shall be provided for staff.
4. Closets or compartments for the safekeeping of coats and personal effects of staff.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.12(135C) Public area. A public area shall contain a public telephone accessible to the residents within the facility to make personal calls. It shall also contain a separate bathroom for the public, including a toilet and sink. (III)

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.13(135C) Specialized unit or facility for persons with chronic confusion or a dementing illness (memory care unit or facility). A memory care unit or facility shall be designed in accordance with the standards set forth in 661—Chapter 201. The following provisions shall also apply (III):

60.13(1) A memory unit or facility shall be designed so that residents, staff, and visitors will not pass through the unit in order to reach exits or other areas of the facility unless in an emergency.

60.13(2) If the unit or facility is to be a locked unit or facility, all locking devices shall meet the requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required.

60.13(3) The outdoor activity area for the unit or facility shall be secure. Nontoxic plants shall be used in the secured outdoor activity area.

60.13(4) There shall be no steps inside the memory care unit or facility.

60.13(5) Dining and activity areas for the unit or facility shall be located within the unit or facility and shall not be used as the primary dining or activity area by other facility residents.

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

481—60.14(135C) Elevator requirements. All residential care facilities where resident facilities are located on other than the first floor shall have one or more electric or electrohydraulic elevators, as required. For purposes of this requirement, resident facilities include, but are not limited to, diagnostic, recreation, activity, resident dining, and therapy rooms or additional resident bedrooms. The first floor is that floor first reached from the main front entrance. Elevators, where installed, shall comply with the division of labor rules as promulgated in Iowa Code chapter 89A and 875—Chapters 71 to 73. (III)

[**ARC 7036C**, IAB 5/31/23, effective 7/5/23]

These rules are intended to implement Iowa Code section 135C.14.

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CHAPTER 61
MINIMUM PHYSICAL STANDARDS FOR NURSING FACILITIES
[Prior to 7/15/87, Health Department[470] Ch 61]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—61.1(135C) Definitions. Definitions in rule 481—58.1(135C) are incorporated by reference as part of this chapter. In addition, the following definition shall apply:

"Responsible design professional" means a registered architect or licensed professional engineer who signs the documents submitted pursuant to rule 481—61.3(135C).

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13]

481—61.2(135C) General requirements. Nursing facilities licensed under this chapter shall be built in accordance with the following construction standards:

61.2(1) Construction shall be in conformance with 661—Chapter 205, Fire Safety Requirements for Hospitals and Health Care Facilities. Projects required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the project is in compliance with the provisions of 661—Chapter 205.

61.2(2) Construction shall be in conformance with 661—Chapter 301, State Building Code— General Provisions. Projects meeting the local building code shall be deemed to be in compliance with the state building code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system which includes both plan review and inspection.

61.2(3) Construction shall be in accordance with the standards set forth in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 edition, published by the Facility Guidelines Institute.

61.2(4) Nothing in these rules shall relieve a nursing facility from compliance with fire and building codes, ordinances and regulations which are enforced by city, county, state or federal jurisdictions.

61.2(5) New equipment. Any alteration or installation of new equipment shall be accomplished as nearly as practical in conformance with all applicable codes, ordinances, regulations and standards required for new construction. Alteration or installation of new equipment shall not diminish the level of compliance with any codes, ordinances, regulations or standards below that which existed prior to the alteration. Any feature that does not meet the requirement for new buildings but exceeds the requirement for existing buildings shall not be further diminished. Features that exceed requirements for new construction need not be maintained. In no case shall any feature be less than that required for existing buildings. (III)

61.2(6) Existing nursing facilities built in compliance with prior versions of this chapter will be deemed in compliance, with the exception of any renovations, additions, functional alterations, changes of space utilization, or conversions to existing facilities for which construction documents are submitted pursuant to rule 481—61.3(135C) on or after July 1, 2013, which shall meet the standards specified in this chapter. Conversion of a building or any of the parts not currently licensed as a nursing facility must meet the rules governing construction of new facilities, except as provided in Life Safety Code, 2000 edition, sections 18.1.1.4.4 and 19.1.1.4.4.

61.2(7) Final plan approval and final occupancy shall be given by the state fire marshal's office.

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13; **ARC 4264C**, IAB 1/30/19, effective 3/6/19]

481—61.3(135C) Submission of construction documents.

61.3(1) Submissions of architectural technical documents, engineering documents, and plans and specifications to the state fire marshal's office shall be as required by rule 481—300.4(103A) and are the responsibility of the owner of the building or facility, although the actual submission may be completed by an authorized agent of the owner or the responsible design professional.

61.3(2) Plans, specifications and other supporting information shall be sufficiently clear and complete to show in detail that the proposed work will comply with the construction standards required by rule 481—61.2(135C).

61.3(3) Submittals to the state fire marshal's office shall be certified or stamped and signed as required by Iowa Code chapters 542B and 544A unless the applicant has certified on the submittal to the applicability of a specific exception under Iowa Code section 544A.18 and the submittal does not constitute the practice of engineering as defined by Iowa Code section 542B.2.

61.3(4) The responsible design professional shall certify that the building plans meet the requirements specified in this chapter, unless a waiver has been granted pursuant to rule 481—61.4(135C).

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13; **ARC 5719C**, IAB 6/16/21, effective 7/21/21; Editorial change: IAC Supplement 8/5/26]

481—61.4(135C) Waivers.

61.4(1) Procedures in rule 481—58.2(135C) for requesting a waiver are incorporated by reference as part of this chapter.

61.4(2) Certain resident populations, conditions in the area, or the site may justify waivers. In specific cases, waivers to the rules may be granted by the director after the following conditions are met:

a. The design and planning for the specific property shall offer improved or compensating features which provide equivalent desirability and utility;

b. Alternate or special construction methods, techniques, and mechanical equipment shall offer equivalent durability, utility, safety, structural strength and rigidity, sanitation, odor control, protection from corrosion, decay and insect attack, and quality of workmanship;

c. The health, safety or welfare of any resident shall not be endangered;

d. Variations are limited to the specific project under consideration and shall not be construed as establishing a precedent for similar acceptance in other cases;

e. The occupancy and function of the building shall be considered; and

f. The type of licensure shall be considered.

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13; **ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—61.5(135C) Additional notification requirements.

61.5(1) When new construction or renovation, addition, functional alteration, change of space utilization, or conversion of an existing building is contemplated, the licensee or applicant for a license shall:

a. File a detailed and comprehensive program of care, as set forth in rule 481—58.3(135C), which includes a description of the specific needs of the residents to be served, and any other information the department may require. (III)

b. Receive written approval from the state fire marshal's office before starting construction. The applicant is responsible for ensuring that construction proceeds according to approved plans and specifications. If construction is not started within 12 months of the date of final approval of the working drawings and specifications, the approval shall be void and the plans and specifications shall be resubmitted. Multiphase projects shall be completed within a time period approved by the state fire marshal's office.

c. Meet requirements for new construction if the project includes changes to structural and life safety components of the building or changes for accessibility of persons with disabilities. Only that portion of the building that is part of the project must meet requirements for new construction.

61.5(2) Inspections.

a. For new construction or renovations, additions, functional alterations, change of space utilization or conversion of an existing building, it is the responsibility of the owner or an agent to notify the state fire marshal's office at all of the following intervals and wait for inspection before proceeding. Inspections shall be conducted in accordance with the following schedule:

(1) Two days prior to the beginning of any construction or demolition.

(2) After installation of any under-slab plumbing and before covering is installed.

(3) After installation of electrical, mechanical and plumbing and prior to covering.

(4) Five days prior to a final occupancy inspection.

b. The following must approve the project before final occupancy: the state fire inspector, the state building inspector and, in jurisdictions without electrical code enforcement, the state electrical inspector. Approval of local or county jurisdictions is as required by those jurisdictions.

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13]

481—61.6(135C) Construction requirements. This rule contains construction requirements for all areas of the building.

61.6(1) *General provisions.*

a. Projects shall be constructed in compliance with 661—Chapter 205, Fire Safety Requirements for Hospitals and Health Care Facilities. Projects required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the nursing facility is in compliance with the provisions of 661—Chapter 205, Fire Safety Requirements for Hospitals and Health Care Facilities.

b. Projects shall be constructed in compliance with 661—Chapter 301, State Building Code—General Provisions. Projects meeting the local building code shall be deemed to be in compliance with the state building code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system which includes both plan review and inspection.

c. Projects shall be constructed in compliance with the standards set forth in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 edition, published by the Facility Guidelines Institute.

d. Final plan approval and final occupancy shall be given by the state fire marshal's office.

61.6(2) *Mechanical requirements.*

a. Projects shall be constructed in compliance with 481—Chapter 280, Fire Safety Requirements for Hospitals and Health Care Facilities.

b. Projects shall be constructed in compliance with the state mechanical code as provided in rule 481—301.4(103A). Projects meeting the local mechanical code shall be deemed to be in compliance with the state mechanical code provided that the local jurisdiction has established a building department, has adopted a building code by ordinance and enforces the local code through a system which includes both plan review and inspection.

c. Final plan approval and final occupancy shall be given by the state fire marshal's office.

61.6(3) *Electrical requirements.*

a. Projects shall be constructed in compliance with standards referenced in 481—Chapter 280, Fire Safety Requirements for Hospitals and Health Care Facilities.

b. Projects shall be constructed in compliance with the state electrical code as provided in rule 481—301.5(103A).

61.6(4) *Plumbing requirements.* Projects shall be constructed in compliance with 481—Chapter 425, State Plumbing Code.

61.6(5) *Accessibility requirements.* Projects shall be constructed in compliance with 661—Chapter 302, State Building Code—Accessibility of Buildings and Facilities Available to the Public.

61.6(6) *Lighting requirements.* Light shall be provided in the areas of the building as required in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 edition, published by the Facilities Guidelines Institute.

61.6(7) *Exit door alarm system.* An exit door alarm system shall be installed on all exterior doors. (I, II, III)

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13; **ARC 4264C**, IAB 1/30/19, effective 3/6/19; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—61.7(135C) Nursing care unit.

61.7(1) A seclusion room may be used in an intermediate care facility for persons with mental illness.

61.7(2) When a seclusion room is used, it must meet the following standards. A seclusion room shall:

a. Be located where direct care staff can provide direct supervision; (I, II, III)

b. Have only one door which swings out but does not swing into a corridor; (II, III)

c. Have only locking devices that are approved by the state fire marshal; (I, II, III)

d. Have unbreakable, fire-safe vision panels arranged to permit observation of the resident. The arrangement shall ensure resident privacy and prevent casual observation by visitors or other residents; (I, II, III)

e. House only one resident at a time; (I, II, III)

f. Have an area of at least 60 square feet, but not more than 100 square feet; (II, III)

g. Be constructed to protect against the possibility of hiding, escape, injury and suicide; (I, II, III)

h. Have construction of the room area, including floor, walls, ceilings, and all openings, approved in writing by the state fire marshal prior to construction or alteration of a room. Padding materials, if used, shall be approved in writing by the state fire marshal; (I, II, III)

i. Contain only vandal- and tamper-resistant fixtures and hardware; (I, II, III)

j. Contain no electrical receptacles; (I, II, III)

k. Contain an exhaust ventilation system with a fan located at the discharge end of the system, with exhaust discharging to the outside; (II, III)

l. Have electrical switches for the light and exhaust ventilation systems installed outside the room; (I, II, III)

m. Have an emergency call system for staff located outside the room near the observation window; (II, III) and

n. Be built with materials that are easily maintained and sanitized. (III)

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13]

481—61.8(135C) Dietetic and other service areas.

61.8(1) *Dietetic service area.* The construction and installation of equipment of the dietetic service area shall comply with the requirements of the Food and Drug Administration Food Code adopted under provisions of Iowa Code section 137F.2. (III)

61.8(2) *General storage areas.* General storage areas totaling not less than 14 square feet per bed shall be provided. If each resident has a 4-foot wide closet in the bedroom, the general storage area per bed may be reduced from 14 square feet to 10 square feet per bed. Storage areas are not required to be located in only one room. (III)

a. Storage areas for linens, janitor's supplies, sterile nursing supplies, activities supplies, library books, office supplies, kitchen supplies and mechanical plant accessories shall not be included as part of the general storage area and are not required to be located in the same area. (III)

b. Thirty percent of the general storage area may be provided in a building outside the facility if the building is easily accessible to personnel. (III)

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13]

481—61.9(135C) Specialized unit or facility for persons with chronic confusion or a dementing illness (CCDI unit or facility). A CCDI unit or facility shall be designed in accordance with the standards set forth in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 edition, published by the Facility Guidelines Institute. The following provisions shall also apply:

61.9(1) A CCDI unit or facility shall be designed so that residents, staff and visitors will not pass through the unit in order to reach exits or other areas of the facility unless in an emergency. (III)

61.9(2) If the unit or facility is to be a locked unit or facility, all locking devices shall meet the requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required. (I, II, III)

61.9(3) The outdoor activity area for the unit or facility shall be secure. Nontoxic plants shall be used in the secured outdoor activity area. (I, II)

61.9(4) There shall be no steps inside the CCDI unit or freestanding CCDI facility. (III)

61.9(5) Dining and activity areas for the unit or facility shall be located within the unit or facility and shall not be used as the primary dining or activity area by other facility residents. (III)

61.9(6) An area shall be provided to allow nurses to prepare daily resident reports. (III)

61.9(7) If the lounge and activity areas are not adjacent to resident rooms, there shall be in clear view of the lounge and activity area one unisex resident toilet room for each ten residents. (III)

[**ARC 0763C**, IAB 5/29/13, effective 7/3/13; **ARC 4264C**, IAB 1/30/19, effective 3/6/19]

These rules are intended to implement Iowa Code section 135C.14.

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CHAPTER 62
RESIDENTIAL CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS (RCFs/PMI)

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—62.1(135C) Applicability. This chapter relates specifically to the licensing and regulation of residential care facilities for persons with mental illness (RCFs/PMI). Refer to 481—Chapter 57 for the licensing and regulation of all residential care facilities, including RCFs/PMI, and to 481—Chapter 60 for minimum physical standards for all residential care facilities.
[**ARC 3739C**, IAB 4/11/18, effective 5/16/18]

481—62.2(135C) Definitions. In addition to the definitions in 481—Chapter 57 and Iowa Code chapter 135C, the following definitions apply.

"Commission" means the mental health and disability services commission.

"Department" means the Iowa department of inspections and appeals.

"Dependent adult abuse" is as defined in rule 481—52.1(235E).

"Evaluation services" means those activities designed to identify a person's current level of functioning and those factors which are barriers to maintaining the current level or achieving a higher level of functioning.

"Interdisciplinary team process" means an approach to assessment, service planning, and service implementation in which members of an interdisciplinary team utilize the skills, competencies, insights and perspectives provided by each member's training and experience to develop a single, integrated, individual program plan to meet a resident's needs for services.

"Level of functioning" means a person's current physiological and psychological status and current academic, community living, self-care, and vocational skills.

"Mental health counselor" means a person who is certified or eligible for certification as a mental health counselor by the National Academy of Certified Clinical Mental Health Counselors.

"Mental illness" means a substantial disorder of thought or mood which significantly impairs judgment, behavior, or the capacity to recognize reality or the ability to cope with the ordinary demands of life. Mental disorders include the organic and functional psychoses, neuroses, personality disorders, alcoholism and drug dependence, behavioral disorders and other disorders as defined by the current edition of American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

"Physical or physiological treatment" means those activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the physical or physiological functioning of the human body.

"Psychiatric advanced registered nurse practitioner" means an individual currently licensed as a registered nurse under Iowa Code chapter 152 or 152E who holds a national certification in psychiatric mental health care and who is licensed by the board of nursing as an advanced registered nurse practitioner.

"Psychiatric nurse" means a person who meets the requirements of a certified psychiatric nurse, is eligible for certification by the American Nursing Association, and is licensed by the state of Iowa to practice nursing as defined in Iowa Code chapter 152.

"Psychiatrist" means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification.

"Psychologist" means a person who is licensed to practice psychology in the state of Iowa, or is certified by the Iowa department of education as a school psychologist, or is eligible for certification, or meets the requirements for eligibility for a license to practice psychology in the state of Iowa that were effective prior to July 1, 1985.

"Psychotherapeutic treatment" means those activities designed to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person's functioning in response to the physical, emotional and social environment.

"Qualified mental health professional" or *"QMHP"* means a person who:

1. Is a psychiatrist, psychologist, social worker, certified psychiatric nurse, psychiatric advanced registered nurse practitioner, or mental health counselor; or

2. Is a doctor of medicine or osteopathic medicine, a physician associate, or an advanced registered nurse practitioner and has at least one year's documented supervised experience in providing mental health services; or

3. Has a master's degree with coursework focusing on diagnosis, evaluation, and psychotherapeutic treatment of mental health problems and mental illness; or

4. Is employed by a community mental health center or mental health service provider accredited by the commission and has less than a master's degree but at least a bachelor's degree and sufficient education and experience as determined by the chief administrative officer of the community mental health center, with the approval of the commission, with coursework and experience focusing on diagnosis and evaluation and treatment of persons with mental health problems and mental illness.

If the person is practicing in a field covered by an Iowa licensure law, the person shall hold a current Iowa license.

"Resident" means a person who has been admitted to the facility to receive care and services.

"Social worker" means a person who is licensed to practice social work in the state of Iowa or who is eligible for licensure.

[**ARC 3739C**, IAB 4/11/18, effective 5/16/18; Editorial change: IAC Supplement 6/24/26]

481—62.3(135C) Personnel. In addition to personnel requirements found in 481—Chapter 57, the RCF/PMI shall provide for services of a qualified mental health professional, by direct employment or contract, whose responsibilities shall include, but not be limited to: (II, III)

1. Approval of each resident's service plan; (II, III)
2. Monitoring the implementation of each resident's service plan; (II, III)
3. Recording each resident's progress; and (II, III)
4. Participating in a periodic review of each resident's service plan. (II, III)

[**ARC 3739C**, IAB 4/11/18, effective 5/16/18]

481—62.4(135C) Admission criteria. In addition to admission criteria found in 481—Chapter 57, the facility's admission criteria shall include but not be limited to age, sex, diagnosis from the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, substance abuse, dual diagnosis and criteria that are consistent with the résumé of care. (III)

[**ARC 3739C**, IAB 4/11/18, effective 5/16/18]

481—62.5(135C) Evaluation services.

62.5(1) Evaluation services shall be provided to each resident. An annual evaluation of each resident shall be completed no later than 12 months from the date of the last available evaluation. For residents who are on leave from a state mental health institution, the institution shall be responsible for the completion of the evaluation. The facility shall ensure the completion of the evaluation of all other residents. The annual evaluation shall identify physical health and current level of functioning and need for services. (II, III)

62.5(2) The portion of the evaluation to identify the resident's physical health shall:

a. Result in identification of current illness and disabilities and recommendations for physical and physiological treatment and services. (II, III)

b. Include an evaluation of the resident's ability for health maintenance. (III)

c. Be performed by a primary care provider. (II, III)

62.5(3) Evaluation.

a. The portion of the evaluation to identify the resident's current level of functioning and need for services shall:

(1) Identify the resident's level of functioning and need for services in each of the following areas: self-care, community living skills, psychotherapeutic treatment, vocational skills, and academic skills. (II, III)

(2) Be of sufficient detail to determine the appropriateness of placement according to the skills and needs of the resident. (II, III)

(3) Be made without regard to the availability of services. (III)

(4) Be performed by a QMHP, in consultation with the interdisciplinary team. (II, III)

b. If an evaluation is available from the referral source, the evaluation shall be secured by the facility prior to the admission of the applicant. (III)

c. If an evaluation is not available or does not contain all the required information, the facility shall ensure an evaluation to the extent necessary to determine if the applicant meets the criteria for admission. For those admitted, the remainder of the evaluation shall be performed prior to the development of a service plan. (III)

d. Results of all evaluations shall be in writing and maintained in the resident's record. Evaluations subsequent to the initial evaluation shall be performed in sufficient detail to determine changes in the resident's physical health, skills and need for services. (II, III)

62.5(4) A narrative social history shall be completed for each resident within 30 days of admission and approved by the qualified mental health professional prior to the development of the service plan. (III)

a. When the social history was secured from another provider, the information contained shall be reviewed within 30 days of admission. The date of the review, signature of the staff reviewing the history, and a summary of significant changes in the information shall be entered in the resident's record. (III)

b. An annual review of the information contained within the social history shall be incorporated into the service plan progress note. (III)

c. The social history shall minimally address the following areas:

(1) Referral source and reason for admission, (II, III)

(2) Legal status, (II, III)

(3) A description of previous living arrangements, (III)

(4) A description of previous services received and summary of current service involvements, (II, III)

(5) A summary of significant medical conditions including, but not limited to, illnesses, hospitalizations, past and current drug therapies, and special diets, (II, III)

(6) Substance abuse history, (II, III)

(7) Work history, (III)

(8) Educational history, (III)

(9) Relationship with family, significant others, and other support systems, (III)

(10) Cultural and ethnic background and religious affiliation, (II, III)

(11) Hobbies and leisure time activities, (III)

(12) Likes, dislikes, habits, and patterns of behavior, (II, III)

(13) Impressions and recommendations. (II, III)

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CHAPTER 63
RESIDENTIAL CARE FACILITY—THREE- TO FIVE-BED SPECIALIZED LICENSE
[Prior to 7/15/87, Health Department[470] Ch 63]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—63.1(135C) Definitions. For the purpose of these rules, the following terms shall have the meanings indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in the rules.

"Accommodation" means the provision of lodging, including sleeping, dining, and living areas.

"Administrator" means a person approved by the department who administers, manages, supervises, and is in general administrative charge of a three- to five-bed residential care facility, whether or not such individual has an ownership interest in such facility, and whether or not the functions and duties are shared with one or more individuals.

"Ambulatory" means the condition of a person who immediately and without aid of another person is physically and mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

"Basement" means that part of a building where the finish floor is more than 30 inches below the finish grade of the building.

"Board" means the regular provision of meals.

"Change of ownership" means the purchase, transfer, assignment or lease of a licensed three- to five-bed residential care facility.

"Communicable disease" means a disease caused by the presence within a person's body of a virus or microbial agents which may be transmitted either directly or indirectly to other persons.

"Department" means the state department of inspections and appeals.

"Interdisciplinary team" means the group of persons who develop a single, integrated, individual program plan to meet a resident's needs for services. The interdisciplinary team consists of, at a minimum, the resident, the resident's legal guardian if applicable, the resident's advocate if desired by the resident, a referral agency representative, other appropriate staff members, other providers of services, and other persons relevant to the resident's needs.

"Legal representative" means the resident's guardian or conservator if one has been appointed or the resident's power of attorney.

"Mechanical restraint" means restriction by the use of a mechanical device of a resident's mobility or ability to use the hands, arms or legs.

"Medication" means any drug, including over-the-counter substances.

"Nonambulatory" means the condition of a person who immediately and without the aid of another person is not physically or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

"Personal care" means assistance with the activities of daily living which the recipient can perform only with difficulty. Examples are help in getting in and out of bed, assistance with personal hygiene and bathing, help with dressing and eating, and supervision over medications which can be self-administered.

"Physical restraint" means direct physical contact on the part of a staff person to control a resident's physical activity for the resident's own protection or for the protection of others.

"Primary care provider" means any of the following who provide primary care and meet licensure standards:

1. A physician who is a family or general practitioner or an internist.
2. An advanced registered nurse practitioner.
3. A physician associate.

"Program of care" means all services being provided for a resident in a health care facility.

"Prone restraint" means a restraint in which a resident is in a face-down position against the floor or another surface.

"Rate" means that daily fee charged for all residents equally and shall include the cost of all minimum services required in these rules.

"Records" includes electronic records.

"Responsible party" means the person who signs or cosigns the residency agreement required by rule 481—63.12(135C) or the resident's legal representative. In the event that a resident has neither a legal representative nor a person who signed or cosigned the resident's residency agreement, the term "responsible party" shall include the resident's sponsoring agency, e.g., the department of human services, the U.S. Department of Veterans Affairs, a religious group, fraternal organization, or foundation that assumes responsibility and advocates for its client patients and pays for their health care.

"Restraints" means the measures taken to control a resident's physical activity for the resident's own protection or for the protection of others.

"Specialized residential care facility license" means a license for three- to five-bed residential care facilities serving persons with an intellectual disability, chronic mental illness, a developmental disability or brain injury.

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; Editorial change: IAC Supplement 6/10/26]

481—63.2(135C,17A) Waiver. A waiver from these rules may be granted by the director of the department in accordance with 7—Chapter 2504. A request for waiver will be granted or denied by the director within 120 calendar days of receipt.

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 5719C**, IAB 6/16/21, effective 7/21/21; Editorial change: IAC Supplement 8/5/26]

481—63.3(135C) Application for licensure.

63.3(1) *Application and licensing—new facility or change of ownership.* In order to obtain a specialized residential care facility license for a facility not currently licensed as a specialized residential care facility or for a specialized residential care facility when a change of ownership is contemplated, the applicant must:

a. Make application at least 30 days prior to the proposed opening date of the facility. Application shall be made on forms provided by the department.

b. Meet all of the rules, regulations, and standards contained in this chapter and in 481—Chapter 50.

c. Submit a letter of intent and a written résumé of care. The résumé of care shall meet the requirements of subrule 63.3(2).

d. Submit a floor plan of each floor of the residential care facility. The floor plan of each floor shall be drawn on 8½″ × 11″ paper, show room areas in proportion, room dimensions, window and door locations, designation of the use of each room, and the room numbers for all rooms, including bathrooms.

e. Submit a photograph of the front and side of the residential care facility.

f. Submit the fee for a specialized residential care facility license in accordance with 481—paragraph 50.3(2)*"a."*

g. Comply with all other local statutes and ordinances in existence at the time of licensure.

h. Submit a certificate signed by the state or local fire inspection authority as to compliance with fire safety rules and regulations.

63.3(2) *Résumé of care.* The résumé of care shall describe the following:

a. Purpose of the facility;

b. Criteria for admission to the facility;

c. Ownership of the facility;

d. Composition and responsibilities of the governing board;

e. Qualifications and responsibilities of the administrator;

f. Medical services provided to residents, to include the availability of emergency medical services in the area and the designation of a primary care provider to be responsible for residents in an emergency;

g. Dental services provided to residents and available in the area;

h. Nursing services provided to residents, if applicable;

i. Personal services provided to residents, including supervision of or assistance with activities of daily living;

j. Activity program;

k. Dietary services, including qualifications of the person in charge, consultation service (if applicable) and meal service;

l. Other services available as applicable, including social services, physical therapy, occupational therapy, and recreational therapy;

m. Housekeeping;

n. Laundry;

o. Physical plant; and

p. Staffing provided to meet residents' needs.

63.3(3) *Renewal application.* In order to obtain a renewal of the specialized residential care facility license, the applicant must submit the following:

a. The completed application form 30 days prior to the annual license renewal date of the residential care facility license;

b. The fee for a specialized residential care facility license in accordance with 481—paragraph 50.3(2)*"a"*;

c. An approved current certificate signed by the state or local fire inspection authority as to compliance with fire safety rules and regulations;

d. Changes to the résumé of care, if any; and

e. Changes to the current residency agreement, if any.

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 4577C**, IAB 7/31/19, effective 9/4/19]

481—63.4(135C) Issuance of license. Licenses are issued to the person, entity or governmental unit with responsibility for the operation of the facility and for compliance with all applicable statutes, rules and regulations.

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.5(135C) General requirements.

63.5(1) The license shall be displayed in the facility in a conspicuous place which is accessible to the public. (III)

63.5(2) The license shall be valid only in the possession of the licensee to whom it is issued.

63.5(3) The posted license shall accurately reflect the current status of the facility. (III)

63.5(4) The license shall expire one year after the date of issuance or as indicated on the license.

63.5(5) The licensee shall:

a. Assume the responsibility for the overall operation of the facility. (I, II, III)

b. Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III)

c. Provide an organized continuous 24-hour program of care commensurate with the needs of the residents. (I, II, III)

63.5(6) Each citation or a copy of each citation issued by the department for a class I or class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.6(135C) Required notifications to the department. The department shall be notified:

63.6(1) Thirty days before any proposed change in the residential care facility's functional operation or addition or deletion of required services; (III)

63.6(2) Thirty days before the beginning of the renovation, addition, functional alteration, change of space utilization, or conversion in the residential care facility or on the premises; (III)

63.6(3) Thirty days before closure of the residential care facility; (III)

63.6(4) Within two weeks of any change in administrator; (III)

63.6(5) Ninety days before a change in the category of license; (III)

63.6(6) Thirty days before a change of ownership. The licensee shall:

a. Inform the department of the pending change of ownership; (III)

b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee; (III)

c. Submit a written authorization to the department permitting the department to release all information of whatever kind from the department's files concerning the licensee's residential care facility to the named prospective purchaser, transferee, assignee, or lessee. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.7(135C) Administrator. Each facility shall have one person in charge, duly approved by the department or acting in a provisional capacity in accordance with these rules. (III)

63.7(1) *Qualifications of an administrator.*

a. The administrator shall be at least 21 years of age and shall have a high school diploma or equivalent. (III) In addition, this person shall meet at least one of the following conditions:

(1) Have a two-year degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of two years' experience in the field; or (III)

(2) Have a four-year degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of one year of experience in the field; or (III)

(3) Have a master's degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of one year of experience in the field; or (III)

(4) Be a licensed nursing home administrator; or (III)

(5) Have completed a one-year educational training program approved by the department for residential care facility administrators; or (III)

(6) Have passed the National Association of Long Term Care Administrator Boards (NAB) RC/AL administrator licensure examination; or

(7) Have two years of direct care experience and at least six months of administrative experience in a residential care facility. (III)

b. The administrator shall have at least one year of documented experience in a supervisory or direct care position working with persons with an intellectual disability, mental illness, a developmental disability, or brain injury.

c. An individual employed as an administrator on May 16, 2018, will be deemed to meet the requirements of this subrule.

63.7(2) *Duties of an administrator.* The administrator shall:

a. Select and direct competent personnel who provide services for the residential care program. (III)

b. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)

(1) Infection control.

(2) Emergency preparedness (e.g., fire, tornado, flood, 911).

(3) Meal time procedures/dietary.

(4) Resident activities.

(5) Mental illness, brain injury or intellectual disabilities, including behavioral intervention, de-escalation, and crisis intervention techniques.

(6) Resident safety/supervision.

(7) Resident rights.

(8) Medication education, to include administration, storage and drug interactions.

(9) Resident service plans/programming/goals.

63.7(3) *Administrator serving at more than one residential care facility.* The administrator may be responsible for no more than 150 beds in total if the administrator is an administrator of more than one facility. (II)

a. An administrator of more than one facility shall designate in writing an administrative staff person in each facility who shall be responsible for directing programs in the facility.

b. The administrative staff person designated by the administrator shall:

(1) Have at least one year of documented experience in a supervisory or direct care position working with persons with an intellectual disability, mental illness, a developmental disability, or brain injury; (II, III)

(2) Be knowledgeable of the operation of the facility; (II, III)

(3) Have access to records concerned with the operation of the facility; (II, III)

(4) Be capable of carrying out administrative duties and of assuming administrative responsibilities; (II, III)

(5) Be at least 21 years of age; (III)

(6) Be empowered to act on behalf of the licensee concerning the health, safety and welfare of the residents; and (II, III)

(7) Have training in emergency response, including how to respond to residents' sudden illnesses. (II, III)

c. If an administrator serves more than one facility, the administrator must designate in writing regular and specific times during which the administrator will be available to consult with staff and residents to provide direction and supervision of resident care and services. (II, III)

63.7(4) *Provisional administrator.* A provisional administrator may be appointed on a temporary basis by the residential care facility licensee to assume the administrative responsibilities for a residential care facility for a period not to exceed one year when the facility has lost its administrator and has not been able to replace the administrator, provided that the department has been notified and has approved the provisional administrator prior to the date of the provisional administrator's appointment. (III) The provisional administrator must meet the requirements of paragraph 63.7(3)*"b."*

63.7(5) *Temporary absence of administrator.*

a. In the temporary absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. (III) The person designated shall:

(1) Be knowledgeable of the operation of the facility; (III)

(2) Have access to records concerned with the operation of the facility; (III)

(3) Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

(4) Be at least 21 years of age; (III)

(5) Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

(6) Have training in emergency response, including how to respond to residents' sudden illnesses. (II, III)

b. If the administrator is absent for more than six weeks, a provisional administrator must be appointed pursuant to subrule 63.7(4).

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.8(135C) Personnel.

63.8(1) *Alcohol and drug use prohibited.* No person under the influence of intoxicating drugs or alcoholic beverages shall be permitted to provide services in a residential care facility. (I, II)

63.8(2) *Job description.* There shall be a written job description developed for each category of worker. The job description shall include the job title, responsibilities and qualifications. (III)

63.8(3) *Employee criminal record, child abuse and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse.* The facility shall comply with the requirements found in Iowa Code section 135C.33 and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)

63.8(4) *Personnel record.* A personnel record shall be kept for each employee and shall include but not be limited to the following information about the employee: name and address; social security number; date of birth; date of employment; position; job description; experience and education; results of criminal

record checks, child abuse checks and dependent adult abuse checks; and date of discharge or resignation. (III)

63.8(5) *Supervision and staffing.*

a. The facility shall provide sufficient staff to meet the needs of the residents served. (I, II, III)

b. Personnel in a specialized residential care facility shall provide 24-hour coverage for residential care services. Personnel shall be available and responsive to residents' needs at all times while on duty. (I, II, III)

c. Direct care staff shall be present in the facility unless all residents are involved in activities away from the facility. (I, II, III)

d. Staff shall be aware of and provide supervision levels based on the present needs of the residents in the staff's care. The facility shall document the supervision of residents who require more than general supervision, as defined by facility policy. (I, II, III)

e. The facility shall maintain an accurate record of actual hours worked by employees. (III)

63.8(6) *Physical examination and screening.* Employees shall have a physical examination within 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 4577C**, IAB 7/31/19, effective 9/4/19]

481—63.9(135C) General policies. The licensee shall establish and implement written policies and procedures as set forth in this rule. The policies and procedures shall be available for review by the department, other agencies designated by Iowa Code section 135C.16(3), staff, residents, residents' families or legal representatives, and the public and shall be reviewed by the licensee annually. (II)

63.9(1) *Facility operation.* The licensee shall establish written policies for the operation of the facility, including but not limited to the following: (III)

a. Personnel; (III)
b. Admission; (III)
c. Evaluation services; (II, III)
d. Programming and individual program plans; (II, III)
e. Registered sex offender management; (II, III)
f. Crisis intervention; (II, III)
g. Discharge or transfer; (III)
h. Medication management, including self-administration of medications and chemical restraints; (III)
i. Resident property; (II, III)
j. Resident finances; (II, III)
k. Records; (III)
l. Health and safety; (II, III)
m. Nutrition; (III)
n. Physical facilities and maintenance; (III)
o. Resident rights; (II, III)
p. Investigation and reporting of alleged dependent adult abuse; (II, III)
q. Investigation and reporting of accidents or incidents; (II, III)
r. Transportation of residents; (II, III)
s. Resident supervision; (II, III)
t. Smoking; (III)
u. Visitors; (III)
v. Disaster/emergency planning; (III) and
w. Infection control. (III)

63.9(2) *Personnel policies.* Written personnel policies shall include the hours of work and attendance at educational programs. (III)

63.9(3) *Infection control.* The facility shall have a written and implemented infection control program, which shall include policies and procedures based on guidelines issued by the Centers for Disease

Control and Prevention, U.S. Department of Health and Human Services. The infection control program shall address the following:

a. Techniques for hand washing; (I, II, III)

b. Techniques for the handling of blood, body fluids, and body wastes; (I, II, III)

c. Dressings, soaks or packs; (I, II, III)

d. Infection identification; (I, II, III)

e. Resident care procedures to be used when there is an infection present; (I, II, III)

f. Sanitation techniques for resident care equipment; (I, II, III)

g. Techniques for sanitary use and reuse of feeding syringes and single-resident use and reuse of urine collection bags; (I, II, III) and

h. Techniques for use and disposal of needles, syringes, and other sharp instruments. (I, II, III)

63.9(4) *Resident care techniques.* The facility shall have written and implemented procedures to be followed if a resident needs any of the following treatment or devices:

a. Intravenous or central line catheter; (I, II, III)

b. Urinary catheter; (I, II, III)

c. Respiratory suction, oxygen or humidification; (I, II, III)

d. Decubitus care; (I, II, III)

e. Tracheostomy; (I, II, III)

f. Nasogastric or gastrostomy tubes; (I, II, III)

g. Sanitary use and reuse of feeding syringes and single-resident use and reuse of urine collection bags. (I, II, III)

63.9(5) *Emergency care.* The facility shall establish written policies for the provision of emergency medical care to residents and employees in case of sudden illness or accident. The policies shall include a list of those individuals to be contacted in case of an emergency. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.10(135C) Admission, transfer and discharge.

63.10(1) *General admission policies.*

a. Residents shall be admitted to a specialized residential care facility only on a written order signed by a primary care provider or psychiatrist, specifying the level of care, and certifying that the individual being admitted requires no more than personal care and supervision and does not require routine nursing care. (II, III)

b. No residential care facility shall admit or retain a resident who is in need of greater services than the facility can provide. (I, II, III)

c. No residential care facility shall admit more residents than the number of beds for which the facility is licensed. (II, III)

d. A residential care facility is not required to admit an individual through court order, referral or other means without the express prior approval of the administrator. (III)

e. The admission of a resident shall not grant the residential care facility the authority or responsibility to manage the personal affairs of the resident except as may be necessary for the safety of the resident and the safe and orderly management of the residential care facility as required by these rules. (III)

f. Individuals under the age of 18 shall not be admitted to a residential care facility without prior written approval by the department. A distinct part of a residential care facility, segregated from the adult section, may be established based on a résumé of care that is submitted by the licensee or applicant and is commensurate with the needs of the residents of the residential care facility and that has received the department's review and approval. (III)

g. No health care facility and no owner, administrator, employee or representative thereof shall act as guardian, trustee, or conservator for any resident's property unless such resident is related within the third degree of consanguinity to the person acting as guardian. (III)

63.10(2) *Discharge or transfer.*

a. Notification shall be made to the legal representative, primary care provider, psychiatrist, if any, and sponsoring agency, if any, prior to the transfer or discharge of any resident. (III)

b. The licensee shall not refuse to discharge or transfer a resident when the primary care provider, family, resident, or legal representative requests such transfer or discharge. (II, III)

c. Advance notification will be made to the receiving facility prior to the transfer of any resident. (III)

d. When a resident is transferred or discharged, the appropriate record will accompany the resident to ensure continuity of care. "Appropriate record" includes the resident's face sheet, service plan, most recent orders of the primary care provider and any notifications of upcoming scheduled appointments. (II, III)

e. When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.11(135C) Involuntary discharge or transfer.

63.11(1) *Involuntary discharge or transfer permitted.* A facility may involuntarily discharge or transfer a resident for only one of the following reasons:

a. Medical reasons;

b. The resident's welfare or that of other residents;

c. Repeated refusal by the resident to participate in the resident's service plan;

d. Due to action pursuant to Iowa Code chapter 229; or

e. Nonpayment for the resident's stay, as described in the residency agreement for the resident's stay.

63.11(2) *Medical reasons.* Medical reasons for transfer or discharge shall be based on the resident's needs and shall be determined and documented in the resident's record by the primary care provider. Transfer or discharge may be required in order to provide a different level of care to the resident. (II)

63.11(3) *Welfare of a resident.* Welfare of a resident or that of other residents refers to a resident's social, emotional, or physical well-being. A resident may be transferred or discharged because the resident's behavior poses a continuing threat to the resident (e.g., suicidal) or to the well-being of other residents or staff (e.g., the resident's behavior is incompatible with other residents' needs and rights). Written documentation that the resident's continued presence in the facility would adversely affect the resident's own welfare or that of other residents shall be made by the administrator or designee and shall include specific information to support this determination. (II)

63.11(4) *Notice.* Involuntary transfer or discharge of a resident from a facility shall be preceded by a written notice to the resident and the responsible party. (II, III)

a. The notice shall contain all of the following information:

(1) The stated reason for the proposed transfer or discharge. (II)

(2) The effective date of the proposed transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows: (II)

> You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after receipt of your request by the department and you will not be transferred prior to a final decision. In emergency circumstances, extension of the 14-day requirement may be permitted upon request to the department's designee. If you lose the hearing, you will not be transferred before the expiration of (1) 30 days following receipt of the original notice of the discharge or transfer, or (2) 5 days following final decision of such hearing, including exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary

care provider; and the person or agency responsible for the resident's placement, maintenance, and care in the facility. The notice shall indicate that a copy has been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent. (II)

c. The notice required by paragraph 63.11(4)*"a"* shall be provided at least 30 days in advance of the proposed transfer or discharge unless one of the following occurs: (II)

(1) An emergency transfer or discharge is mandated by the resident's health care needs and is in accordance with the written orders and medical justification of the primary care provider. Emergency transfers or discharges may also be mandated in order to protect the health, safety, or well-being of other residents and staff from the resident being transferred. (II)

(2) The transfer or discharge is subsequently agreed to by the resident or the resident's responsible party, and notification is given to the responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility.

d. A hearing requested pursuant to this subrule shall be held in accordance with subrule 63.11(6).

63.11(5) *Emergency transfer or discharge.* In the case of an emergency transfer or discharge, the resident must be given a written notice prior to or within 48 hours following transfer or discharge. (II, III)

a. A copy of this notice must be placed in the resident's file. The notice must contain all of the following information:

(1) The stated reason for the transfer or discharge. (II)

(2) The effective date of the transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads: (II)

> You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have the right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after receipt of your request by the department. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident and a copy placed in the resident's record. A copy shall also be transmitted to the department; the resident's responsible party; the resident's primary care provider; and the person or agency responsible for the resident's placement, maintenance, and care in the facility. The notice shall indicate that a copy has been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent. (II)

c. A hearing requested pursuant to this subrule shall be held in accordance with subrule 63.11(6).

63.11(6) *Hearing.*

a. Request for hearing.

(1) The resident must request a hearing within 7 days of receiving the written notice.

(2) The request must be made to the department, either in writing or verbally.

b. The hearing shall be held no later than 14 days after receipt of the request by the department unless the resident requests an extension due to emergency circumstances.

c. Except in the case of an emergency discharge or transfer, a request for a hearing shall stay a transfer or discharge pending a final decision, including the exhaustion of all appeals. (II)

d. The hearing shall be heard by a department of inspections and appeals administrative law judge pursuant to Iowa Code chapter 17A and 481—Chapter 10. The hearing shall be public unless the resident or the resident's legal representative requests in writing that the hearing be closed. In a determination as to whether a transfer or discharge is authorized, the burden of proof by a preponderance of evidence rests on the party requesting the transfer or discharge.

e. Notice of the date, time, and place of the hearing shall be sent by certified mail or delivered in person to the facility, the resident, the responsible party, and the office of the long-term care ombudsman not later than 5 full business days after receipt of the request. The notice shall also inform the facility and the resident or the responsible party that they have a right to appear at the hearing in person or be represented by an attorney or other individual. The appeal shall be dismissed if neither party is present or represented at the hearing. If only one party appears or is represented, the hearing shall proceed with one party present. A representative of the office of the long-term care ombudsman shall have the right to appear at the hearing.

f. The administrative law judge's written decision shall be mailed by certified mail to the licensee, resident, responsible party, and the office of the long-term care ombudsman within 10 working days after the hearing has been concluded.

63.11(7) *Nonpayment.* If nonpayment is the basis for involuntary transfer or discharge, the resident shall have the right to make full payment up to the date that the discharge or transfer is to be made and then shall have the right to remain in the facility. (II)

63.11(8) *Discussion of involuntary transfer or discharge.* Within 48 hours after notice of involuntary transfer or discharge has been received by the resident, the facility shall discuss the involuntary transfer or discharge with the resident, the resident's responsible party, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

a. The facility administrator or other appropriate facility representative serving as the administrator's designee shall provide an explanation and discussion of the reasons for the resident's involuntary transfer or discharge. (II)

b. The content of the explanation and discussion shall be summarized in writing, shall include the names of the individuals involved in the discussion, and shall be made part of the resident's record. (II)

c. The provisions of this subrule do not apply if the involuntary transfer or discharge has already occurred pursuant to subrule 63.11(5) and emergency notice is provided within 48 hours.

63.11(9) *Transfer or discharge planning.*

a. The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be transferred or discharged. (II)

b. To minimize the possible adverse effects of the involuntary transfer, the resident shall be offered counseling services by the sending facility before the involuntary transfer and by the receiving facility after the involuntary transfer. Counseling, if accepted, shall be provided by a licensed mental health professional as defined in Iowa Code section 228.1(6). Counseling shall be documented in the resident's record. (II)

c. The counseling requirement in paragraph 63.11(9)*"b"* does not apply if the discharge has already occurred pursuant to subrule 63.11(5) and emergency notice is provided within 48 hours.

d. The receiving health care facility of a resident involuntarily transferred shall immediately formulate and implement a plan of care which takes into account possible adverse effects the transfer may cause. (II)

63.11(10) *Transfer upon revocation of license or voluntary closure.* Residents shall not have the right to a hearing to contest an involuntary discharge or transfer resulting from the revocation of the facility's license by the department of inspections and appeals. In the case of the voluntary closure of a facility, a period of 30 days must be allowed for an orderly transfer of residents to other facilities.

63.11(11) *Intrafacility transfer.*

a. Residents shall not be arbitrarily relocated from room to room within a licensed health care facility. (I, II) Involuntary relocation may occur only in the following situations, which shall be documented in the resident's record: (II)

(1) Incompatibility with or disturbing to other roommates.

(2) For the welfare of the resident or other residents of the facility.

(3) To allow a new admission to the facility that would otherwise not be possible due to separation of roommates by sex.

(4) In the case of a resident whose source of payment was previously private, but who now is eligible for Title XIX (Medicaid) assistance, the resident may be transferred from a private room to a semiprivate room or from one semiprivate room to another.

(5) Reasonable and necessary administrative decisions regarding the use and functioning of the building.

b. Unreasonable and unjustified reasons for changing a resident's room without the concurrence of the resident or responsible party include:

(1) Change from private pay status to Title XIX, except as outlined in subparagraph 63.11(11)*"a"*(4). (II)

(2) As punishment or behavior modification, except as specified in subparagraph 63.11(11)*"a"*(1). (II)

(3) Discrimination on the basis of race or religion. (II)

c. If intrafacility relocation is necessary for reasons outlined in paragraph 63.11(11)*"a,"* the resident shall be notified at least 48 hours prior to the transfer and the reason therefor shall be explained. The responsible party shall be notified as soon as possible. The notification shall be documented in the resident's record and signed by the resident or responsible party. (II, III)

d. If emergency relocation is required in order to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family or responsible party shall be notified immediately or as soon as possible of the condition that necessitates emergency relocation, and such notification shall be documented. (II, III)

e. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility, and not as an intrafacility transfer. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.12(135C) Residency agreement.

63.12(1) Each residency agreement shall:

a. State the base rate or scale per day or per month, the services included, and the method of payment. (III)

b. Contain a complete schedule of all offered services for which a fee may be charged in addition to the base rate. (III) Furthermore, the agreement shall:

(1) Stipulate that no further additional fees shall be charged for items not contained in the complete schedule of services; (III)

(2) State the method of payment for additional charges; (III)

(3) Contain an explanation of the method of assessment of such additional charges and an explanation of the method of periodic reassessment, if any, resulting in changing such additional charges; (III)

(4) State that additional fees may be charged to the resident for nonprescription drugs, other personal supplies, and services provided by a barber, beautician, and such. (III)

c. Contain an itemized list of services to be provided to the resident based on an assessment at the time of the resident's admission and in consultation with the administrator and including the specific fee the resident will be charged for each service and the method of payment. (III)

d. Include the total fee to be charged initially to the resident. (III)

e. State the conditions whereby the facility may make adjustments to its overall fees for resident care as a result of changing costs. (II, III) Furthermore, the agreement shall provide that the facility shall give:

(1) Written notification to the resident, or the responsible party when appropriate, of changes in the overall rates of both base and additional charges at least 30 days prior to the effective date of such changes; (II, III)

(2) Notification to the resident, or the responsible party when appropriate, of changes in additional charges, based on a change in the resident's condition. Notification must occur prior to the date such revised additional charges begin. If notification is given orally, subsequent written notification must also be given within a reasonable time, not to exceed one week, listing specifically the adjustments made. (II, III)

f. State the terms of agreement in regard to a refund of all advance payments in the event of the transfer, death, or voluntary or involuntary discharge of the resident. (II, III)

g. State the terms of agreement concerning the holding of and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons. The terms shall contain a provision that the bed will be held at the request of the resident or the resident's responsible party. (II, III)

(1) The facility shall ask the resident or responsible party whether the resident's bed should be held. This request shall be made before the resident leaves or within 48 hours after the resident leaves. The inquiry and the response shall be documented. (II, III)

(2) The facility shall inform the resident or responsible party that, when requested, the bed may be held beyond the number of days designated by the funding source, as long as payments are made in accordance with the agreement. (II, III)

h. State the conditions under which the involuntary discharge or transfer of a resident would be effected. (II, III)

i. Set forth any other matters deemed appropriate by the parties to the agreement. No agreement or any provision thereof shall be drawn or construed so as to relieve any health care facility of any requirement or obligation imposed upon it by this chapter or any standards or rules in force pursuant to this chapter. (II, III)

63.12(2) Each party to the residency agreement shall be provided a copy of the signed agreement. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.13(135C) Medical examinations.

63.13(1) Each resident in a residential care facility shall have a designated primary care provider who may be contacted when needed. (II, III)

63.13(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III)

a. If the resident is admitted directly from a hospital, a copy of the hospital admission physical and discharge summary may be a part of the record in lieu of an additional physical examination. A record of the examination, signed by the primary care provider, shall be a part of the resident's record. (II, III)

b. The record of the admission physical examination and medical history shall portray the current medical status of the resident and shall include the resident's name, sex, age, medical history, physical examination, diagnosis, statement of medical concerns, and results of any diagnostic procedures. (II, III)

c. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

63.13(3) The person in charge shall immediately notify the primary care provider of any accident, injury or adverse change in the resident's condition that has the potential for requiring further medical treatment. (I, II, III)

63.13(4) Each resident shall be visited by or shall visit the resident's primary care provider at least once each year. The one-year period shall be measured from the date of admission and does not include the resident's preadmission physical. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.14(135C) Records.

63.14(1) *Resident record.* The licensee shall keep a permanent record on all residents admitted to a specialized residential care facility with all entries current, dated, and signed. (III) The record shall include:

a. Name and previous address of resident; (III)

b. Birth date, sex, and marital status of resident; (III)

c. Church affiliation; (III)

d. Primary care provider's name, telephone number, and address; (III)

e. Dentist's name, telephone number, and address; (III)

f. Name, address, and telephone number of next of kin or legal representative; (III)

g. Name, address, and telephone number of person to be notified in case of emergency; (III)

h. Mortuary's name, telephone number, and address; (III)

i. Pharmacist's name, telephone number, and address; (III)

j. Physical examination and medical history; (III)

k. Certification by the primary care provider that the resident requires no more than personal care and supervision, but does not require nursing care; (III)

l. Primary care provider's orders for medication, treatment, and diet in writing and signed by the primary care provider; (III)

m. A notation of yearly or other visits to primary care provider or other professional services; (III)

n. Any change in the resident's condition; (II, III)

o. If the primary care provider has certified that the resident is capable of taking prescribed medications, the resident shall be required to keep the administrator advised of current medications, treatments, and diet. The administrator shall keep a listing of medication, treatments, and diet prescribed by the primary care provider for each resident; (III)

p. If the primary care provider has certified that the resident is not capable of taking prescribed medication, it must be administered by a qualified person of the facility. A qualified person shall be defined as either a registered or licensed practical nurse or an individual who has completed the state-approved training course in medication administration, including a medication manager or certified medication aide; (II)

q. Medications administered by an employee of the facility shall be recorded on a medication record by the individual who administers the medication; (II, III)

r. A notation describing the resident's condition on admission, transfer, and discharge; (III)

s. In the event of a resident's death, notations in the resident's record shall include the date and time of the resident's death, the circumstances of the resident's death, the disposition of the resident's body, and the date and time that the resident's family and primary care provider were notified of the resident's death; (III)

t. A copy of instructions given to the resident, legal representative, or facility in the event of discharge or transfer; (III)

u. Disposition of valuables; (III)

v. Current individual program plans. (II, III)

63.14(2) *Confidentiality of resident records.*

a. Each resident shall be ensured confidential treatment of all information contained in the resident's records. The resident's written consent shall be required for the release of information to persons not otherwise authorized under law to receive it. (II)

b. The facility shall limit access to any medical records to staff and consultants providing professional service to the resident. This is not meant to preclude access by representatives of state and federal regulatory agencies. (II)

c. Similar procedures shall safeguard the confidentiality of residents' personal records, e.g., financial records and social services records. Only those personnel concerned with the financial affairs of the residents may have access to the financial records. This is not meant to preclude access by representatives of state and federal regulatory agencies. (II)

d. The resident or the resident's responsible party shall be entitled to examine all information contained in the resident's record and shall have the right to secure full copies of the record at reasonable cost upon request, unless the primary care provider determines the disclosure of the record or section thereof is contraindicated in which case this information will be deleted before the record is made available to the resident or responsible party. This determination and the reasons for it must be documented in the resident's record. (II)

63.14(3) *Incident record.*

a. Each residential care facility shall maintain an incident record report and shall have available incident report forms. (II, III)

b. Report of incidents shall be in detail on an incident report form. (III)

c. The person in charge at the time of the incident shall oversee the preparation of and sign the incident report. The administrator or designee shall review, sign and date the incident report within 72 hours of the accident, incident or unusual occurrence. (II, III)

d. An incident report shall be completed for every accident or incident where there is apparent injury or where an injury of unknown origin may have occurred. (II)

e. An incident report shall be completed for every accident, incident or unusual occurrence within the facility or on the premises that affects a resident, visitor, or employee. (II, III)

f. A copy of the incident report shall be kept on file in the facility. (II, III)

63.14(4) *Retention of records.*

a. Records shall be retained in the facility for five years following the termination of services to a resident. (III)

b. Records shall be retained within the facility upon change of ownership. (III)

c. When the facility ceases to operate, a copy of the resident's record shall be released to the facility to which the resident is transferred. (III)

d. When the facility ceases to operate, records shall be maintained for five years in a clean, dry secured storage area. (III)

63.14(5) *Electronic records.* In addition to the access provided in 481—subrule 50.10(2), an authorized representative of the department shall be provided unrestricted access to electronic records pertaining to the care provided to the residents of the facility. (II, III)

a. If access to an electronic record is requested by the authorized representative of the department, the facility may provide a tutorial on how to use its particular electronic system or may designate an individual who will, when requested, access the system, respond to any questions or assist the authorized representative as needed in accessing electronic information in a timely fashion. (II, III)

b. The facility shall provide a terminal where the authorized representative may access records. (II, III)

c. If the facility is unable to provide direct print capability to the authorized representative, the facility shall make available a printout of any record or part of a record on request in a time frame that does not intentionally prevent or interfere with the department's survey or investigation. (II, III)

63.14(6) *Reports to the department.* The licensee shall furnish statistical information concerning the operation of the facility to the department on request. (III)

63.14(7) *Personnel record.*

a. Personnel records for each employee shall be kept in accordance with subrule 63.8(4). (III)

b. The personnel records shall be made available for review upon request by the department. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.15(135C) Resident care and personal services.

63.15(1) A complete change of bed linens shall be provided at least once a week and more often if necessary. (III)

63.15(2) Residents shall receive sufficient supervision to promote personal cleanliness. (II, III)

63.15(3) Residents shall have clean clothing as needed. Clothing shall be appropriate to residents' activities and to the weather. (III)

63.15(4) Residents shall be encouraged to bathe at least twice a week. (II, III)

63.15(5) All nonambulatory residents shall be housed on the grade level floor unless the facility has a suitably sized elevator. (II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.16(135C) Drugs.

63.16(1) *Drug storage.*

a. Residents who have been certified in writing by their primary care provider as capable of taking their own medications may retain these medications in their bedroom, but locked storage must be provided, with staff and the resident having access, and the drug storage shall be kept locked when not in use. Monitoring of the storage, administration, and documentation by the resident shall be carried out by a person who meets the requirements of subrule 63.16(3) and is responsible for administering medications. (II, III)

b. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:

(1) Locked storage for drugs, solutions, and prescriptions shall be provided. (III)

(2) A bathroom shall not be used for drug storage. (III)

(3) The drug storage shall be kept locked when not in use. (III)

(4) The drug storage key shall be secured and available only to those employees charged with the responsibility of administering medications. (II, III)

(5) Schedule II drugs, as defined by Iowa Code chapter 124, shall be kept in a locked box within the locked drug storage. (II, III)

(6) Medications requiring refrigeration shall be kept locked in a refrigerator and separated from food and other items. (II, III)

(7) Drugs for external use shall be stored separately from drugs for internal use. (II, III)

(8) All potent, poisonous, or caustic materials shall be stored separately from drugs, shall be plainly labeled and stored in a specific, well-illuminated cabinet, closet, or storeroom, and shall be made accessible only to authorized persons. (I, II)

(9) Inspection of drug storage shall be made by the administrator or designee and a registered pharmacist not less than once every three months. The inspection shall be verified by a report signed by the administrator and the pharmacist and filed with the administrator. The report shall include, but not be limited to, certification of the absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current primary care provider's order, and drugs improperly stored. (III)

(10) Bulk supplies of prescription drugs for multiresident use shall not be kept in a residential care facility. (III)

63.16(2) *Drug safeguards.*

a. All prescribed medications shall be clearly labeled indicating the resident's full name, primary care provider's name, prescription number, name and strength of drug, dosage, directions for use, date of issue, and name and address and telephone number of pharmacy or primary care provider issuing the drug. Where unit dose is used, prescribed medications shall, at a minimum, indicate the resident's full name, primary care provider's name, name and strength of drug, and directions for use. Standard containers shall be utilized for dispensing drugs. (III)

b. Sample medications provided by the resident's primary care provider shall clearly identify to whom the medications belong. (III)

c. Medication containers having soiled, damaged, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or primary care provider for relabeling or disposal. (III)

d. The medication for each resident shall be kept or stored in the original containers unless the resident is participating in an individualized medication program. (II, III)

e. Unused prescription drugs shall be destroyed by the person in charge, in the presence of a witness, and with a notation made on the resident's record or shall be returned to the supplying pharmacist. (III)

f. Prescriptions shall be refilled only with the permission of the resident's primary care provider. (II, III)

g. Medications prescribed for one resident shall not be administered to or allowed in the possession of another resident. (I, II)

h. Instructions shall be requested from the Iowa board of pharmacy concerning disposal of unused Schedule II drugs prescribed for a resident who has died or for whom the Schedule II drug was discontinued. (III)

i. Discontinued medications shall be destroyed within a specified time by a responsible person, in the presence of a witness, and with a notation made to that effect or shall be returned to the pharmacist for destruction. Drugs listed under the Schedule II drugs shall be destroyed in accordance with the requirements established by the Iowa board of pharmacy. (II, III)

j. All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall be stopped automatically after a given time period. The automatic-stop order may vary for different types of drugs. The resident's primary care provider, in conjunction with the pharmacist, shall institute these policies and provide procedures for review and endorsement. (II, III)

k. No resident shall be allowed to possess any medications unless the primary care provider has certified in writing on the resident's medical record that the resident is mentally and physically capable of doing so. (II)

l. No medications or prescription drugs shall be administered to a resident without a written order signed by the primary care provider. (II)

m. The facility shall establish a policy to govern the distribution of prescribed medications to residents who are on leave from the facility. (II, III)

(1) Medications may be issued to residents who will be on leave from a facility for less than 24 hours. Only those medications needed for the time period that the resident will be on leave from the facility may be issued. Non-child-resistant containers may be used. Instructions shall be provided and include the date, the resident's name, the name of the facility, and the name of the medication, its strength, dose and time of administration. (II, III)

(2) Medication for residents on leave from a facility for longer than 24 hours shall be obtained in accordance with requirements established by the Iowa board of pharmacy. (II, III)

(3) Medication for residents on leave from a facility may be issued only by facility personnel responsible for administering medication. (II, III)

63.16(3) *Drug administration—authorized personnel.*

a. A properly trained person shall be charged with the responsibility of administering medications as ordered by a primary care provider. (II, III)

b. The person shall have knowledge of the purpose of the drugs and their dangers and contraindications. (II, III)

c. The person shall be a licensed nurse or primary care provider or an individual who has completed the state-approved training course in medication administration, including a medication manager or certified medication aide. (II, III)

d. Prior to taking a department-approved medication aide course, the person shall have a letter of recommendation for admission to the medication aide course from the employing facility. (III)

e. A person who is a nursing student or a graduate nurse may take the medication aide challenge examination in place of taking a course. The person shall do all of the following before taking the challenge examination:

(1) Complete a clinical or nursing theory course within six months before taking the challenge examination; (III)

(2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination; (III)

(3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating that the person is competent in medication administration. (III)

f. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination. The requirements of paragraph 63.16(3)*"d"* do not apply to this person. (III)

63.16(4) *Drug administration.*

a. Unless the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by personally preparing the dose, observing the actual act of swallowing the oral medication, and charting the medication. In facilities where the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by observing the actual act of swallowing the oral medication and by charting the medication. Medications shall be prepared on the same shift of the same day that they are administered unless the unit dose system is used. (II)

b. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, primary care provider or pharmacist. For purposes of this subrule, "injectable medications" does not include an epinephrine autoinjector, e.g., an EpiPen. (II, III)

c. A resident certified by the resident's primary care provider as capable of injecting the resident's own insulin may do so. Insulin may be administered pursuant to paragraph 63.16(4)*"b"* or as otherwise authorized by the resident's primary care provider. (II, III) Authorization shall:

(1) Be in writing,

(2) Be maintained in the resident's record,

(3) Be renewed quarterly,

(4) Include the name of the person authorized to administer the insulin,

(5) Include documentation by the primary care provider that the authorized person is qualified to administer insulin to that resident. (II, III)

d. A resident may participate in the administration of the resident's own medication if the primary care provider has certified in writing in the resident's medical record that the resident is mentally and physically capable of participating and has explained in writing in the resident's medical record what the resident's participation may include.

e. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident, with an accurate count and authorized signatures at every shift. (II)

f. The facility may use a unit dose system.

g. Medication aides and medication managers may administer PRN medications without contacting a licensed nurse or primary care provider if all of the following apply: (I, II, III)

(1) A written order from the resident's primary care provider specifies the purpose of the PRN medication and the frequency, dosage and strength of the PRN medication.

(2) The resident's primary care provider provides in writing specific criteria for administering PRN medications.

(3) The pharmacist assesses the resident's use of PRN medications when conducting the inspection of drug storage as required by subparagraph 63.16(1)*"b"*(9).

h. The pharmacist shall assess the use of PRN medications when conducting the inspection of drug storage as required by subparagraph 63.16(1)*"b"*(9). (II, III)

i. Medications administered by an employee of the facility shall be recorded on a medication record by the individual who administers the medication. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 4577C**, IAB 7/31/19, effective 9/4/19]

481—63.17(135C) Dental services.

63.17(1) The residential care facility personnel shall assist residents in obtaining annual and emergency dental services and shall arrange transportation for such services. (III)

63.17(2) Dental services shall be performed only on the request of the resident, responsible party, legal representative, or primary care provider. The resident's primary care provider shall be advised of the resident's dental problems. (III)

63.17(3) All dental reports or progress notes shall be included in the resident record as available. The facility shall make reasonable efforts to obtain the records following the provision of services. (III)

63.17(4) Personal care staff shall assist the resident in carrying out the dentist's recommendations. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.18(135C) Dietary.

63.18(1) *Dietary staffing.* Personnel who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (III)

63.18(2) *Nutrition and menu planning.*

a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III)

b. In facilities where residents plan and prepare their own meals, education and support shall be provided to residents regarding proper food preparation, dietary guidelines, and food safety.

c. In facilities where food is regularly prepared for residents, the following shall apply:

(1) Menus shall be planned and served to include foods and amounts necessary to meet federal dietary guidelines. (II, III)

(2) At least three meals or their equivalent shall be offered daily, at regular hours. (II, III)

1. There shall be no more than a 14-hour span between offering a substantial evening meal and breakfast. (II, III)

2. Unless contraindicated, evening snacks shall be offered routinely to all residents. Special nourishments shall be available when ordered by the primary care provider. (II, III)

(3) Menus shall include a variety of foods prepared in various ways. (III)

(4) Menus shall be written at least one week in advance. The current menu shall be located in an accessible place for easy use by persons purchasing, preparing, and serving food. (III)

(5) Records of menus as served shall be filed and maintained for 30 days and shall be available for review by departmental personnel. When substitutions are necessary or requested, they shall be of similar nutritive value and recorded on the menu or in a notebook. (III)

(6) The facility shall provide an alternative choice at scheduled meal times. (III)

63.18(3) *Dietary storage, food preparation, and service.*

a. All food shall be handled, prepared, served and stored in compliance with the Food Code adopted pursuant to Iowa Code section 137F.2. (I, II, III)

b. Supplies of staple foods for a minimum of a one-week period and of perishable foods for a minimum of a two-day period shall be maintained on the premises. Minimum food portion requirements for a low-cost plan shall conform to information supplied by the bureau of nutrition and health promotion of the department of public health. (II, III)

c. Dishes shall be free of cracks, chips, and stains. (III)

d. If family-style service is used, all leftover prepared food that has been on the table shall be properly handled. (III)

63.18(4) *Sanitation in food preparation area.* There shall be written procedures established for cleaning all work and serving areas. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.19(135C) Orientation and service plan.

63.19(1) *Orientation.* Within 24 hours of admission, each resident shall receive orientation to the facility. The orientation program shall be documented in the resident's file and shall include, but shall not be limited to, a review of the resident's rights, the daily schedule, house rules and the facility's evacuation plan. (II, III)

63.19(2) *Initial service plan.* Within 48 hours of admission, the administrator or the administrator's designee shall develop an initial service plan to address any immediate health and safety needs. The plan shall be based on information gathered from the resident, family, referring party, primary care provider, and other significant persons. The plan shall be followed until the service plan required in subrule 63.19(3) is complete. (I, II, III)

63.19(3) *Service plan.* Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident and the resident's interdisciplinary team, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III)

a. The service plan shall include measurable goals and objectives and the specific service(s) to be provided to achieve the goals. Each goal shall include the date of initiation and anticipated duration of service(s). Any restriction of rights shall be included in the service plan. (I, II, III)

b. The service plan shall include the documentation procedure for each goal and objective. (II, III)

c. The service plan should be modified to add or delete goals and objectives as the resident's needs change. Communications related to service plan changes or changes in the resident's condition shall occur within five working days of the change and shall be conveyed to all individuals inside and outside the residential care facility who work with the resident, as well as to the resident's responsible party. (I, II, III)

d. The service plan shall be reviewed at least quarterly by relevant staff, the resident and appropriate others, such as the resident's family, case manager and responsible party. The review shall include a written report which addresses a summary of the resident's progress toward goals and objectives and the need for continued services. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.20(135C) Resident activities program.

63.20(1) *Activities program.* Each residential care facility shall provide suitable group and individual activities for residents. (III)

a. The activities provided shall be designed to meet the needs and interests of each resident and to assist residents in continuing normal activities within limitations set by the resident's primary care provider. This shall include helping residents continue in their individual interests or hobbies. (III)

b. Residents shall be encouraged, but not required, to participate in activities. (III)

63.20(2) Each resident may participate in activities of social, religious, and community groups at the resident's discretion unless contraindicated for reasons documented by the primary care provider or interdisciplinary team as appropriate in the resident's record. (II)

63.20(3) Residents who wish to meet with or participate in activities of social, religious, or other community groups in or outside of the facility shall be informed, encouraged, and assisted to do so. (II)

63.20(4) *Supplies, equipment, and storage.*

a. Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. (III)

b. Storage shall be provided for recreational equipment and supplies. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.21(135C) Residents' rights.

63.21(1) Each facility shall ensure that policies and procedures are written and implemented which include, at a minimum, the provisions of this rule and which govern all areas of service provided by the facility. These policies and procedures shall be available to staff, residents, residents' families or legal representatives and the public and shall be reviewed annually. (II, III)

63.21(2) Policies and procedures shall include a method for submitting complaints and recommendations by residents or their responsible parties and for ensuring a response and disposition by the facility. (II, III) The written procedures shall:

a. Ensure the provision of assistance to residents as necessary to complete and submit complaints and recommendations; (II, III)

b. Ensure protection of the resident from any form of reprisal or intimidation; (II, III)

c. Include designation of an employee responsible for handling grievances and recommendations; (II, III)

d. Include a method of investigating and assessing the validity of a grievance or recommendation; (II, III) and

e. Include methods of recording grievances and actions taken. (II, III)

63.21(3) Policies and procedures shall include provisions governing access to, duplication of, and dissemination of information from the residents' records. (II, III)

63.21(4) Policies and procedures shall include a provision that each resident shall be fully informed of the resident's rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. This information must be provided upon the resident's admission or, in the case of residents already in the facility, upon the facility's adoption or amendment of residents' rights policies. (II, III)

a. The facility shall communicate to residents prior to or within five days after admission what residents may expect from the facility and its staff and what is expected from residents. The communication shall be in writing, e.g., in a separate handout or brochure describing the facility, and interpreted verbally, e.g., as part of a preadmission interview, resident counseling, or in individual or group orientation sessions following the resident's admission. (II, III)

b. Residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English-speaking or deaf or hard of hearing, steps shall be taken to translate the information into a foreign or sign language. In the case of blind residents, either Braille or a recording shall be provided. Residents shall be encouraged to ask questions about their rights and responsibilities, and these questions shall be answered. (II, III)

c. A statement shall be signed by the resident, or the resident's responsible party if applicable, indicating an understanding of these rights and responsibilities and shall be maintained in the resident's record. The statement shall be signed no later than five days after admission, and a copy of the signed statement shall be given to the resident or responsible party. (II, III)

d. In order to ensure that residents continue to be aware of these rights and responsibilities during their stay, a written copy shall be prominently posted in a location that is available to all residents. (II, III)

e. All residents shall be advised within 30 days following changes made in the statement of residents' rights and responsibilities. Appropriate means shall be utilized to inform non-English-speaking, deaf or hard-of-hearing, or blind residents of changes. (II, III)

63.21(5) Choice of primary care provider. Each resident shall be permitted free choice of a primary care provider, and pharmacy, if accessible. The facility may require the selected pharmacy to utilize a drug distribution system compatible with the system currently used by the facility. (II)

63.21(6) Each resident shall be afforded the opportunity to participate in the planning of the resident's total care and treatment, which may include, but shall not be limited to, medical care, nutritional needs, activities, and social work services. Each resident has the right to refuse treatment except as provided by Iowa Code chapter 229. In the case of a resident with a responsible party, the responsible party shall be afforded the opportunity to participate in the planning of the resident's total care and medical treatment and to be informed of the resident's medical condition. (II, III)

63.21(7) Each resident shall be encouraged and assisted throughout the resident's period of stay to exercise the resident's rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to administrative staff or to outside representatives of the resident's choice, free from interference, coercion, discrimination, or reprisal. (II)

63.21(8) The facility shall provide ongoing opportunities for residents to be aware of and to exercise their rights as residents. Residents shall be kept informed of changes in policies and services that are more restrictive, and their views shall be solicited prior to action. (II)

63.21(9) The facility shall post in a prominent area the text of Iowa Code section 135C.46 (Retaliation by facility prohibited) and the name, telephone number, and address of the long-term care ombudsman, the department, and the local law enforcement agency to provide residents a further course of redress. (II)

63.21(10) All rights and responsibilities of the resident devolve to the resident's responsible party or any legal surrogate designated in accordance with state law, to the extent permitted by state law. This subrule is not intended to limit the authority of any individual acting pursuant to Iowa Code chapter 144A. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 5711C**, IAB 6/16/21, effective 7/21/21]

481—63.22(135C) Dignity preserved. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. (I, II)

63.22(1) Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. (I, II)

63.22(2) Schedules of daily activities shall allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, entertainment, sleeping and eating, also times to retire at night and arise in the morning shall be elicited and considered by the facility. (II)

63.22(3) Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or a drawn curtain shall shield the resident from passersby. People not involved in the care of the residents shall not be present without the resident's consent while the resident is being examined or treated. (II)

63.22(4) Privacy of a resident's body also shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. (II)

63.22(5) Staff shall knock and be acknowledged before entering a resident's room unless the resident is not capable of a response. This shall not apply under emergency conditions. (II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.23(135C) Communications. Each resident may communicate, associate, and meet privately with persons of the resident's choice, unless to do so would infringe upon the rights of other residents, and may send and receive personal mail unopened. (II)

63.23(1) Subject to reasonable scheduling restrictions, visiting policies and procedures shall permit residents to receive visits from anyone they wish. Visiting hours shall be posted. (II)

63.23(2) Reasonable, regular visiting hours shall not be less than 12 hours per day and shall take into consideration the special circumstances of each visitor. A particular visitor(s) may be restricted by the facility for one of the following reasons:

a. The resident refuses to see the visitor(s). (II)

b. The resident's primary care provider documents specific reasons why such a visit would be harmful to the resident's health. (II)

c. The visitor's behavior is unreasonably disruptive to the functioning of the facility. This judgment must be made by the administrator, and the reasons shall be documented and kept on file. (II)

63.23(3) Decisions to restrict a visitor are reviewed and reevaluated:

a. Each time the medical orders are reviewed by the primary care provider;

b. At least quarterly by the facility's staff; or

c. At the resident's request. (II)

63.23(4) Space shall be provided for residents to receive visitors in reasonable comfort and privacy. (II)

63.23(5) Telephones shall be available and accessible for residents to make and receive calls with privacy. Residents who need help shall be assisted in using the telephone. (II)

63.23(6) Arrangements shall be made to provide assistance to residents who require help in reading or sending mail. (II)

63.23(7) Residents, including residents court-ordered to the facility, shall be permitted to leave the facility at reasonable times unless there are justifiable reasons established in writing by court order, the primary care provider, the interdisciplinary team, or the facility administrator for refusing permission. (II)

63.23(8) Residents shall not have their personal lives regulated beyond reasonable adherence to meal schedules, bedtime hours, and other written policies which may be necessary for the orderly management of the facility and as required by these rules. However, residents shall be encouraged to participate in recreational programs. (II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.24(135C) Resident property.

63.24(1) Residents shall be permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility. The facility shall offer the resident the opportunity to have personal property itemized and documented on an inventory sheet upon the resident's admission. The inventory sheet shall be kept in a safe location which is convenient for the resident to review and update. At discharge, residents may sign off on a list of the personal property they are taking with them. (II, III)

63.24(2) The facility shall provide for the safekeeping of personal effects, funds and other property of its residents. The facility may require that items of exceptional value or that would convey unreasonable responsibilities to the licensee be removed from the premises of the facility for safekeeping. (III)

63.24(3) Any funds or other property belonging to or due a resident, or expendable for the resident's account, which is received by the facility shall be trust funds; shall be kept separate from the funds and property of the facility and of its other residents, or specifically credited to such resident; and shall be used or otherwise expended only for the account of the resident. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.25(135C) Financial affairs—management. Each resident who has not been assigned a guardian or conservator by the court may manage the resident's own personal financial affairs. To the extent the facility assists in management, under written authorization by the resident, the management shall be carried out in accordance with Iowa Code section 135C.24. (II)

63.25(1) The facility shall maintain a written account of all residents' funds received by or deposited with the facility. (II)

63.25(2) An employee shall be designated in writing to be responsible for resident accounts. (II)

63.25(3) The facility shall keep on deposit personal funds over which the resident has control in accordance with Iowa Code section 135C.24. Should the resident request these funds, they shall be given

to the resident on request with receipts maintained by the facility and a copy to the resident. In the case of a resident with impaired decision-making skills, the resident's legal representative shall designate a method of disbursing the resident's funds. (II)

63.25(4) If the facility makes financial transactions on a resident's behalf, the facility must document that it has prepared and sent an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement shall be maintained in the resident's financial or business record. (II)

63.25(5) A resident's personal funds shall not be used without the written consent of the resident or the resident's legal representative. (I, II)

63.25(6) A resident's personal funds shall be returned to the resident when the funds have been used without the written consent of the resident or the resident's legal representative. The department may report findings that resident funds have been used without written consent to the department's investigations division or to the local law enforcement agency, as appropriate. (II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.26(135C) Resident work. No resident may be required to perform services for the facility, except as provided by Iowa Code section 347B.5. (II)

63.26(1) Residents may not be used to provide a source of labor for the facility against their will. Approval by the primary care provider or physiatrist is required for all work programs. (I, II)

63.26(2) Residents who perform work for the facility must receive compensation unless the work is part of their approved training program. Persons on the resident census who perform work shall not be used to replace paid employees in fulfilling staffing requirements. (II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.27(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. (I, II)

63.27(1) Mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. (I, II)

63.27(2) Physical abuse includes, but is not limited to, corporal punishment and the use of restraints as punishment. (I, II)

63.27(3) Drugs such as tranquilizers shall only be used in accordance with orders of the primary care provider. (I, II)

63.27(4) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)

63.27(5) Staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. (I, II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.28(135C) Crisis intervention. If a facility utilizes physical restraints, the facility shall have written policies that define the uses of physical restraints, designate the administrator or designee as the person who may authorize their use, establish a mechanism for monitoring and controlling their use, and provide staff with proper training. (I, II)

63.28(1) Temporary physical restraint of residents shall be used only under the following conditions: (I, II)

a. An emergency to prevent injury to the resident or to others; or (I, II)

b. For crisis intervention, but shall not be used for punishment, for the convenience of staff or as a substitution for supervision or programming; (I, II) and

c. No staff person shall use any restraint that obstructs the airway of the resident. (I, II)

63.28(2) Authorization for the use of physical restraints must be prior to or immediately after application of the restraint. (I, II)

63.28(3) Prone restraint is prohibited. Staff persons who find themselves involved in the use of a prone restraint when responding to an emergency must take immediate steps to end the prone restraint. (I, II)

63.28(4) The rationale and authorization for the use of physical restraint and staff action and procedures carried out to protect the resident's rights and to ensure safety shall be clearly set forth in the resident's record by the responsible staff persons. (I, II)

63.28(5) The primary care provider, the interdisciplinary team and the resident's responsible party shall be notified of any restraints administered. (I, II, III)

63.28(6) The facility shall provide to the staff a department-approved training program by qualified professionals on physical restraint techniques. (I, II)

a. The facility shall keep a record of training for review by the department and shall include attendance. (II, III)

b. Only staff with documented training in physical restraint and techniques shall be authorized to assist with physical restraint of a resident. (I, II)

c. Under no circumstances shall a resident be allowed to actively or passively assist in the restraint of another resident. (I, II)

63.28(7) Residents shall not be kept behind locked doors. (I, II)

63.28(8) Mechanical restraint is prohibited. Staff persons who find themselves involved in the use of a mechanical restraint when responding to an emergency must take immediate steps to end the mechanical restraint. (I, II)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.29(135C) Safety. The licensee of a residential care facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (I, II, III)

63.29(1) *Fire safety.*

a. All residential care facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II)

b. The size of the facility and needs of the residents shall be taken into consideration in evaluating safety precautions and practices.

63.29(2) *Safety duties of administrator.* The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III)

a. The plan shall be prominently posted in a common area of the building. (III)

b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (II, III)

63.29(3) *Resident safety.*

a. Smoking shall be prohibited, except as allowed by Iowa Code chapter 142D, the smokefree air Act. (II, III)

b. Whenever full or empty tanks of oxygen are being used or stored, they shall be securely supported in an upright position. (II, III)

c. Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III)

d. Storage areas for cleaning agents, bleaches, insecticides, or any other poisonous, dangerous, or flammable materials shall be locked. Residents permitted to access these materials shall have an order by their primary care provider stating the resident is able to utilize such materials, and staff shall supervise the residents as identified in the resident's service plan. (I, II, III)

e. Sufficient numbers of noncombustible trash containers with covers shall be available. (III)

f. Residents' personal possessions that may constitute a hazard to residents or others shall be removed and stored. (III)

63.29(4) *First-aid kit.* A first-aid emergency kit shall be available on each floor in every facility. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.30(135C) Housekeeping.

63.30(1) Each resident room shall be cleaned on a routine schedule. (III)

63.30(2) All rooms, corridors, storage areas, linen closets, attics, and basements shall be kept in a clean, orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. (II, III)

63.30(3) A hallway or corridor shall not be used for storage of equipment. (II, III)

63.30(4) All odors shall be kept under control by cleanliness and proper ventilation. (III)

63.30(5) Clothing worn by personnel shall be clean and washable. (III)

63.30(6) All furniture, bedding, linens, and equipment shall be cleaned periodically and before use by another resident. (II, III)

63.30(7) Polishes used on floors shall provide a nonslip finish. (II, III)

63.30(8) Throw or scatter rugs shall have nonskid backing. (II, III)

63.30(9) Entrances, exits, steps, and outside walkways shall be kept free from ice, snow, and other hazards. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.31(135C) Maintenance.

63.31(1) The building, grounds, and other buildings shall be maintained in a clean, orderly condition and in good repair. (II, III)

63.31(2) Window treatments and furniture shall be clean and in good repair. (II, III)

63.31(3) Cracks in plaster, peeling wallpaper or paint, and tears or splits in floor coverings shall be promptly repaired or replaced in a professional manner. (II, III)

63.31(4) The electrical systems, including appliances, cords, and switches, shall be maintained to guarantee safe functioning and comply with the National Electric Code. (II, III)

63.31(5) All plumbing fixtures shall function properly and comply with the state plumbing code. (II, III)

63.31(6) Yearly inspections of the heating and cooling systems shall be made to guarantee safe operation. (II, III)

63.31(7) The building, grounds, and other buildings shall be kept free of breeding areas for flies, other insects, and rodents. (II, III)

63.31(8) The facility shall be kept free of flies, other insects, and rodents. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.32(135C) Laundry.

63.32(1) Residents' personal laundry shall be marked with an identification if commingled with other residents' personal laundry. (III)

63.32(2) Bed linens, towels, and washcloths shall be clean and stain-free. (III)

63.32(3) If laundry is done in the facility, a clean, dry, well-lit area to accommodate a washer and dryer of adequate size to serve the needs of the facility shall be provided. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.33(135C) Garbage and waste disposal.

63.33(1) All garbage shall be gathered, stored, and disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding or feeding place for vermin or insects. (III)

63.33(2) All containers for refuse shall be watertight and rodent-proof and have tight-fitting covers. (III)

63.33(3) All unlined containers inside of the facility shall be thoroughly cleaned each time the containers are emptied. (III)

63.33(4) All waste shall be properly disposed of in compliance with local ordinances and state codes. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.34(135C) Supplies.

63.34(1) *Linen supplies.*

a. There shall be an adequate supply of linens so that each resident shall have at least three washcloths, hand towels, and bath towels per week. (III)

b. A complete change of bed linens shall be available in the linen storage area for each bed. (III)

c. Sufficient lightweight, clean, serviceable blankets shall be available. All blankets shall be laundered as often as necessary for cleanliness and freedom from odors. (III)

d. Each bed shall be provided with clean, washable bedspreads. There shall be a supply available when changes are necessary. (III)

e. Adequate storage shall be provided for linens, pillows, and bedding. (III)

63.34(2) *Supplies, equipment and storage.*

a. All equipment shall be properly cleaned and sanitized before use by another resident. (III)

b. Clean and sanitary storage shall be provided for equipment and supplies. (III)

c. Locked storage should be available for potentially dangerous items such as scissors, knives, and toxic materials. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.35(135C) Buildings, furnishings, and equipment.

63.35(1) *Buildings—general requirements.*

a. All windows shall be supplied with window treatments that are kept clean and in good repair. (III)

b. Whenever glass sliding doors or transparent panels are used, they shall be marked conspicuously. (III)

c. The facility shall meet the equivalent requirements of the appropriate group occupancy of the state building code. (III)

d. The facility shall be located in an area zoned for single- or multiple-family housing or in an unincorporated area and shall be constructed in compliance with applicable local housing codes and rules adopted for this classification of license by the state fire marshal. (II, III)

63.35(2) *Furnishings and equipment.*

a. All furnishings and equipment shall be durable, cleanable, and appropriate to their function. (III)

b. All resident areas shall be decorated, painted, and furnished to provide a homelike atmosphere. (III)

63.35(3) *Dining areas and living rooms.*

a. Living rooms shall be maintained for the use of residents and their visitors and may be used for recreational activities. Living rooms shall be suitably furnished. (III)

b. Dining areas shall be furnished with dining tables and chairs appropriate to the size and function of the facility. Dining rooms and furnishings shall be kept clean and sanitary. (III)

63.35(4) *Bedrooms.*

a. Each resident shall be provided with a twin-sized or larger bed, substantially constructed and in good repair. Rollaway beds, metal cots, or folding beds are not acceptable. (III)

b. Each bed shall be equipped with the following: casters or glides; clean springs in good repair; a clean, comfortable, well-constructed mattress approximately five inches thick and standard in size for the bed; and clean, comfortable pillows of average bed size. (III)

c. There shall be a comfortable chair, either a rocking chair or armchair, per resident bed. The resident's personal wishes shall be considered. (III)

d. There shall be drawer space for each resident's clothing. In a bedroom in which more than one resident resides, drawer space shall be assigned to each resident. (III)

e. Beds and other furnishings shall not obstruct free passage to and through doorways. (III)

f. Beds shall not be placed in such a manner that the side of the bed is against the radiator or in close proximity to it unless the radiator is covered so as to protect the resident from contact with it or from excessive heat. (III)

g. There shall be a wardrobe or closet in each resident's room. Minimum clear dimensions shall be 1 foot 10 inches deep by 1 foot 8 inches wide with full hanging space and provide a clothes rod and shelf. In a multiple bedroom, closet or wardrobe space shall be assigned each resident sufficient for the resident's needs. (III)

h. Each room shall have sufficient accessible mirrors to serve resident's needs. (III)

i. Useable floor space of a room shall be no less than 8 feet in any major dimension. (III)

j. Bedrooms shall have a minimum of 60 square feet of useable floor space per bed for a double room, 80 square feet of useable floor space for a single room. (III)

k. There shall be no more than two residents per room. (III)

63.35(5) *Bath and toilet facilities.*

a. All sinks shall have paper towel dispensers and an available supply of soap. (III)

b. Toilet paper shall be readily available to residents. (III)

c. There shall be a minimum of one toilet and bath facility for five residents. (III)

63.35(6) *Heating.* A centralized heating system shall be maintained in good working order and capable of maintaining a comfortable temperature for residents of the facility. Portable units or space heaters are prohibited from being used in the facility except in an emergency. (II, III)

63.35(7) *Water supply.*

a. Private sources of water supply shall be tested annually and the report made available for review by the department upon request. (III)

b. A bacterially unsafe source of water supply shall be grounds for denial, suspension, or revocation of license. (III)

c. The department may require testing of private sources of water supply at its discretion in addition to the annual test. The facility shall supply reports of such tests as directed by the department. (III)

d. Hot and cold running water under pressure shall be available in the facility. (II, III)

e. Prior to construction of a new facility or new water source, private sources of water supply shall be surveyed and shall comply with the requirements of the department. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18; **ARC 4577C**, IAB 7/31/19, effective 9/4/19]

481—63.36(135C) Family and employee accommodations. If the family or employees live within the facility, separate living quarters and recreation facilities shall be required for the family or employees distinct from such areas provided for the residents. (III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

481—63.37(135C) Animals. No animals shall be allowed to reside in the facility except with written approval of the department and under controlled conditions. (II, III)

[**ARC 3740C**, IAB 4/11/18, effective 5/16/18]

These rules are intended to implement Iowa Code chapter 135C.

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◊ Two or more ARCs

1 Effective date of 63.15(2)*"a"* and *"b"* delayed 70 days by the Administrative Rules Review Committee, IAB 2/26/86. Effective date of 63.15(2)*"a"* and *"b"* delayed until the expiration of 45 calendar days into the 1987 session of the General Assembly pursuant to Iowa Code section 17A.8(9), IAC 6/4/86.

2 See IAB, Inspections and Appeals Department.

3 Rule 481—63.49(135C), effective 7/1/92.

4 September 7, 2016, effective date of 57.19(3)*"d,"* 62.15(2)*"d,"* and 63.18(3)*"d"* [ARC 2643C] delayed 70 days by the Administrative Rules Review Committee at its meeting held August 5, 2016.

CHAPTER 64
INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED[1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—64.1 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.2(135C) Waivers. Waivers from these rules may be granted by the director of the department of inspections and appeals for good and sufficient reason when the need for a waiver has been established; no danger to the health, safety, or welfare of any resident results; alternate means are employed or compensating circumstances exist and the waiver will apply only to an individual intermediate care facility for the intellectually disabled. Waivers will be reviewed at the discretion of the director of the department of inspections and appeals.

64.2(1) To request a waiver, the licensee must:

a. Apply for a waiver in writing on a form provided by the department;

b. Cite the rule or rules from which a waiver is desired;

c. State why compliance with the rule or rules cannot be accomplished;

d. Explain alternate arrangements or compensating circumstances which justify the waiver;

e. Demonstrate that the requested waiver will not endanger the health, safety, or welfare of any resident.

64.2(2) Upon receipt of a request for a waiver, the director of the department of inspections and appeals will:

a. Examine the rule from which a waiver is requested to determine that the request is necessary and reasonable;

b. If the request meets the above criteria, evaluate the alternate arrangements or compensating circumstances against the requirement of the rules;

c. Examine the effect of the requested waiver on the health, safety, or welfare of the residents;

d. Consult with the applicant if additional information is required.

64.2(3) Based upon these studies, approval of the waiver will be either granted or denied within 120 days of receipt.

[**ARC 0764C**, IAB 5/29/13, effective 7/3/13; **ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—64.3(135C) Application for license.

64.3(1) Initial application. In order to obtain an initial intermediate care facility for the intellectually disabled license for an intermediate care facility for the intellectually disabled which is currently licensed, the applicant must:

a. Submit a letter of intent and a written résumé of the resident care program and other services provided for departmental review and approval;

b. Make application at least 30 days prior to the change of ownership of the facility on forms provided by the department;

c. Submit a floor plan of each floor of the intermediate care facility, drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathrooms, and designation of the use to which room will be put and window and door location;

d. Submit a photograph of the front and side elevation of the intermediate care facility for the intellectually disabled;

e. Submit the statutory fee for an intermediate care facility for the intellectually disabled license;

f. Meet all of the rules, regulations and standards contained in 481—Chapter 64.

g. Comply with federal, state, and local laws, codes, and regulations pertaining to health and safety, including procurement, dispensing, administration, safeguarding and disposal of medications and controlled substances; building, construction, maintenance and equipment standards; sanitation; communicable and reportable diseases; and postmortem procedures;

h. Have a certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations.

64.3(2) In order to obtain an initial intermediate care facility for the intellectually disabled license for a facility not currently licensed as an intermediate care facility for the intellectually disabled, the applicant must:

[*]a. Meet all of the rules, regulations, and standards contained in 481—Chapters 61 and 64; exceptions noted in 481—subrule 61.1(2) shall not apply;

b. Submit a letter of intent and a written résumé of the resident care program and other services provided for departmental review and approval;

c. Make application at least 30 days prior to the proposed opening date of the facility on forms provided by the department;

d. Submit a floor plan of each floor of the intermediate care facility for the intellectually disabled, drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathrooms, and designation of the use to which the rooms will be put and window and door locations;

e. Submit a photograph of the front and side elevation of the intermediate care facility for the intellectually disabled;

f. Submit the statutory fee for an intermediate care facility for the intellectually disabled;

g. Comply with federal, state, and local laws, codes, and regulations pertaining to health and safety, including procurement, dispensing, administration, safeguarding and disposal of medications and controlled substances; building, construction, maintenance and equipment standards; sanitation; communicable and reportable diseases; and postmortem procedures;

h. Have a certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations.

64.3(3) Renewal application. In order to obtain a renewal of the intermediate care facility for the intellectually disabled license, the applicant must:

a. Submit the completed application form 30 days prior to annual license renewal date of intermediate care facility for the intellectually disabled license;

b. Submit the statutory license fee for an intermediate care facility for the intellectually disabled with the application for renewal;

c. Have an approved current certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules and regulations;

d. Submit appropriate changes in the résumé to reflect any changes in the resident care program or other services.

64.3(4) Licenses are issued to the person or governmental unit which has responsibility for the operation of the facility and authority to comply with all applicable statutes, rules or regulations.

The person or governmental unit must be the owner of the facility or, if the facility is leased, the lessee.

[**ARC 0764C**, IAB 5/29/13, effective 7/3/13]

[*] Nullified by 1989 Iowa Acts, SJR 10

481—64.4(135C) General requirements.

64.4(1) The license shall be displayed in a conspicuous place in the facility which is viewed by the public. (III)

64.4(2) The license shall be valid only in the possession of the licensee to whom it is issued.

64.4(3) The posted license shall accurately reflect the current status of the intermediate care facility for the intellectually disabled. (III)

64.4(4) Licenses expire one year after the date of issuance or as indicated on the license.

64.4(5) Each citation or a copy of each citation issued by the department for a Class I or Class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (III)

64.4(6) The facility shall have in effect a transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer between them of residents and their records. (III) Any facility which does not have such an agreement in effect but has attempted in good faith to enter into such an agreement with a hospital shall be considered to have such an agreement so long as it is in the public interest and essential to ensuring intermediate care facility for the intellectually disabled services for eligible persons in the community.

64.4(7) A resident's personal funds and property shall not be used without the written consent of the resident or the resident's guardian. (II)

64.4(8) A resident's personal funds and property shall be returned to the resident when the funds or property have been used without the written consent of the resident or the resident's guardian. The department may report findings that funds or property have been used without written consent to the audits division or the local law enforcement agency, as appropriate. (II)

64.4(9) A properly trained person shall be charged with the responsibility of administering non-parenteral medications.

a. The individual shall have knowledge of the purpose of the drugs, their dangers, and contraindications.

b. This person shall be a licensed nurse or physician or shall have successfully completed a department-approved medication aide course or passed a department-approved medication aide challenge examination administered by an area community college.

c. A person who is a nursing student or a graduate nurse may take the challenge examination in place of taking a medication aide course. This individual shall do all of the following before taking the medication aide challenge examination:

(1) Complete a clinical or nursing theory course within six months before taking the challenge examination;

(2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination;

(3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating the individual is competent in medication administration.

(4) Successfully complete a department-approved nurse aide competency evaluation.

d. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination.

[**ARC 0764C**, IAB 5/29/13, effective 7/3/13]

481—64.5(135C) Notifications required by the department. The department shall be notified:

64.5(1) Within 48 hours, by letter, any reduction or loss of direct care professional or dietary staff lasting more than seven days which places the staffing ratio of the intermediate care facility for the intellectually disabled below that required by 42 CFR 483.430(d)(3). No additional residents shall be admitted until the minimum staffing requirements are achieved; (III)

64.5(2) Of any proposed change in the intermediate care facility for the intellectually disabled's functional operation or addition or deletion of required services; (III)

64.5(3) Thirty days before addition, alteration, or new construction is begun in the intermediate care facility for the intellectually disabled, or on the premises; (III)

64.5(4) Thirty days in advance of closure of the intermediate care facility for the intellectually disabled; (III)

64.5(5) Within two weeks of any change in administrator; (III)

64.5(6) When any change in the category of license is sought; (III)

64.5(7) Prior to the purchase, transfer, assignment, or lease of an intermediate care facility for the intellectually disabled, the licensee shall:

a. Inform the department of the pending sale, transfer, assignment, or lease of the facility; and (III)

b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee at least 30 days before the sale, transfer, assignment, or lease is completed. (III)

[**ARC 0764C**, IAB 5/29/13, effective 7/3/13; **ARC 6972C**, IAB 4/5/23, effective 5/10/23]

481—64.6(135C) Veteran eligibility.

64.6(1) Within 30 days of a resident's admission to a health care facility receiving reimbursement through the medical assistance program under Iowa Code chapter 249A, the facility shall ask the resident or the resident's personal representative whether the resident is a veteran and shall document the response. If the facility determines that the resident is a potential veteran, the facility shall report the resident's name along with the names of the resident's spouse and any dependent children, as well as the name of the contact person for this information, to the Iowa department of veterans affairs. Where appropriate, the facility may also report such information to the Iowa department of human services.

64.6(2) If a resident is eligible for benefits through the United States Department of Veterans Affairs or other third-party payor, the facility first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

64.6(3) The provisions of this rule shall not apply to the admission of an individual as a resident to a state mental health institute for acute psychiatric care. (II, III)

481—64.7(135C) Licenses for distinct parts.

64.7(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, containing contiguous rooms in a separate wing or building or on a separate floor of the facility and which provide care and services of separate categories.

64.7(2) The following requirements shall be met for a separate licensing of a distinct part:

a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part; (III)

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought;

c. The distinct part must be operationally and financially feasible;

d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

481—64.8 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.9 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.10 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.11 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.12 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.13 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.14 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.15 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.16 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.17(135C) Contracts. Each party shall receive a copy of the signed contract. (III) Each contract for residents shall:

64.17(1) State the rate or scale per day or per month for services included in the rate or scale and method of payment; (III)

64.17(2) Contain a complete schedule of all offered services for which a fee may be charged in addition to the base rate. (III) Furthermore, the contract shall:

a. Stipulate that no further additional fees shall be charged for items not contained in complete schedule of services as set forth in this subrule; (III)

b. State the method of payment of additional charges; (III)

c. Contain an explanation of the method of assessment of such additional charges and an explanation of the method of periodic reassessment, if any, resulting in changing such additional charges; (III)

d. State that additional fees may be charged to the resident for nonprescription drugs, other personal supplies, and services by a barber, beautician, etc.; (III)

64.17(3) Contain an itemized list of those services, with the specific fee the resident will be charged and method of payment, as related to the resident's current condition, based on a preadmission evaluation assessment which is determined in consultation with the administrator; (III)

64.17(4) Include the total fee per day to be charged to the resident; (III)

64.17(5) State the conditions whereby the facility may make adjustments to its overall fees for resident care as a result of changing costs. (III) Furthermore, the contract shall provide that the facility shall give:

a. Written notification to the resident, or responsible party when appropriate, of changes in the overall rates of both base and additional charges, at least 30 days prior to effective date of such changes; (III)

b. Notification to the resident, or responsible party when appropriate, of changes in charges, based on a change in the resident's condition. Notification must occur prior to the date such revised charges begin. If notification is given orally, subsequent written notification must also be given within a reasonable time, not to exceed one week, listing specifically the adjustments made; (III)

64.17(6) State the terms of agreement in regard to refund of all advance payments in the event of transfer, death, voluntary or involuntary discharge; (III)

64.17(7) State the terms of agreement concerning the holding and charging for a bed in the event of temporary absence of the resident; such terms shall include, at a minimum, the following provisions:

a. If a resident has a temporary absence from a facility for medical treatment, the facility shall ask the resident or responsible party if they wish the bed held open. This shall be documented in the resident's record including the response. Upon request of the resident/responsible party, the facility shall hold the bed open for at least ten days during the resident's absence and the facility shall receive payment for the absent period in accordance with provisions of the contract. (II)

b. If a resident has a temporary absence from a facility for therapeutic reasons as approved by a physician or qualified intellectual disabilities professional, the facility shall ask if the resident or responsible party wishes that the bed be held open. This request shall be documented in the resident's record, including the response. The bed shall be held open at least 30 days per year, and the facility shall receive payment for the absent periods in accordance with the provisions of the contract. The required holding during temporary absences for therapeutic reasons is limited to 30 days per year. (II)

c. For Title XIX residents, the department of health and human services shall continue funding for the temporary absence as provided under paragraphs *"a"* and *"b"* and in accordance with department of health and human services guidelines.

d. Private pay residents shall have a negotiated rate stated in the signed contract relating to these provisions. (II)

64.17(8) State the conditions under which the involuntary discharge or transfer of a resident would be effected; (III)

64.17(9) State the conditions of voluntary discharge or transfer; (III)

64.17(10) Set forth any other matters deemed appropriate by the parties to the contract. No contract or any provision thereof shall be drawn or construed so as to relieve any facility of any requirement or obligation imposed upon it by this chapter or any standards or rules in force pursuant to this chapter. (III)

[**ARC 0764C**, IAB 5/29/13, effective 7/3/13; **ARC 6972C**, IAB 4/5/23, effective 5/10/23]

481—64.18(135C) Records.

64.18(1) *Resident record.* The licensee shall keep a permanent record about each resident, with all entries current, dated, and signed. (II) The record shall include:

a. Name and previous address of resident; (III)

b. Birth date, sex, and marital status of resident; (III)

c. Church affiliation of resident; (III)

d. Physician's name, telephone number, and address; (III)

e. Dentist's name, telephone number, and address; (III)

f. Name, address, and telephone number of resident's next of kin or legal representative; (III)

g. Name, address, and telephone number of the person to be notified in case of emergency; (III)

h. Funeral director's telephone number and address; (III)

i. Pharmacy's name, telephone number and address; (III)

j. Certification by the physician that the resident requires no higher level of care than the facility is licensed to provide; (III)

k. Physician's orders for medication and treatments in writing, which shall be signed by the physician quarterly, and diet orders, which shall be renewed yearly; (III)

l. A notation of the resident's yearly or other visits to physician or other professionals and all consultation reports and progress notes; (III)

m. Documentation describing any change in the resident's condition; (II, III)

n. A notation describing the resident's condition on admission, transfer, and discharge; (III)

o. In the event of a resident's death, notations in the resident's record shall include the date and time of the resident's death, the circumstances of the resident's death, the disposition of the resident's body, and the date and time that the resident's family and physician were notified of the resident's death; (III)

p. A copy of instructions given to the resident, the resident's legal representative, or receiving facility in the event of the resident's discharge or transfer; (III) and

q. Disposition of personal property. (III)

64.18(2) *Confidentiality of resident records.* The facility shall have policies and procedures providing that each resident shall be ensured confidential treatment of all information, including information contained in an automated data bank. The resident's or the resident's legal guardian's written informed consent shall be required for the release of information to persons not otherwise authorized under law to receive it. (II)

A release of information form shall be used which includes to whom the information shall be released, the reason for the release of the information, how the information is to be used, and the period of time for which the release is in effect. A third party not requesting the release shall witness the signing of the release of information form. (II)

a. The facility shall limit access to any resident records to staff and consultants providing professional service to the resident. Information shall be made available to staff only to the extent that the information is relevant to the staff person's responsibilities and duties. (II)

Only those personnel concerned with financial affairs of the residents may have access to the financial information. This paragraph is not meant to preclude access by representatives of state or federal regulatory agencies. (II)

b. The resident, or the resident's legal guardian, shall be entitled to examine all information and shall have the right to secure full copies of the record at reasonable cost upon request. (II)

64.18(3) *Incident records.* Each facility shall maintain an incident record report and shall have available incident report forms. (II, III)

a. The report of every incident shall be in detail on a printed incident report form. (II, III)

b. The person in charge at the time of the incident shall oversee the preparation of the report and sign the report. (III)

c. The facility shall maintain a copy of the incident report as part of the facility's administrative records and shall make the record available for review. (III)

64.18(4) *Retention of records.* A resident's records shall be retained in the facility for five years following termination of services to the resident even when there is a change of ownership of the facility. (III)

When the facility ceases to operate, the resident's records shall be released to the receiving facility. If no transfer occurs, the records shall be released to the resident's physician. (III)

[**ARC 6972C**, IAB 4/5/23, effective 5/10/23]

481—64.19 to **64.32** Reserved.

481—64.33(135C) Allegations of dependent adult abuse.

64.33(1) *Allegations of dependent adult abuse.* Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)

64.33(2) *Separation of accused abuser and victim.* Upon a claim of dependent adult abuse of a resident being reported, the administrator of the facility shall separate the victim and accused abuser immediately and maintain the separation until the department's abuse investigation is completed and an abuse determination is made. (I, II)

[**ARC 1204C**, IAB 12/11/13, effective 1/15/14]

481—64.34(135C) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)

[**ARC 0903C**, IAB 8/7/13, effective 9/11/13; **ARC 6972C**, IAB 4/5/23, effective 5/10/23]

481—64.35(135C) Care review committee. Rescinded **ARC 1205C**, IAB 12/11/13, effective 1/15/14.

481—64.36(135C) Involuntary discharge or transfer.

64.36(1) *Involuntary discharge or transfer permitted.* A facility may involuntarily discharge or transfer a resident for only one of the following reasons:

a. Medical reasons;

b. The resident's welfare or that of other residents;

c. Nonpayment for the resident's stay, as described in the contract for the resident's stay;

d. Due to action pursuant to Iowa Code chapter 229;

e. By reason of negative action by the Iowa department of human services; or

f. By reason of negative action by the quality improvement organization (QIO). (I, II, III)

64.36(2) *Medical reasons.* Medical reasons for transfer or discharge shall be based on the resident's needs and shall be determined and documented in the resident's record by the primary care provider. Transfer or discharge may be required in order to provide a different level of care to the resident. (II)

64.36(3) *Welfare of a resident.* Welfare of a resident or that of other residents refers to a resident's social, emotional, or physical well-being. A resident may be transferred or discharged because the resident's behavior poses a continuing threat to the resident (e.g., suicidal) or to the well-being of other residents or staff (e.g., the resident's behavior is incompatible with other residents' needs and rights). Written documentation that the resident's continued presence in the facility would adversely affect the resident's own welfare or that of other residents shall be made by the administrator or designee and shall include specific information to support this determination. (II)

64.36(4) *Involuntary discharge or transfer prohibited—payment source.* A resident shall not be transferred or discharged solely because the cost of the resident's care is being paid under Iowa Code chapter 249A or because the resident's source of payment is changing from private support to payment under Iowa Code chapter 249A. (I, II)

64.36(5) *Notice.* Involuntary transfer or discharge of a resident from a facility shall be preceded by a written notice to the resident and the responsible party. (II, III)

a. The notice shall contain all of the following information:

(1) The stated reason for the proposed transfer or discharge. (II)

(2) The effective date of the proposed transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows: (II)

> You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as

"department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request and you will not be transferred before a final decision is rendered. Extension of the 14-day requirement may be permitted in emergency circumstances upon request to the department's designee. If you lose the hearing, you will not be transferred before the expiration of either (1) 30 days following your receipt of the original notice of the discharge or transfer, or (2) no sooner than 5 days following final decision of such hearing, including the exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident, and a copy shall be placed in the resident's record. A copy shall also be transmitted to the department, the resident's responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent.

c. The notice required by paragraph 64.36(5)*"a"* shall be provided at least 30 days in advance of the proposed transfer or discharge unless one of the following occurs:

(1) An emergency transfer or discharge is mandated by the resident's health care needs and is in accordance with the written orders and medical justification of the primary care provider. Emergency transfers or discharges may also be mandated in order to protect the health, safety, or well-being of other residents and staff from the resident being transferred. (II)

(2) The transfer or discharge is subsequently agreed to by the resident or the resident's responsible party, and notification is given to the responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility.

(3) The discharge or transfer is the result of a final, nonappealable decision by the department of human services or the QIO.

d. A hearing requested pursuant to this subrule shall be held in accordance with subrule 64.36(7).

64.36(6) *Emergency transfer or discharge.* In the case of an emergency transfer or discharge, the resident must be given a written notice prior to or within 48 hours following the transfer or discharge. (II, III)

a. A copy of this notice shall be placed in the resident's file. The notice shall contain all of the following information:

(1) The stated reason for the transfer or discharge. (II)

(2) The effective date of the transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows: (II)

You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083.

b. The notice shall be personally delivered to the resident, and a copy shall be placed in the resident's record. A copy shall also be transmitted to the department, the resident's responsible party, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent.

c. A hearing requested pursuant to this subrule shall be held in accordance with subrule 64.36(7).

64.36(7) *Hearing.*

a. Request for hearing.

(1) The resident must request a hearing within 7 days of receipt of written notice.

(2) The request must be made to the department, either in writing or verbally.

b. The hearing shall be held no later than 14 days after the department's receipt of the request unless either party requests an extension due to emergency circumstances.

c. Except in the case of an emergency discharge or transfer, a request for a hearing shall stay a transfer or discharge pending a final decision, including the exhaustion of all appeals. (II)

d. The hearing shall be heard by a department of inspections and appeals administrative law judge pursuant to Iowa Code chapter 17A and 7—Chapter 2506. The hearing shall be public unless the resident or representative requests in writing that the hearing be closed. In a determination as to whether a transfer or discharge is authorized, the burden of proof by a preponderance of the evidence rests on the party requesting the transfer or discharge.

e. Notice of the date, time, and place of the hearing shall be sent by certified mail or delivered in person to the facility, the resident, and the responsible party not later than five full business days after the department's receipt of the request. The notice shall also inform the facility and the resident or the responsible party that they have a right to appear at the hearing in person or be represented by an attorney or other individual. The appeal shall be dismissed if neither party is present or represented at the hearing. If only one party appears or is represented, the hearing shall proceed with one party present.

f. The administrative law judge's written decision shall be sent by certified mail to the facility, resident, and responsible party within 10 working days after the hearing has been concluded.

g. If the basis for an involuntary transfer or discharge is the result of a negative action by the Iowa department of human services or the QIO, an appeal shall be filed with those entities as appropriate. Continued payment shall be consistent with rules of those entities.

64.36(8) *Nonpayment.* If nonpayment is the basis for involuntary transfer or discharge, the resident shall have the right to make full payment up to the date that the discharge or transfer is to be made and then shall have the right to remain in the facility. (II)

64.36(9) *Discussion of involuntary transfer or discharge.* Within 48 hours after notice of involuntary transfer or discharge has been received by the resident, the facility shall discuss the involuntary transfer or discharge with the resident, the resident's responsible party, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

a. The facility administrator or other appropriate facility representative serving as the administrator's designee shall provide an explanation and discussion of the reasons for the resident's involuntary transfer or discharge. (II)

b. The content of the explanation and discussion shall be summarized in writing, shall include the names of the individuals involved in the discussion, and shall be made part of the resident's record. (II)

c. The provisions of this subrule do not apply if the involuntary transfer or discharge has already occurred pursuant to subrule 64.36(6) and emergency notice is provided within 48 hours.

64.36(10) *Transfer or discharge planning.*

a. The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be transferred or discharged. (II)

b. To minimize the possible adverse effects of the involuntary transfer, the resident shall receive counseling services by the sending facility before the involuntary transfer and by the receiving facility after the involuntary transfer. Counseling shall be documented in the resident's record. (II)

c. The counseling requirement in paragraph 64.36(10)*"b"* does not apply if the discharge has already occurred pursuant to subrule 64.36(6) and emergency notice is provided within 48 hours.

d. Counseling, if required, shall be provided by a licensed mental health professional as defined in Iowa Code section 228.1(6). (II)

e. The health care facility that receives a resident who has been involuntarily transferred shall immediately formulate and implement a plan of care which takes into account possible adverse effects the transfer may cause. (II)

64.36(11) *Transfer upon revocation of license or voluntary closure.* Residents shall not have the right to a hearing to contest an involuntary discharge or transfer resulting from the revocation of the facility's license by the department of inspections and appeals. In the case of the voluntary closure of a facility, a period of 30 days must be allowed for an orderly transfer of residents to other facilities.

64.36(12) *Intrafacility transfer.*

a. Residents shall not be arbitrarily relocated from room to room within a licensed health care facility. (I, II) Involuntary relocation may occur only in the following situations, which shall be documented in the resident's record: (II)

(1) A resident's incompatibility with or disturbance to other roommates.

(2) For the welfare of the resident or other residents of the facility.

(3) For medical, nursing or psychosocial reasons, as judged by the primary care provider, nurse or social worker in the case of a facility which groups residents by medical, nursing or psychosocial needs.

(4) To allow a new admission to the facility that would otherwise not be possible due to separation of roommates by sex.

(5) In the case of a resident whose source of payment was previously private, but who now is eligible for Title XIX (Medicaid) assistance, the resident may be transferred from a private room to a semiprivate room or from one semiprivate room to another.

(6) Reasonable and necessary administrative decisions regarding the use and functioning of the building.

b. Unreasonable and unjustified reasons for changing a resident's room without the concurrence of the resident or responsible party include:

(1) Change from private pay status to Title XIX, except as outlined in subparagraph 64.36(12)*"a"*(5). (II)

(2) As punishment or behavior modification, except as specified in subparagraph 64.36(12)*"a"*(1). (II)

(3) Discrimination on the basis of race or religion. (II)

c. If intrafacility relocation is necessary for reasons outlined in paragraph 64.36(12)*"a,"* the resident shall be notified at least 48 hours prior to the transfer and the reason therefor shall be explained. The responsible party shall be notified as soon as possible. The notification shall be documented in the resident's record and signed by the resident or responsible party. (II)

d. If emergency relocation is required in order to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family or responsible party shall be notified immediately or as soon as possible of the condition that necessitates emergency relocation, and such notification shall be documented. (II)

e. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility and not as an intrafacility transfer. (II, III)

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14; **ARC 1752C**, IAB 12/10/14, effective 1/14/15; **ARC 3523C**, IAB 12/20/17, effective 1/24/18; **ARC 6972C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 8/5/26]

481—64.37 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.38 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.39 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.40 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.41 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.42 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.43 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.44 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.45 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.46 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.47 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.48 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.49 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.50 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.51 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.52 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.53 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.54 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.55 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.56 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.57 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.58 Rescinded IAB 7/26/89, effective 7/7/89.

481—64.59(135C) County care facilities. Rescinded **ARC 0764C**, IAB 5/29/13, effective 7/3/13.

481—64.60(135C) Federal regulations adopted—conditions of participation. Regulations in 42 CFR Part 483, Subpart I, Sections 410 to 480, are adopted by reference and incorporated as part of these rules. A copy of these regulations is available on request from the Health Facilities Division, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

The classifications for violations are I, II, and III, determined by the division using the provisions in 481—Chapter 56, "Fining and Citations," to enforce a fine to cite a facility.

NOTE: The federal interpretive guidelines are printed immediately following 481—Chapter 64.

This rule is intended to implement Iowa Code section 135C.2(3).

[**ARC 6972C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 8/5/26]

481—64.61(135C) Federal regulations adopted—rights. Rescinded **ARC 6972C**, IAB 4/5/23, effective 5/10/23.

481—64.62(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the same physical structure of the facility, if the other business or activity is under the control of and is directly related to and incidental to the operation of the health care facility, or the business or activity is approved by the department and the state fire marshal.

To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs *"a"* through *"j"* of this rule. (I, II, III)

64.62(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;

b. Compatibility of the proposed business or activity with the facility program;

c. Noise created by the proposed business or activity;

d. Odors created by the proposed business or activity;

e. Use of entrances and exits for the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

f. Use of the facility's corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

g. Proposed staffing for the business or activity;

h. Sharing of services and staff between the proposed business or activity and the facility;

i. Facility layout and design; and

j. Parking area utilized by the business or activity.

64.62(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

64.62(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules. (I, II, III)

481—64.63(135C) Respite care services. Respite care services means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person. A facility which chooses to provide respite care services must meet the following requirements related to respite care services and must be licensed as a health care facility.

64.63(1) A facility which chooses to provide respite care services is not required to obtain a separate license or pay a license fee.

64.63(2) Rules regarding involuntary discharge or transfer rights do not apply to residents who are being cared for under a respite care contract.

64.63(3) The facility shall have a contract with each resident in the facility. When the resident is there for respite care services, the contract shall specify the time period during which the resident will be considered to be receiving respite care services. At the end of that period, the contract may be amended to extend that period of time. The contract shall specifically state the resident may be involuntarily discharged while being considered as a respite care resident. The contract shall meet other requirements for contracts between a health care facility and resident, except the requirements concerning the holding and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons.

64.63(4) Respite care services shall not be provided by a facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.

These rules are intended to implement Iowa Code sections 10A.702, 135C.2(3), 135C.14, and 235E.2.

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[Editorial change: IAC Supplement 8/5/26]

Interpretive Guidelines**

§440.150 Intermediate Care Facility Services, Other Than in Institutions for Mental Diseases

W101

W101 is reassigned to §483.410(e). Section 442.251, the standard which requires that facilities meet the requirement for a State license, is redesignated to §483.410(e) and W101 is reassigned as well to afford a sense of continuity.

W102

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410 Condition of participation: Governing body and management (a) Standard: Governing body

W103

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(a) The facility must identify an individual or individuals to constitute the governing body of the facility.

Guidance §483.410(a)

If concerns are noted regarding the governing body, written documentation verifies that the facility has designated the individual or individuals to constitute the governing body and their titles.

W104

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility.

Guidance §483.410(a)(1)

The governing body develops, monitors, and revises, as necessary, policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to provide clients with active treatment and to provide for their health and safety.

Direction by the Governing Body includes areas such as health, safety, sanitation, maintenance and repair, and utilization and management of staff.

Condition level operational deficiencies may be associated with a failure by the Governing Body to exercise general direction of the facility.

W105

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(a)(2) The governing body must set the qualifications (in addition to those already set by State law, if any) for the administrator of the facility.

Guidance §483.410(a)(2)

The policies of the facility must include the qualifications of the administrator, and the qualifications are stated in the job description of the administrator.

W106

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(a)(3) The governing body must appoint the administrator of the facility.

Guidance §483.410(a)(3)

This appointment must be in writing.

**Editor's Note: Verbatim from federal regulations. Neither the Department nor the Iowa Administrative Code editors have changed the content of the guidelines.

(b) Standard: Compliance with Federal, State and local laws

§483.410(b) The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to:

Guidance §483.410(b)

The facility has no final adverse action by a Federal, State, or local authority. Such adverse actions include, but are not limited to fines, limitation on services that may be provided, or loss of licensure.

The facility must be able to provide for review, current licenses and permits as well as applicable reports of inspections by State or local health authorities.

If a situation is identified indicating the provider may not be in compliance with Federal, State, or local law, refer that information to the authority having jurisdiction (AHJ) for follow-up actions. See W107, W108, or W109.

W107

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(b) health,

Guidance §483.410(b)

Reference the specific law, regulation, or code not met.

W108

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(b) safety, and

Guidance §483.410(b)

Reference the specific law, regulation, or code not met.

W109

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(b) sanitation.

Guidance §483.410(b)

Reference the specific law, regulation, or code not met.

(c) Standard: Client Records

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

W110

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(1) The facility must develop and maintain a record keeping system that includes a separate record for each client and;

W111

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(1) that documents the client's health care, active treatment, social information, and protection of the client's rights.

Guidance §483.410(c)(1)

The structure and content of a client's record must be an accurate, functional representation of the actual experience of the client in the facility.

The record should contain an accurate account of all information relevant to the client's health care, active treatment, social information and protection of the client's rights, such as communications, correspondence, program plans (to include both in-house and outside service programs), progress summaries, activity plans and activity participation, incidents, consent forms and all medical information.

If the records are maintained electronically, the facility staff should be able to access various parts of the record without difficulty. If they are unable to access components of the record upon request, then this may indicate a lack of training by the facility.

W112

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(2) The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.

Guidance §483.410(c)(2)

"Keep confidential" means safeguarding the content of information including video, audio, and/or computer stored information from unauthorized disclosure without the specific informed consent of the client, parent of a minor child, or legal guardian, and consistent with the advocate's right of access. Facility staff and consultants, hired to provide services to the client, sign confidentiality agreements before having access to client records and should have access to only that portion of information that is necessary to provide effective responsive services to the client.

These agreements should be renewed according to the policies of the facility. The agreement may stipulate that the agreements are in place until either the facility or member terminates the agreement.

The facility has in place safeguards to ensure that access to all information regarding clients is limited to those clients designated by Health Insurance Portability and Accountability Act (HIPAA) requirements, the Developmental Disabilities Act, State law and facility policy.

The facility should prevent any instances of unauthorized access or dissemination. For example, the staff is observed to leave the client record (hard copy or electronic version) in the living room of the house when visitors or persons not authorized to access client records are present. Client records must be secured when staff is not present.

The facility must develop and follow procedures for maintaining the confidentiality of client information during transport to medical appointments or to other locations outside the facility.

Confidentiality applies to both central records and information kept at dispersed locations. If there is information considered too confidential to place in the record used by all staff (e.g., identification of the family's financial assets, sensitive medical data), it may be retained in a companion record located in a secure location in the facility with a notation made in the primary record as to the location of confidential information. The facility must ensure that any client information provided to day services programs is maintained confidential.

The sharing of client specific information with members of the "specially constituted committee" required by §483.440(f)(3), who are not affiliated with the agency, does not violate a client's right to have information about him or her kept confidential. The committee must have relevant information to function properly.

Facility confidentiality safeguards include the development and implementation of written policies to assure that members of the specially constituted team maintain confidentiality. Such processes may include signed confidentiality agreements. These agreements should be renewed according to the policies of the facility. The agreement may stipulate that the agreements are in place until either the facility or member terminates the agreement.

W113

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(3) The facility must develop and implement policies and procedures governing the release of any client information, including consents necessary from the client, or parents (if the client is a minor) or legal guardian.

Guidance §483.410(c)(3)

The facility develops and follows written policies governing the release of client information.

Release of any personally identifiable information does not occur unless consent(s) is obtained prior to the release.

These policies must address at a minimum who must give consent for the release of information from records. The policy and procedures should account for other situations involving the release of client information, such as:

- who should be notified when records have been released;
- procedures to be followed with subpoenas;
- time frames for providing requested information; and
- information regarding a client's HIV status may not be released without specific consent and may not be in the record if that consent has not been given.

W114

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(4) Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.

Guidance §483.410(c)(4)

Illegible writing in hard copy records can contribute to communication deficits among staff. Illegible writing which cannot be easily interpreted by facility staff upon surveyor request may constitute a safety issue.

Electronic signatures are acceptable in the electronic record system.

W115

§483.410(c)(5) The facility must provide a legend to explain any symbol or abbreviation used in a client's record.

W116

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(c)(6) The facility must provide each identified residential living unit with appropriate aspects of each client's record.

Guidance §483.410(c)(6)

"Appropriate" means those parts of each client's record are most likely (or known) to be needed by the residential staff to carry out the client's active treatment program in the unit; to alert staff to health risks and other aspects of medical treatment; to support the psychosocial needs of the client; to contact family or emergency contacts, and to provide anything else necessary to the staff's ability to work on behalf of the client.

The staff of the residential living unit has, and can access, all information which is relevant to implementing client program plans, appropriate care of, interaction with, and provision of services for the client.

(d) Standard: Services provided under agreements with outside sources

W117

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(d)(1) If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care.

Guidance §483.410(d)(1)

If a service is not provided directly, there must be a written agreement for such services.

Written agreements are required for emergency services such as dentists and pharmacies. For those services that require a visit to a hospital, the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) typically utilizes services from an emergency department of the hospital, thus no written contract is required.

Federal statute (P.L. 94-142) requires all school-aged children to receive a free and appropriate school education. Therefore, a written agreement between ICF/IIDs and public schools is not necessary.

W118

(d)(2)(i) Contain the responsibilities, functions, objectives, and other terms agreed to by both parties; and

W119

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(d)(2)(ii) Provide that the facility is responsible for assuring that the outside services meet the standards for quality of services contained in this subpart.

W120

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(d)(3) The facility must assure that outside services meet the needs of each client.

Guidance §483.410(d)(3)

Outside services are any services needed by the clients and not provided directly by the facility (hospital visits, dental visits, day program services, etc.).

Programs and services must be coordinated between the facility and the outside service, and foster consistency of implementation across settings of teaching strategies and behavior management.

The facility monitors outside services on an ongoing basis to ensure that services provided are consistent with the needs of each client as identified in the Individual Program Plan (IPP). For example, if the facility is implementing a behavior management or a communication program for the client, it is shared with the outside program and implemented by the outside program (workshop, day program, etc.) and the outside program agrees to incorporate it into their day program. At periodic intervals, the facility staff visit or communicate with the outside program to verify consistency across the two settings.

With outside resources, it is the responsibility of the facility to assure that the services are provided in a safe clean environment, by appropriately qualified professions, and any untoward outcome of services are promptly addressed. If, in spite of attempts by the facility to assure compliance, the outside program does not implement the program for the client, then the facility remains responsible for the lack of active treatment.

W121

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(d)(4) If living quarters are not provided in a facility owned by the ICF/IID, the ICF/IID remains directly responsible for the standards relating to physical environment that are specified in §483.470(a) through (g), (j) and (k).

Guidance §483.410(d)(4)

Even though the facility's premises may be rented from a landlord, the facility must ensure that the requirements for physical environment are met, either through arrangement with the landlord or through the facility's own services.

(e) Standard: Licensure

§483.420(a) Standard: Protection of Clients' Rights

The facility must ensure the rights of all clients. Therefore, the facility must

Guidelines §483.420(a)

"Ensure" means that the facility actively asserts the individual's rights and does not wait for him or her to claim a right. This obligation exists even when the individual is less than fully competent and requires that the facility is actively engaged in activities which result in the pro-active assertion of the individual's rights, e.g., guardianship, advocacy, training programs, use of specially constituted committee, etc.

§483.410(e) Standard: Licensure

W101

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.410(e) The facility must be licensed under applicable State and local law.

Guidance §483.410(e)

The facility has a current, valid State license when required under State law.

W122

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420 Condition of participation: Client protections

(a) Standard: Protection of clients' rights

§483.420(a) The facility must ensure the rights of all clients. Therefore the facility must

Guidance §483.420(a)

The facility must ensure the client's rights and does not wait for him or her to claim a right. This obligation exists even when the client is less than fully competent and requires that the facility is actively engaged in activities which result in the protection of the client's rights, advocacy for individual clients who have no family or an inactive family, and training programs for clients and staff on the understanding and protection of client rights.

W123

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(1) Inform each client, parent (if the client is a minor), or legal guardian, of the client's rights and the rules of the facility;

Guidance §483.420(a)(1)

The obligation to inform requires that the facility presents information on rights to the client, his or her family or his or her legal guardian in a manner and form which they can understand. In most instances, family means parent. However, in those instances where parents are deceased or choose not to be active in the client's life and there is another family member who does wish to be active, but is not the legal guardian, this family member should be informed of the client's rights. Printed materials should be provided in understandable terms and provided in the language necessary to ensure understanding. Specialized methods, as indicated, should be provided for communication with clients, families or legal guardians with hearing or vision impairment.

Pro-active assertion of client rights includes, but is not limited to:

- Signed evidence that the client, his or her family and/or his or her legal guardian have been informed of the client's rights, and
- Evidence that the communication of these rights were provided at the client's level of comprehension, and in the language understandable to the client.

The obligation to inform also requires that the facility make some determination of whether the client and his or her family, or legal guardian understood the rights presented and made additional efforts to communicate the rights if the rights were not understood.

If the facility has written "rules of the facility", these rules must be communicated to the client, their family and or legal guardians at the time of admission and must not be in conflict with any of the rights listed in 42 CFR 483.420 (a) (1-13).

W124

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(2) Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;

Guidance §483.420(a)(2)

Clients, their families or legal guardians are promptly informed of any change in the client's medical or behavioral needs that requires immediate alteration to programmatic or medical intervention. Promptly is defined by the level of severity of the alteration. In each case, they must also be informed of the attendant risks of any recommended treatments or interventions and of their right to refuse treatment, training or services.

If parents or legal guardians wish for other members of the client's family to be informed of such changes, they must put this permission in writing.

The communication of this information must be provided in the manner and language understood by the client or their family or legal guardian (language boards, sign language, etc.).

The term "attendant risks of treatment" describes the risk vs. risk and risk vs. benefit associated with the treatment. These risks include possible side effects, other complications from treatments including medical and drug therapy, unintended consequences of treatment, other behavioral or psychological ramifications arising from treatment, etc.

The facility actively attempts to engage clients who refuse to participate in active treatment. While the regulation recognizes the client's right to refuse treatment, persistent refusal that impacts the health and safety of the client and/or others, or the ability to provide overall active treatment, may result in facility's consideration of alternative placements for the client. It is expected, however, that the facility has assessed the reason for refusal, and developed and implemented all possible interventions to engage the client in active treatment programs prior to referring the client to another therapeutic setting.

A client, his or her family member, or legal guardian who refuses a particular treatment (e.g., a behavior control, seizure control medication or a particular intervention strategy) must be offered information about acceptable alternatives to the treatment, if acceptable alternatives are available. The client's preference about alternatives should be elicited and considered in deciding on the course of treatment. If the client, family member, or legal guardian also refuses the alternative treatment, or if no alternative exists to the treatment refused, the facility must consider the effect this refusal may have on other clients, the client himself or herself, and if they can continue to provide services to the client consistent with these regulations.

If the facility is unable to provide services to a client due to consistent refusal to participate, they must weigh all options including an involuntary discharge. Involuntary discharge must be for good cause (see 483.440(b)(4)(i)).

When a client is considered for participation in experimental research the client, his/her family and/or legal guardian must be fully informed of the nature of the experiment (e.g., what medications or physical interventions will be utilized, the length of the research, any possible side effects and how the information from the research will be utilized). Information regarding the possible consequences of participating or not participating must be provided to the client, family member or legal guardian. The written consent of the client, his/her family or legal guardian must be received prior to participation. For a client who is a minor or who has been adjudicated as incompetent, the written informed consent of the parents of the minor or the legal guardian is required. The signed, informed consent documentation must be in compliance with HHS Guidelines for Research Involving Human Subjects. The signed consent must also include a clear

discussion of what treatments will be included in the research, the time limits for the research and should clearly inform the client, family member or legal guardian that the client may end participation at any time without fear of recrimination. If the research protocol indicates that clients receive compensation, then clients are compensated per the protocol.

Any research must be reviewed and approved by the Specially Constituted Committee. See W263.

W125

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(3) Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process;

Guidance §483.420(a)(3)

To the extent that a client is able, choices are made on his/her own. Each client has autonomy of decision making and choice.

They are free to move about without limitations imposed due to staff preferences or staff convenience.

Clients are not restricted without due cause or due process.

To the extent that the client is able to make decisions for him or herself, it is inappropriate to delegate the person's right to others (e.g. parents, family members, etc.).

The facility has an obligation to assure client health and safety and must balance that obligation with the rights of clients.

If the facility has implemented a restriction, the following should be in place:

- An assessment supporting the need for the restriction;
- An individualized behavior plan to reduce the need for the restriction has been developed and implemented;
- A written informed consent for the behavior plan which includes the restriction;
- Approval of the Specially Constituted Committee; and
- Monitoring by the Committee of the progress of the training program, designed to reduce and eventually eliminate the restriction.

Clients, families, and legal guardians have the right to register a complaint with the facility and the State Survey Agency. If so, the facility must respond promptly and appropriately. The facility must ensure protection of the client from any form of reprisal or intimidation as a result of a complaint or grievance reported by the client, family, or legal guardian.

Issues involving the exercise of constitutional rights such as voting should be addressed as a component of the IPP when the Interdisciplinary Team (IDT) determines a need for training. Clients who have been adjudged to need guardianship or have been assessed as needing assistance to advocate for themselves should receive assistance or support so they may exercise their rights as citizens of the United States.

W126

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(4) Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities;

Guidance §483.420(a)(4)

The regulation is clear that in those cases where a client already possesses the skills necessary to independently manage their own financial affairs, the facility will allow the client to continue to do so. Formal training in financial management must be provided for all other clients in the facility to the extent of their capabilities. The regulation places the responsibility for determining the extent of the client's capabilities in this matter upon an assessment and interdisciplinary process within the facility.

To reach a determination as to whether a money management program is appropriate, the facility IDT uses the comprehensive functional assessment (CFA) to evaluate the ability of each client to participate in such a program. Under 42 C.F.R. 483.440(c)(3), the team evaluation must establish, through documentation, that the IDT considers all of the objective data within the assessment in reaching their determination, especially the identification of client skills which can be used across training programs. Examples of assessment findings that may be considered by the IDT include skills that can be cross- utilized in training programs such as:

1. Fine motor coordination;
2. The ability to make choices;
3. The ability to identify preferences; and
4. Cognitive abilities including tracking, attention span, communication, and the client's ability to understand the cause and effect. (The client understands of cause and effect is significant in the determination.)

Money management includes a broad spectrum of programs with varying levels of participation by the client ranging from the use of choice in money expenditures, to an understanding of the concept of money, and ultimately to actual money handling and budgeting. The IDT must not conclude that a money management program is inappropriate based solely upon the level of intellectual or physical disability of the client.

The CFA must be reviewed at least annually per 42 C.F.R.483.440(f)(2). As a part of this annual review, a client's ability to participate in money management will also be reviewed. The annual review should always include an update to the CFA and take into consideration any changes in the client's circumstances since the last IPP. The need for a formal money management program must be addressed in every client's IPP by the IDT on an annual basis.

The determination of the appropriateness of a formal money management program is made by the IDT and must be based upon a CFA. The IDT discussions resulting in that determination must be established through documentation in the client's IPP.

W127

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(5) Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment;

Guidance §483.420(a)(5)

Identification of patterns or isolated instances of physical, verbal, sexual or psychological abuse or punishment without prompt identification and corrective action by the facility would result in a non-compliance determination for this Standard and Condition level non-compliance.

The facility must develop and implement systems that protect clients from all forms of abuse, neglect, or mistreatment, including client to client abuse, neglect, or mistreatment.

a. The facility is expected to ensure that staff possess and demonstrate needed competencies to effectively and appropriately interact with clients.

b. The facility must monitor to assure that systems are effectively implemented and the facility takes immediate actions to address circumstances where abuse, neglect, or mistreatment have occurred and prevent reoccurrence.

c. The facility must be organized in such a manner as to proactively assure clients are free from any threat to their physical and psychological health and safety.

d. The facility must act to prevent physical, verbal, sexual or psychological abuse. If the facility fails to implement appropriate corrective action, the potential of additional threats to the clients remain at the facility.

"Threat", for the purposes of this guideline, is considered any condition/situation which could cause or result in severe, temporary or permanent injury or harm to the mental or physical condition of clients, or in their death.

"Abuse", for the purposes of this guideline, is the willful infliction of injury, unreasonable confinement, intimidation or punishment with the resulting physical harm, pain or personal anguish.

Physical abuse refers to any action intended to cause physical harm or pain, trauma or bodily harm (e.g., hitting, slapping, punching, kicking, pinching, etc.). It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Verbal abuse refers to any use of insulting, demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client. Psychological abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation (e.g. living in fear in one's own home). Since many clients residing in ICF/IIDs are unable to communicate feelings of fear, humiliation, etc. associated with abusive episodes, the assumption is made that any actions that would usually be viewed as psychologically or verbally abusive by a member of the general public, would also be viewed as abusive by the client residing in the ICF/IID, regardless of that client's perceived ability to comprehend the nature of the incident.

Sexual abuse includes any incident where a client is coerced or manipulated to participate in any form of sexual activity for which the client did not give affirmative permission (or gave affirmative permission without the attendant understanding required to give permission) or sexual assault against a client who is unable to defend him/herself.

The facility must implement, through policies, oversight and training, safeguards to ensure that clients are not subjected to abuse by anyone including, but not limited to, facility staff, consultants or volunteers, staff of other agencies serving the client, family members or legal guardians, friends, other clients, or the general public.

The facility must take whatever action is necessary to protect the clients residing there. For example, if a facility is forced by court order or arbitration rulings to retain or reinstate an employee found to be abusive, the facility must take measures to protect the clients of the facility (such as assigning the employee to an area where there is no contact with clients).

W128

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(6) Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints;

Guidance §483.420(a)(6)

The facility must implement an aggressive active treatment program, which includes appropriate replacement behaviors, to address the reduction/elimination of physical restraints and drugs to manage behaviors.

For purposes of this Guideline drugs to manage behavior are "unnecessary" if there is evidence the drugs are being used:

- In excessive dose (duplicate therapy);
- For excessive duration;
- Not monitored adequately;
- Without adequate indications for its use;
- With adverse consequences which indicate the dose should be reduced or discontinued; or
- Any combination of the reasons listed above.

The long term use of a drug/physical restraint to manage behavior combined with one or more of the following may indicate unnecessary use:

- The client's developmental and/or behavioral needs are not being met and the appropriateness of less restrictive approaches to manage inappropriate behaviors should be questioned;
- Staff behavior may be prompting behaviors in clients which result in the chronic use of physical restraints and drugs to control behavior;
- Staff may have inadequate training and/or experience to provide active treatment and employ preventive measures;

Restraints applied for behaviors when less restrictive measures have not been tried or have been tried and found to be just as effective.

W129

(Rev. 144, Issued: 08-14-15, Effective: 08-14-15, Implementation: 08-14-15)

§483.420(a)(7) Provide each client with the opportunity for personal privacy and

Guidance §483.420(a)(7)

The facility must provide areas within the living area in which the client can have time to be alone, when appropriate, and to have privacy (their conversations cannot be overheard) for personal interactions/ activities. There should be a location where the client can meet privately with family and/or friends and a telephone available where he/she can hold private telephone conversations.

Personal privacy for clients also includes the right to have certain personal information about them kept confidential. Staff should not discuss one client in front of others (clients, parents, legal guardians, visitors, etc.) and should not post personal information about clients in areas where other clients, families and the public can read the information.

Video/audio taping or live feed must not be used in place of or for the convenience of staff. The facility may install video/audio equipment for purposes of observing client/staff interactions. Video/audio equipment may only be installed in common areas (in no case may videotaping or live feed be done in bathrooms or areas where private visits are conducted). The clients, families and/or legal guardians of the clients residing in the areas where videotaping or live feed will occur must give informed consent for the installation and must be assured that no personal privacy will be jeopardized. The use of the equipment must be presented at and approved by the specially constituted committee for the facility prior to the installation of video or audio devices.

Motion sensors should not be considered cameras.

W130

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(7) ensure privacy during treatment and care of personal needs;

Guidance §483.420(a)(7)

Clients must be provided privacy during personal hygiene activities (e.g., toileting, bathing, dressing) and during medical/nursing treatments that require exposure of one's body.

People not involved in the care of the client should not be present without their consent while they are being examined or treated.

Whenever possible, the facility should be sensitive to clients' preferences for same sex care in private situations.

W131

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(8) Ensure that clients are not compelled to perform services for the facility and

Guidance §483.420(a)(8)

Clients are not required or expected to be a source of labor for a facility. The client must not be required or expected to do productive work for the facility, other than appropriate care of one's own personal space or shared responsibilities for common areas.

W132

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(8) ensure that clients who do work for the facility are compensated for their efforts at prevailing wages and commensurate with their abilities;

Guidance §483.420(a)(8)

"Work", as used in the regulation, means any directed activity, or series of related activities which results in a benefit to the economy of the facility or in a contribution to its maintenance, or in the production of a salable product. In deciding whether a particular activity constitutes "work" as defined above, the key determinant is whether the facility would be required to hire additional full or part-time staff (or pay overtime to existing staff) to perform the service the client is asked to perform.

Clients volunteering to do real work that benefits the facility should give informed consent for such practices and understand that by providing employable services they are able to be compensated. This does not preclude a client from helping out a friend or being kind to others. Self-care activities related to the care of one's own person or property are not considered "work" for purposes of compensation.

In general, participation in any household task which promotes greater independent functioning and assists the client to prepare for less restrictive setting (and which the client has not yet learned) is permitted as long as tasks are included in the IPP in written behavioral and measurable terms. This participation must be supervised, and indices of performance should be available. No task may be performed for the convenience of staff (e.g., supervising clients, running personal errands).

"Compensated" means the client is provided with money or other forms of negotiable compensation for work (including work performed in an occupational training program) and such compensation is to be used at the client's discretion.

Prevailing wage refers to the wage paid to non-disabled workers in nearby industry or the surrounding community for essentially the same type, quality and quantity of work or work requiring comparable skills. A client who works in the facility must be paid at least the prevailing minimum wage, unless an appropriate certificate has been obtained by the facility in accordance with current regulations and guidelines issued under the Fair Labor Standards Act, as amended.

Any client performing "work", as defined above, must be compensated in direct proportion to his or her output. The facility should utilize Department of Labor and/or Department of Vocational Rehabilitation formulas and techniques for determining rate of pay. A client's pay is not dependent on the production of other clients when he or she works in a group.

When the client's active treatment program includes assignment to occupational or vocational training or work, specific work objectives of anticipated progress should be included in the IPP along with reasons for the assignments. If the training of clients on particular occupational activities or functions involves "real work" to be accomplished for the facility, the clients must be compensated based on ability. For example, if in the process of work training activities which involve learning to clean a floor, the floor for a particular building is cleaned and does not require further janitorial cleanup, then the client must be compensated for this activity at the prevailing wage.

W133

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(9) Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice,

Guidance §483.420(a)(9)

Privacy must be provided for both face-to-face interactions and electronic interactions.

The facility must provide opportunities for the client to communicate, through regular mail, telephone and/or electronic mail and meet in private with persons of their choice (e.g., friends from the community, family members, and advocates). There may be instances where legal guardians override the wishes of the client. In these instances, the facility should be actively working with the legal guardian and the client to reach the maximum agreeable level of interaction for the client.

Space must be provided for clients to receive visitors in reasonable comfort and privacy.

W134

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(9) and to send and receive unopened mail;

Guidance §483.420(a)(9)

Clients must be provided the opportunity to send/receive all types of mail unopened and read the contents themselves if able. If the staff has to open and read mail to the client, this should be done in a private place allowing the client as much participation as possible.

Clients who have their own electronic equipment must be provided the opportunity to send, receive, and read electronic mail with privacy.

W135

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(10) Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans;

Guidance §483.420(a)(10)

Any restriction of telephone access must be explained in the IPP with a plan to advance the client's access. For persons with hearing loss who could benefit, Text Telephone (TTY) services or other accommodations should be provided.

As with any other rights restriction, the restriction must be addressed in the IPP, written informed consent obtained, and the plan must be reviewed and approved by the specially constituted committee.

W136

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(11) Ensure clients the opportunity to participate in social, religious, and community group activities;

Guidance §483.420(a)(11)

Clients should be offered the opportunity to participate in various types of activities in the community (e.g., going to grocery stores, hair salons, restaurants, places of worship, pharmacies, community meetings and events) based on their interests and choices. The facility must make accommodations for physical issues such as hearing impairment and mobility limitations. In addition, clients should be taught the applicable skills to participate in their choice of activities to the fullest extent of their abilities.

It is not acceptable for all client activities to be provided in the facility.

When a client is identified to be on restriction from community integration opportunities, interview clients, families, legal guardians and staff to determine if due process was afforded for this restriction and whether the restriction is included in the IPP.

In the event of a court placement that restricts community access, due process does not apply.

There should be evidence that the facility assists and encourages all clients, regardless of functioning levels, to have input into the decisions on community integration activities.

It is not acceptable to require clients to attend unwanted activities due to staffing considerations.

W137

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(12) Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and

Guidance §483.420(a)(12)

Clients should have personal possessions and clothing which meet their needs, interests and choices.

Clients should have free access to their own possessions and clothing. When considering whether a client has free access to their personal possessions and clothing, ensure that physical limitations have been addressed.

Clients who are unable to access and use personal possessions and clothing appropriately are involved in programs to learn the necessary skills to do so.

In situations where the behavior of one or more clients in a living area prevents free access to personal possessions for each client, the facility must develop IPPs for the client with disruptive behavior. The facility must also ensure that during the implementation of this program plan that none of the other clients have their rights infringed upon. Clients should not be without personal possessions because of the behavior of others with whom they live.

All client possessions, regardless of their apparent value to others are treated with respect for what they may represent to the client. Where those choices include socially stigmatizing materials, the facility should provide learning opportunities to make more socially appropriate choices. The facility should encourage clients to use or display possessions of his or her choice in a culturally normative manner.

If a method for identifying personal effects is used, it should be inconspicuous and in a manner that will assist the client to identify them.

“Appropriate” clothing means a supply of clothing that is sufficient, in good repair, accounts for a variety of occasions and seasons, and appropriate to age, size, gender, and level of activity. Modification or adaptation of clothing fasteners should be considered based on the needs of a client with a physical disability to become more independent.

As appropriate, each client’s active treatment program maximizes opportunities for choice and self-direction with regard to choosing and shopping for clothing which enhances his or her appearance, and selecting daily clothing in accordance with age, sex and cultural norms.

Clients are permitted to keep personal clothing and possessions for their use while in the facility. Determine how the facility both ensures the safety of personal possessions while at the same time providing client access to them when the client chooses.

Clients are provided the opportunity, encouraged, and trained to use age-appropriate materials. The term “age-appropriate” refers to anything that reinforces recognition of the client as a person of a certain chronological age. Clients who choose to keep items traditionally used by children such as dolls or model cars are not an automatic citation. There must be evidence the facility is encouraging the client to use these possessions in a socially appropriate, non-stigmatizing manner. The facility’s environment must be furnished with materials and activities that will enhance opportunities for growth.

W138

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(a)(12) ensure that each client is dressed in his or her own clothing each day; and

Guidance §483.420(a)(12)

Clothing such as pajamas, underwear, socks, hats, mittens/gloves, and coats should be the personal property of the client and not considered *“stock”* items. There should be no communal clothes. If clients are unable

to do their own personal laundry the facility must ensure that clothing is properly laundered and returned to the appropriate client.

The staff of the facility should ensure that clients dress appropriately for the season and the occasion by implementing training programs or guidance for the client as indicated.

W139

§483.420(a)(13) Permit a husband and wife who both reside in the facility to share a room.

§483.420(b) Standard: Client Finances

(b)(1) The facility must establish and maintain a system that

W140

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(b)(1)(i) Assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients; and

Guidance §483.420(b)(1)(i)

All purchases made using client personal funds must be itemized in the accounting record with the exception of pocket money. Pocket money given to the client does not need to be itemized. Pocket money should be considered a nominal amount of five dollars or less at a time. Funds provided by the facility and dispensed to a client as part of a program to train the client in money management, and funds that are not entrusted to the facility (e.g., funds paid directly to the client's representative payee) do not require accounting.

In those instances where a legal guardian or the individual client is in control of their personal funds, no accounting is necessary by the facility.

W141

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(b)(1)(ii) Precludes any commingling of client funds with facility funds or with the funds of any person other than another client.

Guidance §483.420(b)(1)(ii)

If the facility elects to pool clients' funds in an interest-bearing account, including common trust accounts, it is expected to know the interest separately accrued by each client, as part of its required accounting of funds. Interest accumulated to a client's account belongs to the client, not the facility.

W142

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(b)(2) The client's financial record must be available on request to the client, parents (if the client is a minor) or legal guardian.

Guidance §483.420(b)(2)

Those persons having legal authority to access the accounting records for personal funds such as the client, parent, or legal guardians should be afforded access upon request unless there is documented rationale for withholding the information.

It is not necessary that a facility furnish an annual financial statement to the client, or the client's parent or legal guardian, since the facility is already required to make the financial record available at any time upon request. The client, parent, and/or legal guardian, in turn, is free to choose to make the financial record available to anyone else.

(c) Standard: Communication with clients, parents, and guardians.

§483.420(c)

The Facility must –

W143

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(1) Promote participation of parents (if the client is a minor) and legal guardians in the process of providing active treatment to a client unless their participation is unobtainable or inappropriate;

Guidance §483.420(c)(1)

The facility must maintain an on-going effort to communicate with parents, family members and/or legal guardians regarding the implementation of active treatment programs for the client. The facility encourages and engages parents, family members and legal guardians in the continued implementation of active treatment programs even while spending time outside of the facility setting.

"Unobtainable", for the purposes of this guideline, means that the facility has made a good faith effort to seek parental or legal guardian participation in the process, even though the effort may ultimately be unsuccessful (for example, the parent may be impossible to locate or may prove unwilling or unable to participate).

"Inappropriate", for the purposes of this guideline, means that behavior of the parent or legal guardian could be disruptive or detrimental to the client's program outcome. In this case, determine what the facility has done to bring effective resolution to the problem.

W144

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(2) Answer communications from clients' families and friends promptly and appropriately;

Guidance §483.420(c)(2)

It is reasonable to expect that the facility will provide at least an interim response to inquiries from the client's families and friends within 48 hours.

W145

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(3) Promote visits by individuals with a relationship to the client (such as family, close friends, legal guardians and advocates) at any reasonable hour, without prior notice, consistent with the right of that client's and other clients' privacy, unless the interdisciplinary team determines that the visit would not be appropriate;

Guidance §483.420(c)(3)

Any limitations on visitors must be implemented as a result of IDT evaluation and discussion and be documented. This documentation should include evidence of approval from the specially constituted committee. Decisions to restrict a visitor for an individual client must be reviewed and re-evaluated each time the IPP is reviewed or at the client's request. Broad restrictions on visitors such as times of the day or certain days of the week are a violation of this requirement.

W146

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(4) Promote visits by parents or guardians to any area of the facility that provides direct client care services to the client, consistent with the right of that client's and other clients' privacy;

W147

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(5) Promote frequent and informal leaves from the facility for visits, trips, or vacations; and

Guidance §483.420(c)(5)

The facility should assist and encourage the client to communicate with their families or legal guardians concerning possible outside visits and vacations as frequently as possible. When the client does schedule a trip or vacation, the facility must ensure that all necessary preparation is completed to facilitate the departure.

The facility should not sponsor or allow clients to take a particular type of trip that would jeopardize their safety or health without consultation with parents/legal guardians and/or the IDT.

W148

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(c)(6) Notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.

Guidance §483.420(c)(6)

"Significant" incidents or changes in the client's condition include serious injury, unusual seizure activity, hospitalization, serious illness, accident, death, allegations of abuse, neglect, or mistreatment, unauthorized absence, or any notifications the parent or legal guardian's requests.

It is reasonable to expect the facility to contact the family or legal guardian of a client as soon as possible after an incident occurs, but no later than 24 hours after the incident. If notification is done via electronic mail, the facility must request a response from the e-mail recipient to confirm notification. Telephone notification must be accomplished by talking to the person directly. If a message is left, the facility must request a call back to confirm receipt of the notification.

Contact by letter may be utilized as follow up confirmation, but not be the initial, primary or sole mode of communication with the family or legal guardian.

If unable to contact the family or legal guardian, there should be evidence that the facility attempted to reach alternate emergency contacts.

Requests from clients who are their own guardian to limit notifications to their families must be honored.

(d) Standard: Staff treatment of clients.

W149

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

Guidance §483.420(d)(1)

The facility, through implementation of its policies, must set up a structure that screens and trains employees, protects clients and prevents, identifies, investigates and reports abuse, neglect and mistreatment of clients.

The policies must designate who (either by name or title) has the authority to act in the Administrator's absence and take any immediate corrective actions necessary to assure a client's safety such as removing a staff person from direct client contact.

"Mistreatment", for the purposes of this guideline, includes behavior or facility practices that result in any type of client exploitation such as financial, physical, sexual, or criminal. Mistreatment also refers to the use of behavioral management techniques outside of their use as approved by the specially constituted committee and facility policies and procedures.

"Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Staff failure to intervene appropriately to prevent self- injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client to client aggression is identified, may also constitute neglect.

Refer to W127 for definitions of abuse.

W150

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(1)(i) Staff of the facility must not use physical, verbal, sexual or psychological abuse or punishment.

W151

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(1)(ii) Staff must not punish a client by withholding food or hydration that contributes to a nutritionally adequate diet.

W152

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(1)(iii) The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.

Guidance §483.420(d)(1)(iii)

The facility is required to screen potential employees for a prior employment history of child or client abuse, neglect or mistreatment, as well as for any conviction based on those offenses. The abuse, neglect or mistreatment must have been directed toward a child or a client/resident/patient of a health care facility in order for the prohibition of employment to apply.

No one with a conviction or substantiated allegation of child or client abuse, neglect or mistreatment regardless of employment date, is employed by the facility. This requirement also applies to acts of abuse, neglect or mistreatment committed by a current ICF/IID employee outside the jurisdiction of the ICF/IID (e.g., in the community or in another health care facility). The facility must follow state guidelines or requirements for background checks to assure that they make every effort to check new employee's background.

Where the facility has terminated an employee based upon confirmation that abuse, neglect or mistreatment occurred during the employee's performance, and the termination decision was overturned by either arbitration finding or a court finding, the employee must be returned to a position which does not involve direct contact between that employee and clients of the facility.

A person who abused a resident in a nursing facility, and as a result, is barred from employment in the nursing home setting would also be prohibited from employment in the ICF/IID. While facilities are not required to periodically screen existing employees, if the facility becomes aware that such action has been taken against an employee, the facility is required to prohibit continued employment. This is also true of any conviction in a court of law for child, elder, or client (resident, patient) abuse, neglect or mistreatment. Therefore, conviction for abusing one's own child is also a reason employment would be prohibited.

W153

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

Guidance §483.420(d)(2)

Injuries of unknown source that give rise to a suspicion that they may be the result of abuse or neglect, should be reported immediately.

An injury should be reported as an "injury of unknown source" when:

- The source of the injury was not witnessed by any person and the source of the injury could not be explained by the client; and

- The injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

It is important to note that members of the ICF/IID population are a mobile population and lead active lives. Therefore, they experience normal day-to-day bumps and minor abrasions as they go about their lives. These minor occurrences which are not of serious consequence to the individual and do not present as a suspicious or repetitive injury (as discussed above) should be recorded by the facility staff once they are aware of them and follow-up should be conducted as indicated. For injuries that do not rise to the level of reportable "injuries of unknown source", the facility should follow its policies and procedures for incident recording, investigation, and tracking.

The facility must immediately report any suspicious injuries of unknown source and all allegations of mistreatment, neglect or abuse to a client residing in the facility regardless of who is the alleged perpetrator (e.g., facility staff, parents, legal guardians, volunteer staff from outside agencies serving the client, neighbors, or other clients, etc.).

If state law requires reporting to an agency or entity other than the administrator, the Centers for Medicare & Medicaid Services (CMS) expects the administrator to be notified as well, in order to ensure facility response to promptly safeguard the client(s).

For the purposes of this regulation "immediately" means there should be no delay between staff awareness of the occurrence and reporting to the administrator or other officials in accordance with State law unless the situation is unstable in which case reporting should occur as soon as the safety of all clients is assured.

W154

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated and

Guidance §483.420(d)(3)

In the absence of any pre-survey information that would indicate the need for a more thorough review of reports of investigation, review 5 percent of the total client investigations for the last three (3) months (but no less than 10).

A thorough investigation includes at a minimum:

- The collection of all interviews, statements, physical evidence and any pertinent maps, pictures or diagrams;
- Review of all information;
- Resolution of any discrepancies;
- Summary of conclusions; and
- Recommendations for action both to safeguard all the clients during the investigation and after the completion of the report.

If patterns of possible abuse, mistreatment or neglect are identified, or the incident report logs for the past three (3) months indicate an extremely high incident rate, then a full review of the incidents for the past three (3) months should be completed.

W155

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(3) must prevent further potential abuse while the investigation is in progress.

Guidance §483.420(d)(3)

The facility must take all measures necessary to protect the client, including removal of the staff from working with the client if indicated. See W154.

W156

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and,

Guidance §483.420(d)(4)

Some states require that allegations of abuse must be reported to the police. A police investigation may take longer than five (5) working days. Their investigation does not change the requirement that the facility must complete an internal investigation report of findings within the five day timeframe. When outside authorities are involved, the facility will still be required to complete their investigation within five days to the extent authorized by such entities. “Working days” means Monday through Friday, excluding state and Federal holidays.

W157

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.420(d)(4) if the alleged violation is verified, appropriate corrective action must be taken.

Guidance §483.420(d)(4)

The facility is required to ensure that clients residing in the facility are not subjected to physical, verbal, sexual or psychological abuse or punishment.

Appropriate corrective action is required for findings of abuse, neglect or mistreatment by other clients residing in the facility, staff of outside agencies, parents or any other person, and for injuries to clients resulting from controllable environmental factors.

If the facility receives allegations of abuse, neglect, or mistreatment of a client during out of facility visits with their family, they must report these allegations to the appropriate state authority for investigation. The facility does not have to conduct an internal investigation regarding the alleged violation.

Appropriate corrective action is defined as that action which is reasonably likely to prevent the abuse, neglect, mistreatment or injury from recurring.

This regulation does not require staff termination as the only appropriate corrective action.

The corrective action imposed by the facility is commensurate with the violation.

When a facility is forced to re-hire a staff person, determined by the facility investigation to have been responsible for abuse, neglect, or mistreatment, the facility continues to be responsible for ensuring the health and safety of the clients, and ensures that those staff members do not work directly with clients.

W158

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430 Condition of participation: Facility staffing.

(a) Standard: Qualified intellectual disability professional

W159

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(a) Each client’s active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who –

Guidance §483.430(a)

The position of qualified intellectual disability professional (QIDP) is unique to the ICF/IID program. This position can be central to the overall responsiveness and effectiveness of an active treatment program. Whether a supervisory or non-supervisory position, the QIDP is responsible to:

- Orchestrate all facets of the active treatment effort, including the IDT creation of relevant IPPs tailored to meet individual client needs;

- Effectively coordinate internal and external program services and supports to facilitate the acquisition of client skills and adaptive behaviors; and
- Promote competent interactions of residential staff with clients in program implementation and behavior management.

Breakdowns in the provision of needed services does not automatically equate with deficient practice with QIDP regulations. Non-compliance with QIDP regulations exist where the facility has failed to provide a QIDP or sufficient numbers of QIDPs to effectively perform these required functions or the QIDP(s) has failed to assertively attempt to integrate, coordinate and/or monitor each client's active treatment program.

Elements of integrating, coordinating and monitoring active treatment programs include:

- Routinely observing clients across settings in program areas to assess effectiveness of program implementation and consistency of training effort to determine effectiveness of IPPs and making timely modifications to facilitate achieving desired skills or goals.
- Routinely interacting with program staff across settings to assist in determining the effectiveness and continued relevance of program plans in meeting identified client needs.
- Determining the need for program revision based on client performance.
- Identifying inconsistencies in training approaches or programs not being implemented as written and facilitating the resolution of these inconsistencies.
- Assures follow-up occurs for any recommendation for services, equipment or programs so that needed services and supplies are provided in a timely manner to meet the client's needs.

The number of QIDPs will vary depending on such factors as the number of clients the facility serves, the complexity of needs manifested by these clients, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QIDP function.

The QIDP function may not be delegated to other employees even though the QIDP co- signs their work.

W160

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(a)(1) Has at least one year of experience working directly with persons with intellectual disability or other developmental disabilities; and

Guidance §483.430(a)(1)

"Experience" means providing professional or direct services, either paid or volunteer, in a setting that serves persons with intellectual disabilities. The experience working directly with persons with intellectual or other developmental disabilities can be obtained prior to or after obtaining the qualifying degree or credentials.

§483.430(a)(2) Is one of the following:

W161

(a)(2)(i) A doctor of medicine osteopathy.

W162

(a)(2)(ii) A registered nurse.

W163

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(a)(2)(iii) An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section

Guidance §483.430(a)(2)(iii)

The individual must have at least a bachelor's degree in one of the professions listed in §483.430(b)(5)(i-xi)

(b) Standard: Professional program services

W164

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430 (b)(1) Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.

Guidance §483.430 (b)(1)

The effectiveness of the active treatment effort is dependent on a facility's assembly of a competent team of professional program staff, with knowledge of contemporary care practices in intellectual disabilities specific to their field of expertise, that work cooperatively as members of an IDT. The facility is responsible for the acquisition of professional staff necessary to provide direct and indirect professional services to meet client needs.

Professional program services are those services that meet the needs identified by a client's CFA that must be provided by a member of a vocation founded upon specialized education/training.

Professional staff services also include on-going monitoring of the effectiveness of programs and plans developed by professional staff but implemented by non -professional staff.

Indirect professional staff services also include on-going, technical support to staff implementing these programs as well as timely assessment of the need for modification of the program with appropriate communication to the QIDP and IDT.

The needs identified in the initial CFA, as required in §483.440(c)(3)(v), should guide the team in deciding if a particular professional's involvement is necessary and, if so, to what extent professional involvement must continue on a direct or indirect basis.

Since such needed professional expertise may fall within the purview of multiple professional disciplines, based on overlapping training and experience, determine if the facility's delivery of professional services is adequate by the extent to which clients' needs are aggressively and competently addressed. Some examples in which professional expertise may overlap include, but are not limited to:

- Physical development and health: nurse, dietitian, pharmacist.
- Nutritional status: nurse, nutritionist or dietitian.
- Sensorimotor development: educators, recreation therapists, and occupational therapist, physical therapist.
- Affective (emotional) development: special educators, social workers, psychologists, psychiatrists, mental health counselors, rehabilitation counselors, behavior therapists, behavior management specialists, behavior analyst, and medical staff.
- Speech and language (communication) development: speech-language pathologists, special educators for people who are deaf or hearing impaired, and medical staff.
- Auditory functioning: audiologists (basic or comprehensive audiologic assessment and use of amplification equipment); speech-language pathologists (like audiologists, may perform aural rehabilitation); special educators for clients who are hearing impaired and medical staff.
- Cognitive development: teachers (if required by law, e.g., school aged children, or if pursuit of GED is indicated), behavior analysts, psychologists, speech-language pathologists.
- Vocational development: occupational therapists, vocational rehabilitation counselors, or other work specialists (if development of specific vocational skills or work placement is indicated).
- Social Development: teachers, professional recreation staff, social workers, behavior analysts, psychologists (specialized training needs for social skill development).
- Adaptive behaviors or independent living skills: special educators, occupational therapists, behavior analysts, and medical staff.

W165

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(1) Professional program staff must work directly with clients

Guidance §483.430(b)(1)

Examples of professional staff working directly with clients include: performing professional assessments of clients, provision of direct support and services and periodic monitoring by the professional of the client working on the program. The amount and degree of direct care that professionals must provide will depend on the needs of the client and the ability of other staff to effectively work with clients on a day-to-day basis. For those services that must be provided by a professional due to either law, licensure or registration, the client receives the services directly from the professional. Professionals may deliver services through the supervision and direction of subordinates where provided by law.

W166

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(1) and with paraprofessional, nonprofessional and other professional program staff who work with clients.

Guidance §483.430(b)(1)

Paraprofessionals are persons in various occupational fields who are trained to assist professionals but are themselves not licensed at the professional level.

Examples of "working with" these other staff may include, but not be limited to:

- Modeling the correct technique for interacting with clients or implementing a specific program objective.
- Designing residential activity programs and teaching staff how to implement them.
- Conducting classes on discipline specific topics.
- Answering questions of staff related to program implementation or specific behavioral management issues.
- Monitoring active treatment areas to identify program implementation or staff-client interaction issues.

W167

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(2) The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

Guidance §483.430(b)(2)

There should be sufficient professional staff in the facility to ensure that:

- needed assessments by professionals are completed timely;
- direct professional services are provided when indicated;
- clients are receiving interventions as specified in the IPP;
- client outcomes are being monitored by the professional;
- assessments and outcomes are being communicated to the IDT; and
- professional staff are available to consult with team members when needed.

W168

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(3) Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.

Guidance §483.430(b)(3)

When a professional does an assessment and determines there are client needs which become incorporated into the IPP, with a current prioritized objective, the professional should actively participate on the

IDT. This participation may be through written reports or verbally while attending the IPP meeting or participating via telephone or other electronic means, to provide team members with the opportunity to review and discuss information and recommendations relevant to the client's needs, and to reach decisions as a team, rather than individually, on how best to address those needs.

W169

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(4) Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members.

Guidance §483.430(b)(4)

Professional program staff provides various types of training to staff as indicated by the IPP and IDT.

Formal training: a specific training done at the time a program is implemented or updated by the professional, with all staff who works with the client.

Informal training: when the professional observes the staff not correctly implementing a program, the professional provides informal guidance on correct implementation.

Training on programs that apply to multiple clients: when a particular program applies to several clients in a facility, a professional may provide training to several staff on a particular topic that applies to multiple clients (such as safe transfer techniques).

Professional staff of the facility should participate in ongoing training such as conferences and workshops to maintain current standards of practice in the field of intellectual and developmental disabilities as required by their professional licensure or certification.

W170

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5) Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. Those professional program staff who do not fall under the jurisdiction of State licensure, certification, or registration requirements, specified in §483.410(b), must meet the following qualifications:

W171

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(i) To be designated as an occupational therapist, an individual must be eligible for certification as an occupational therapist by the American Occupational Therapy Association or another comparable body.

Guidance §483.430(b)(5)(i)

If a professional is not nationally certified, they would have to show evidence they completed the degree and field work in their designated field and are eligible to sit for the national exam.

The American Occupational Therapy Association is now known as the National Board for Certified Occupational Therapists (NBCOT). There is no "other comparable body."

Eligibility means the professional must have completed a degree in their designated field, completed all field work required for a license, must meet licensure requirements in the state they are practicing in, and are registered or certified nationally as applicable.

W172

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(ii) To be designated as an occupational therapy assistant, an individual must be eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association or another comparable body.

Guidance §483.430(b)(5)(ii)

If a professional is not nationally certified, they would have to show evidence they completed the degree and field work in their designated field and are eligible to sit for the national exam.

The American Occupational Therapy Association is now known as the National Board for Certified Occupational Therapists (NBCOT). There is no "other comparable body."

Eligibility means the professional must have completed a degree in their designated field, completed all field work required for a license, must meet licensure requirements in state they are practicing in, and are registered or certified nationally as applicable.

W173

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(iii) To be designated as a physical therapist, an individual must be eligible for certification as a physical therapist by the American Physical Therapy Association or another comparable body.

Guidance §483.430(b)(5)(iii)

If a professional is not nationally certified, they would have to show evidence they completed the degree and field work in their designated filed and are eligible to sit for the national exam.

Eligibility means the professional must have completed a degree in their designated field, completed all field work required for a license, must meet licensure requirements in state they are practicing in, and are registered or certified nationally as applicable.

W174

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(iv) To be designated as a physical therapy assistant, an individual must be eligible for registration by the American Physical Therapy Association or be a graduate of a two year college-level program approved by the American Physical Therapy Association or another comparable body.

Guidance §483.430(b)(5)(iv)

If a professional is not nationally certified, they would have to show evidence they completed the degree and field work in their designated filed and are eligible to sit for the national exam.

Eligibility means the professional must have completed a degree in their designated field, completed all field work required for a license, must meet licensure requirements in State they are practicing in, and are registered or certified nationally as applicable.

W175

§483.430(b)(5)(v) To be designated as a psychologist, an individual must have at least a master's degree in psychology from an accredited school.

§483.430(b)(5)(vi) To be designated as a social worker, an individual must--

W176

§483.430(b)(5)(vi)(A) Hold a graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or

§483.430(b)(5)(vi)(B) Hold a Bachelor of Social Work degree from a college or university accredited or approved by the Council on Social Work Education or another comparable body.

§483.430(b)(5)(vii) To be designated as a speech-language pathologist or audiologist, an individual must--

W177

§483.430(b)(5)(vii)(A) Be eligible for a Certificate of Clinical Competence in Speech-Language Pathology or Audiology granted by the American Speech-Language-Hearing Association or another comparable body; or

§483.430(b)(5)(vii)(B) Meet the educational requirements for certification and be in the process of accumulating the supervised experience required for certification.

W178

§483.430(b)(5)(viii) To be designated as a professional recreation staff member an individual must have a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical education.

W179

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(ix) To be designated as a professional dietitian, an individual must be eligible for registration by the American Dietetics Association.

Guidance §483.430(b)(5)(ix)

If a professional is not nationally registered as a dietician, they would have to show evidence they completed the degree and field work in their designated field and are eligible to sit for the national exam.

W180

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(x) To be designated as a human services professional an individual must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

Guidance §483.430(b)(5)(x)

Human Services is a diverse field focused on improving the quality of life of clients in communities in which the professional serves. A human services professional works directly with the population being served. Surveyors should see evidence that a human service professional has a bachelor's degree at a minimum.

W181

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(b)(5)(xi) If the client's individual program plan is being successfully implemented by facility staff, professional program staff meeting the qualifications of paragraph (b)(5)(i) through (x) of this section are not required-

(A) Except for qualified intellectual disability professionals;

(B) Except for the requirements of paragraph (b)(2) of this section concerning the facility's provision of enough qualified professional program staff; and

(C) Unless otherwise specified by State licensure and certification requirements.

Guidance §483.430(b)(5)(xi)

An individual client program may not require that professional staff perform all of the services as outlined by the IPP (e.g. the direct support staff may be trained by the professional to safely and effectively carry out the designed program), however, any specialized therapy must involve evaluation, program development, and re-assessment by the appropriate professional at periodic intervals.

(c) Standard: Facility staffing

W182

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(c)(1) The facility must not depend upon clients or volunteers to perform direct care services for the facility.

Guidance §483.430(c)(1)

The facility must have sufficient staff to provide needed care and services without the use of volunteers or enlisting the help of clients residing in the facility to perform the duties normally performed by facility staff.

The facility may not rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services. Volunteers are permissible, but must be in addition to the number of paid staff required to carry out a function. Volunteers should have an orientation to the policies and procedures of the facility and oversight is required by facility staff.

W183

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(c)(2) There must be responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing- -

(i) Clients for whom a physician has ordered a medical care plan;

(ii) Clients who are aggressive, assaultive or security risks;

(iii) More than 16 clients; or

(iv) Fewer than 16 clients within a multi-unit building.

Guidance §483.430(c)(2)

Indicators of staff not being awake in relation to the occurrence of incidents, accidents, and injuries may include, but are not limited to:

- incidents of unplanned client absences;
- untimely reaction to a medical emergency;
- injuries from client to client aggression; or
- a pattern of injuries of unknown origin.

If even one client meets 483.430(c)(2)(i-ii) then staff must be awake on a 24-hour basis.

A client has a medical care plan when an acute or chronic occurrence requires clinical assessment and monitoring on a scheduled basis.

W184

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(c)(3) There must be a responsible direct care staff person on duty on a 24 hour basis (when clients are present) to respond to injuries and symptoms of illness, and to handle emergencies, in each defined residential living unit housing- -

(i) Clients for whom a physician has not ordered a medical care plan;

(ii) Clients who are not aggressive, assaultive or security risks; and

(iii) Sixteen or fewer clients.

Guidance §483.430(c)(3)

At all times, there must be at least one staff person on-duty in the facility if even one client is present. For purposes of this provision, “on duty” staff need not be awake during normal sleeping hours, but do need to respond to injuries, illness, and emergencies promptly.

W185

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(c)(4) The facility must provide sufficient support staff so that direct care staff are not required to perform support services to the extent that these duties interfere with the exercise of their primary direct client care duties.

Guidance §483.430(c)(4)

Direct care staff should not be performing support services (e.g., making beds, cooking, cleaning, etc.) independently which takes them away from client interaction and teaching. If support services in the house cannot be done jointly as chores between clients, as part of their training program, and the support staff, additional staff should be added to perform the chores. This does not include any staff chores done during client's sleeping hours.

"Support staff" include all personnel hired by the facility that are not either direct care staff or professional staff. For example, support staff includes, but are not limited to, secretaries, clerks, housekeepers, maintenance and laundry personnel.

(d) Standard: Direct care residential living unit staff

W186

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(d)(1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

Guidance §483.430(d)(1)

"Sufficient" means enough direct care staff to effectively implement the active treatment programs as defined in the IPP, to meet client needs, and to respond to emergencies, illness, or injuries.

Even though minimum ratios are defined at §483.430(d)(3), active treatment may require more staff than the minimums required ratios, therefore compliance should not be based on staffing ratios alone.

§483.430(d)(2) Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.

Guidance §483.430(d)(2)

"Direct care staff" are those personnel who are assigned to work directly with the clients providing support during activities of daily living and active treatment programs.

Professional staff who work with clients in a living unit on a periodic basis are not included in direct care staff ratios.

Supervisors of direct care staff can be counted only if they share in the actual work of the direct care of clients on a continuous basis (e.g. take client assignment).

Direct care supervisors whose principle assigned function is to supervise direct care staff may not be included in direct care staff ratios although they may occasionally provide direct services to clients.

Non-direct care staff supervisors whose principle assigned function is to supervise non- direct care staff may not be included in direct care staff ratios.

W187

(Rev. 144, Issued: 08-14-15, Effective: 08-14-15, Implementation: 08-14-15)

§483.430(d)(3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:

(i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.

(ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4.

(iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.

Guidance §483.430(d)(3)

*The minimum ratios in this standard indicate the **minimum** number of direct-care staff that must be present and on duty, 24 hours a day, 365 days a year, for each discrete living unit. For example, to calculate the minimum number of living unit staff that must be present and on duty in a discrete living unit serving 16 individuals with multiple disabilities: divide the number of individuals "16," by the number corresponding to the regulation "3.2," the result equals "5." Therefore, the facility must determine how many staff it must hire to ensure that at least 5 staff will be able to be present and on duty during the 24 hour period in which those individuals are present.*

Using the living unit described above, "calculated over all shifts in a 24-hour period" means that there are present and on duty every day of the year: one direct care staff for each eight individuals on the first shift (1:8), one direct care staff for each eight individuals on the second shift (1:8), and one direct care staff for each 16 individuals on the third shift (1:16). Therefore, there are five (5) direct care staff present and on duty for each twenty-four hour day, for 16 individuals. The same calculations are made for the other ratios, whichever applies. Determine if absences of staff for breaks and meals results in a pattern of prolonged periods in which present and on-duty staff do not meet the ratios.

W188

§483.420(d)(4) When there are no clients present in the living unit, a responsible staff member must be available by telephone.

§483.430(e) Standard: Staff Training Program

W189

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

Guidance §483.430(e)(1)

Newly employed staff receive a supported orientation program (mentor or ongoing supervision) during their early employment. All staff receive continuing education on such issues as abuse and neglect, handling emergency situations, behavior management, and treating people with respect and dignity, etc.

The primary evidence of an effective staff training program is the observed competent interaction between staff and clients.

§483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients'

W190

(Rev. 144, Issued: 08-14-15, Effective: 08-14-15, Implementation: 08-14-15)

§483.430(e)(2) developmental,

Guidance §483.430(e)(2)

Staff receive training in the following areas:

- developmental programming principles and techniques (e.g. techniques to involve clients in their programs to their highest capability, use of positive reinforcement, use of assistive technology, use of appropriate materials and providing informal opportunities to practice skills);
- use of adaptive equipment and augmentative communication devices and systems;
- and
- effective recordkeeping procedures.

W191

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(e)(2) behavioral,

Guidance §483.430(e)(2)

Staff receive training in the following areas:

- use of behavioral principles during interactions between staff and clients;
- use of accurate procedures regarding abuse detection and prevention, restraints, drugs to manage behaviors, client safety, emergencies, etc.;
- use of least restrictive interventions;
- use of positive behavior intervention programming; and
- training clients in appropriate replacement behaviors.

W192

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(e)(2) and health needs

Guidance §483.430(e)(2)

Staff receive training in the following areas:

- signs and symptoms of the client's changing health (e.g. constipation, urinary tract infections, adverse drug reactions, as indicated);
- exercise and diet;
- first aid;
- infection control;
- reporting to appropriate healthcare professionals; and
- for those staff who can administer medications, how to include clients in their medication administration by recognizing and encouraging the use of applicable skills.

W193

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(e)(3) Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.

Guidance §483.430(e)(3)

Staff correctly and consistently implement the interventions specified in the behavior plans of clients with whom they are working.

Inadequate training is evident when staff do not correctly implement behavioral programs, use inappropriate management techniques, cannot explain what intervention is to be used and how it is to be implemented.

W194

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.430(e)(4) Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.

Guidance §483.430(e)(4)

Staff are observed in various settings during the day correctly and consistently implementing the specific IPPs of the clients with whom they are working.

W195

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440 Condition of participation: Active treatment services

(a) Standard: Active treatment

W196

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward-

(i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and

(ii) The prevention or deceleration of regression or loss of current optimal functional status.

Active treatment embodies an individually- tailored series of daily life and living experiences that serve as the primary opportunity for the acquisition, development and expression of functional skills and adaptive behaviors necessary for the client to experience optimal independence and promote purposeful "self-expression".

The uniqueness of each client is a core consideration in the design of active treatment programs. It is expected that individual clients are given the opportunity to provide input into the content of their day-to-day living experiences.

An active treatment program includes the following elements as substantiated through observation, interview and record review:

a) Each client's needs and strengths have been accurately assessed and relevant input has been obtained from team members; (Observations and interviews with the client by the surveyor should be consistent with the current assessment information. Interview the QIDP regarding any needs observed but not addressed through assessment/programming by the facility).

b) Each client's IPP is based on assessed needs and strengths, and addresses major life areas such as personal skills, home living skills, community living skills, employment skills, etc., essential to increasing independence and ensuring rights;

c) Needs identified as a priority are addressed formally and through activities which are relevant and responsive to client need, interest and choice;

d) Active treatment is consistently implemented in all relevant settings both formally and informally as the need arises or opportunities present themselves. It should not be limited to specific periods of time during the day or environments. Each client should receive aggressive and consistent training, treatments and supports in accordance with their needs and IPP. New skills and appropriate behaviors are encouraged and reinforced across environments and times of day. Each client has the adaptive equipment and environmental adaptations necessary for him/her to progress toward heightened independence as recommended and contained in their IPP. Active treatment means taking advantage of opportunities for the practice of new skills and the use of other skills during the normal rhythm of each client's day.

e) Each client's performance related to IPP objectives is accurately and consistently measured and documented and programs are modified on an ongoing basis based on data and major life changes; and

i. Clients with degenerative conditions receive training, treatment and services designed to retain skills and functioning and to prevent further regression to the extent possible.

ii. Clients may need adjustments to their active treatment programs as functional or endurance limitations are identified associated with the aging process. In such cases, there may be more of an emphasis on the retention of skills already attained and reducing the rate of loss of skills, than on the acquisition of new skills.

In large part, it is this pervasive and continuous reinforcement of "formal" training through "informal" routine daily living experiences and interactions with staff and others that makes active treatment programs effective. Formal settings are those that are planned and specifically structured for training on objectives and interventions. Informal settings are times that are not anticipated or planned but that offer the opportunity for training.

Active treatment programs mirror normal living experiences such as leisure activities and social conversation at the dinner table. It must be clear that active treatment programs are far more than implementation of discreet formal training sessions or programs that are conducted at prescribed times by defined personnel. Learning occurs in the process of the normal rhythm of life and life experiences.

W197

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(a)(2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

Guidance §483.440(a)(2)

All active treatment programs must be based upon assessed developmental needs which are prohibiting the client from living in a more independent setting.

Active treatment moves clients to a more independent setting.

- When a client is in the facility simply for protective oversight and is not in need of training for developmental deficits, this does not constitute active treatment (e.g. a court placement to protect the community or the client from the client's behavior).
- Programs that are simply being provided to maintain a client's independence would not be considered active treatment since the client is not actively being trained to live in a more independent setting. If a client already possesses the skills that enables them to live in a less restrictive environment, and does not require the structure, support and resources that services that only an ICF/IID can provide, they can be considered generally independent.

For example, a client is admitted to the ICF/IID for the primary purpose of competency determination for a court hearing. This client lived independently prior to admission. The active treatment programs they are receiving are focused on maintaining that independence and do not address specific developmental deficits that inhibit independent living. This would not be considered active treatment.

(b) Standard: Admissions, transfers, and discharge

W198

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(1) Clients who are admitted by the facility must be in need of and receiving active treatment services.

Guidance §483.440(b)(1)

All client admissions must be based upon assessed developmental deficits which are prohibiting the client from living in a more independent setting and which require those intensive specialized supports, services, and supervision that only an ICF/IID can provide.

The individual components of the provision of active treatment include CFA, IPP, program implementation, program documentation, and program monitoring and change. When any of these individual components of active treatment are not in place, resulting in the clients not receiving active treatment, this regulation this not met.

W199

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(2) Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or by outside sources.

Guidance §483.440(b)(2)

Preliminary evaluations should support the need for an admission to an ICF/IID (e.g., deficits in functional skills or adaptive behaviors). The information from the preliminary evaluation must be used by the facility to make an admission decision.

Occasionally, emergency admissions of clients may occur without benefit of a preliminary evaluation having been conducted prior to admission. When situational emergencies necessitate admission before a preliminary evaluation can be conducted, or when pre-admission information is incomplete, the completion of the preliminary admission evaluation within seven (7) calendar days after admission will satisfy compliance with this requirement.

W200

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(3) A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.

Guidance §483.440(b)(3)

The preliminary evaluation contains specific information useful to determine if the facility can meet the client's needs and if the client can benefit from placement.

The facility makes every reasonable effort to gather all available data to assist in their determination.

Background information would include information that gives insight into the clients' previous living environments and programming efforts.

The assessment must include a consideration as to whether reasonable accommodation as required by the Americans with Disabilities Act would enable the client to benefit from placement in facility.

§483.440(b)(4) If a client is to be either transferred or discharged, the facility must --

W201

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(4)(i) Have documentation in the client's record that the client was transferred or discharged for good cause; and

Guidance §483.440(b)(4)(i)

Transfer or discharge occurs only when the facility cannot meet the client's needs, the client no longer requires an active treatment program in an ICF/IID setting; the individual/guardian chooses to reside elsewhere, or when a determination is made that another level of service or living situation would be more beneficial to the client.

"Transfer" means the temporary movement of a client to another facility (e.g. another ICF/IID, psychiatric hospital, medical hospital) with the intention of return to the original site.

"Discharge" means the permanent movement of a client to another facility or setting which operates independently from the ICF/IID (e.g. the facility is not under the jurisdiction of the facility's governing body).

Documentation includes evidence of an assessment that evaluated the pros and cons of the transfer or discharge and the rationale for the final decision.

W202

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(4)(ii) Provide a reasonable time to prepare the client and his or her parents or guardian for the transfer or discharge (except in emergencies).

Guidance §483.440(b)(4)(ii)

The client and their family or the client and their legal guardian are involved in planning for any transfer or discharge and receive the services necessary to assist in preparing for movement, unless an emergency (medical) situation prevents that involvement. If the client has an advocate, the advocate should participate in the decision-making process.

Orderly, planned transfers and discharges usually take place over an extended period of time. The IPP should reflect objectives or interventions which prepare the client for transfer or discharge. Transfers or discharges executed on short timeframes (e.g. less than 30 days) without "good cause" would not comply with the "reasonable" intent of the regulations.

"Reasonable" time is the time required to provide clients and their families with planned steps and established timeframes to facilitate the successful transition. Time frames are modified based on client needs and emergent situations.

Preparation of the client for transfer may include orientation or trial visits to the new location. Staff should take steps to minimize potential anxiety or any behavioral reactions which could result from the client's transfer.

§483.440(b)(5) At the time of the discharge, the facility must-

W203

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(5)(i) Develop a final summary of the client's developmental, behavioral, social, health and nutritional status

Guidance §483.440(b)(5)(i)

The final summary should be useful for continued services in the client's new setting. The final discharge summary should be entered into the client's record, provide a summary of the client's course of stay in the ICF/IID, provide a final summary of the client's developmental, behavioral, social, health and nutritional status, and include the current status of the objectives listed in the client's IPP.

The status should address whether or not a clients' skills have been maintained, deteriorated, or improved during their stay.

W204

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(5)(i) and, with the consent of the client, parents (if the client is a minor) or legal guardian, provide a copy to authorized persons and agencies; and

Guidance §483.440(b)(5)(i)

When the client is discharged, the receiving entity (another ICF/IID, waiver home, family home, nursing home, etc.) is provided a copy of the discharge summary. The ICF/IID should obtain written consent to share this information with the persons who will be providing services to the client in the future and their parents/or legal guardians. Sharing the discharge summary with State Agencies as applicable is determined by state requirements.

W205

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(b)(5)(ii) Provide a post-discharge plan of care that will assist the client to adjust to the new living environment.

Guidance §483.440(b)(5)(ii)

The post discharge plan of care is a component of the discharge summary.

The facility utilizes the information from the discharge summary to prepare the discharge plan of care. The post-discharge plan of care identifies the essential supports and services necessary for the client to successfully adjust to the new living environment and describe necessary coordination of services. It should

incorporate the client's preferences. It should identify specific client needs after discharge such as personal care, physical therapy, client/caregiver education needs, and the ability of the client or caregiver to meet those needs after discharge.

(c) Standard: Individual program plan

W206

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(1) Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to- -

i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and

ii) Designing programs that meet the client's needs.

Guidance §483.440(c)(1)

If a need is identified in the CFA, the professional associated with that need will conduct an initial evaluation for the development of the IPP.

The needs identified in the CFA determine the professional, paraprofessional, direct support staff, disciplines or service areas that must participate in the development of the IPP.

W207

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(2) Appropriate facility staff must participate in interdisciplinary team meetings.

Guidance §483.440(c)(2)

While there is no correct number of individuals that comprise the IDT, the team should include appropriate facility staff (professional and paraprofessional staff), that are responsible for designing, developing, and/or implementing the client's IPP and direct support staff who work closely with the clients.

For any prioritized objective, the paraprofessional or professional personnel responsible for the development and monitoring of that program should participate on the team, either through actual attendance or written or verbal input.

Members of the IDT may change as the assessed needs of the client change (e.g. medical issues, nutritional issues, communication needs, fine motor skill needs, gross motor skill needs, social issues or behavioral concerns).

W208

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(2) Participation by other agencies serving the client is encouraged.

Guidance §483.440(c)(2)

The facility must make every effort to coordinate the Individual Education Plan (IEP) from the school or the client's program plan from outside program, work site or workshop with the IPP. This may result in a single document, but there is no requirement for a single combined document. There must be evidence that all applicable plans were coordinated (evidence of discussion across the plans and observation would confirm integration of the IPP across the various settings). The QIDP is responsible for the coordination of the plans.

The facility should communicate changes in the IPP or in the clients' life situation with teachers and workplace representatives either directly or through written communication.

W209

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(2) Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.

Guidance §483.440(c)(2)

The facility should make every effort to schedule team meetings at a time that enables the client parent or legal guardian, to attend without having to forfeit work time or pay.

The facility should make every effort to schedule team meetings at a time that enables the client parent or legal guardian, to attend without having to forfeit work time or pay.

It is expected that the client will routinely attend team meetings unless their participation is unobtainable. Examples of when client participation is not available include, but are not limited to: 1) the client is away from the facility for medical reasons or hospitalization; or 2) although the facility has documented repeated attempts to engage the client, the client refuses to participate.

If families/legal guardians are unable to attend a program planning meeting, the facility provides them information regarding the meeting outcome and gives them an opportunity to discuss the plan with the facility staff.

“Unobtainable”, for the purposes of this guideline, means that the facility has made a good faith effort to seek parental or legal guardian participation in the process, even though the effort may ultimately be unsuccessful (for example, the parent may be impossible to locate or may prove unwilling or unable to participate).

“Inappropriate”, for the purposes of this guideline, means that the parent or legal guardian’s behavior is so disruptive or uncooperative that others cannot effectively participate; the client does not wish his or her parent to participate, and the client is competent to make this decision; or there is strong and documented evidence that the parent or legal guardian is not acting on the client’s behalf or in the client’s best interest. In the case of the latter, determine what the facility has done to bring effective resolution to the problem.

Instances when it is not appropriate for the client, parent or legal guardian, to attend the team discussion are rare. If the client does not attend the meeting, the facility must document the reason for his/her non-participation.

There may also be instances where a parent or legal guardian is considered unobtainable for a team meeting, such as being out of the country. In these instances, the parent or legal guardian should still be notified of the meeting, provided with information concerning the outcome of the meeting and documentation in the client record should describe why the parent or legal guardian could not attend and what information was provided to them.

If the client is an adult who is competent to make decisions and who is not adjudicated, parents may not participate in the process if their participation is opposed by the client.

In the event that a non-adjudicated adult chooses not to have their family involved in the active treatment process, the surveyor should see evidence in the record of efforts made by the facility to understand why the client has declined family participation. If the client continues to decline family involvement after the facility has held discussions with him/her about the importance of this issue, the facility should honor the wishes of the client.

In general, the more involvement and communication among the team members, the client and the parent or legal guardian the more likely the plan will be successful. The facility goal should be to routinely include these parties unless rare circumstances exist.

W210

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.

Guidance §483.440(c)(3)

For new admissions, the CFA is completed within 30 days after admission and is utilized as the basis for the IPP.

New, revised or updated assessments completed within the first 30 days of admission, accurately identify the functional abilities of the client.

"Accurate" assessments refer to assessment data that are current, relevant and valid, and the skills, abilities, and training needs identified by the assessment correspond to the client's actual, observed status. Assessments must be administered with appropriate adaptations such as specialized equipment, use of an interpreter, use of manual communication and tests designed to measure performance in the presence of visual disability.

The content of or format of the assessments or the particular assessment tools which are to be used for the CFA are not specified. Assessments must include identification of those functional life skills in which the client needs to be more independent and those services needed for the client to become more community integrated.

W211

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3) The comprehensive functional assessment must take into consideration the client's age (for example, child, young adult, elderly person) and the implications for active treatment at each stage, as applicable, and must -

Guidance §483.440(c)(3)

During assessment, the client is given opportunities to participate in age-appropriate activities to assess the person's functioning in those activities or settings. For example, the use of baby toys during the assessment of an adult would not be appropriate.

W212

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(i) Identify the presenting problems and disabilities and where possible, their causes;

Guidance §483.440(c)(3)(i)

The CFA includes:

- all diagnoses and developmental deficits for the client;
- the supporting information for each; and
- each evaluation should include conclusions and recommendations which go into the development of an active treatment program for the client.

W213

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(ii) Identify the client's specific developmental strengths;

Guidance §483.440(c)(3)(ii)

The client's identified developmental strengths, preferences, methods of coping/compensation, community use and awareness, friendships and positive attributes and capabilities are clearly described in functional terms in the assessments.

Identified strengths are consistent with the client's observed functional status.

W214

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(iii) Identify the client's specific developmental and behavioral management needs;

Guidance §483.440(c)(3)(iii)

The CFA must address and identify those skill deficits/needed supports that may be amenable to training, those that must be treated by therapy and/or provision of assistive technology, and those that require

adapting the environment and/or providing personal support. Assessment of needed supports should be done within the context of the client's age, gender, and culture.

"Behavioral management needs" include those behaviors that interfere with progress, prevent assimilation into the community, decrease freedom or increase the need for restriction of activities (e.g. spitting, pica, self-injurious behavior, aggressive behavior toward others or self-injurious behavior).

A functional behavioral assessment is a problem-solving process for evaluating client inappropriate behavior. It relies on a variety of techniques and strategies to identify the purpose of the specific behavior(s) and to help the IDT select interventions to directly address the behavior(s). A functional behavior assessment looks beyond the behavior itself. The focus when conducting a functional behavioral assessment is on identifying significant client-specific social, affective, cognitive, and/or environmental factors associated with the occurrence (and non-occurrence) of specific behaviors.

The CFA must identify the specific accommodations that address the client's needs to ensure better opportunity for the client's success. The identified accommodations may be assistive technology which can help a person learn, play, complete tasks, get around, communicate, hear or see better, control their own environment and take care of their personal needs (e.g. door levers instead of knobs, plate switches, audio books, etc.).

W215

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(iv) Identify the client's needs for services without regard to the actual availability of the services needed; and

Guidance §483.440(c)(3)(iv)

Identification of needed services is based on the CFA.

In the presence of significant developmental deficits, it is not acceptable for the facility to say that a particular professional therapy or treatment is not needed or not available if the CFA identifies a deficit. The assessment must identify the course of specific interventions recommended to meet the client's needs, both through direct professional services and non-professional services. For example, a client's communication skill development may not require the intensive services of a speech-language pathologist however, the direct care staff will need to work with the client and use a pre-determined communication system.

§483.440(c)(3)(v) Include

Guidance §483.440(c)(3)(v)

The CFA should include an assessment of each of the areas listed below. Assessments should include specific information about the person's ability to function in different environments, specific skills or lack of skills, and how function can be improved, either through training, environmental adaptations, or provision of adaptive, assistive, supportive, orthotic, or prosthetic equipment.

If assessments are done separately by professional disciplines, there should be evidence that the assessments are brought together in an interdisciplinary approach to address the client's various developmental areas.

The CFA must be completed upon admission and annually as indicated. While the assessment may not have the specific titles of the areas listed below, the surveyor must be able to identify information within assessments from each of the areas below.

W216

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) physical development and health,

Guidance §483.440(c)(3)(v)

Physical development and health: This portion of the CFA includes the client's developmental history, results of the physical examination conducted by a licensed physician, physician assistant, or nurse practitioner, health assessment data (including a medication and immunization history); a review and summary of all laboratory reports since the last comprehensive evaluation, a summary of all required medical interventions since the last CFA; skills of the client normally associated with the monitoring and supervision of one's own health status, and administration and/or scheduling of one's own medical treatments. Reports of all specialist consultations should be included in the assessment as indicated by physical examination results.

IDT reviews any current advanced directives that the client may have in place as part of the CFA.

W217

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) nutritional status,

Guidance §483.440(c)(3)(v)

Nutritional status: Nutritional status includes height and weight, the client's eating habits and preferences, favorite foods, determination of appropriateness of diet, adequacy of total food intake, bowel habits, means through which the client receives nutrition (e.g. feeding tube) and the skills associated with eating (including chewing, sucking and swallowing disorders).

W218

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) sensorimotor development,

Guidance §483.440(c)(3)(v)

Sensorimotor development: Sensorimotor development includes the development of perceptual skills that are involved in observing the environment and making sense of it. Identified sensory deficits should be evaluated in conjunction with the impact they will have on the client's life. A sensory deficit in eye contact may not have a detrimental effect on the client's life if it will not hold the client back from further accomplishments or skill acquisitions. Motor development includes those behaviors that primarily involve: muscular, neuromuscular, or physical skills and varying degrees of physical dexterity. Because sensory and motor development are intimately related and because activities in these areas are functionally inseparable, attention to these two aspects of bodily activity is often combined in the concept of sensorimotor development. For those motor areas that are identified by the assessment as limited, the assessment should specify the extent to which corrective, orthotic, prosthetic, or support devices would impact on functional status and the extent of time the device is to be used throughout the day.

W219

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) affective development,

Guidance §483.440(c)(3)(v)

Affective (Emotional) development: Affective or emotional development includes the development of behaviors that relate to one's interests, attitudes, values, morals, emotional feelings and emotional expressions.

W220

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) speech and language development

Guidance §483.440(c)(3)(v)

Speech and language (communication) development: One of the most contributable causes of behaviors, frustration by the clients, etc. is lack of effective communication. It is imperative that the CFA identifies

how the client communicates, what barriers are present, what services are available and what programs and services will be provided to assist the client to go out into and participate fully in the world. Observed client communication skills match the evaluation results and that training programs are in place to address needs.

Communication development refers to the development of both verbal and nonverbal and receptive and expressive communication skills. Assessment data identify the appropriate intervention strategy to be applied, and which, if any, augmentative or assistive devices will improve communication and functional status. These intervention strategies should provide the client with a viable means of communication which is appropriate to their sensory, cognitive and physical abilities.

W221

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) and auditory functioning,

Guidance §483.440(c)(3)(v)

Auditory functioning: Auditory functioning refers to the extent to which a person can hear, to the maximum use of residual hearing if a hearing loss exists, and whether or not the client will benefit from the use of amplification, including a hearing aid or a program of amplification.

W222

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) cognitive development,

Guidance §483.440(c)(3)(v)

Cognitive development: Cognitive development refers to the development of those processes by which information received by the senses is stored, recovered, and used. It includes the development of the processes and abilities involved in memory, reasoning and problem solving. It is also the identification of different learning styles the client has and those best used by the trainers. It is critical that the CFA address the individual learning style of the client in order to best direct the way the trainers will teach formal and informal programs.

W223

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) social development,

Guidance §483.440(c)(3)(v)

Social Development: Social development refers to the formation of those self-help, recreation and leisure, and interpersonal skills that enable a client to establish and maintain appropriate roles and fulfilling relationships with others. Assessments may address family supports and relationships, sexual awareness and sexuality, friendships, social awareness, social skills and social interests.

W224

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) adaptive behaviors or independent living skills necessary for the client to be able to function in the community,

Guidance §483.440(c)(3)(v)

Adaptive behaviors or independent living skills: Adaptive behavior refers to the effectiveness or degree with which clients meet the standards of personal independence and social responsibility and community orientation and integration expected of their age and cultural group. Adaptive behaviors are those behaviors that are developed to cope with deficits in order to be able to perform every day skills as independently as possible. Independent living skills include, but are not limited to, such things as food shopping, meal preparation, housekeeping and kitchen chores, laundry, bed making, and budgeting. Assessment may be

performed by anyone trained to do so. Standardized tests are not required. Standardized adaptive behavior scales which identify all or predominantly all "developmental needs" are not sufficient to meet this requirement, but can serve as a basis for screening.

W225

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(3)(v) and as applicable, vocational skills.

Guidance §483.440(c)(3)(v)

Vocational development, "as applicable": Vocational development refers to work interests, work skills, work attitudes, work-related behaviors, and present and future employment options. The determination of whether or not a vocational assessment is "applicable" is typically based on age (adolescents or adults more than likely require this type of assessment). The vocational assessment for each client may address job sampling, job development, on-site job training and long term follow-up, as appropriate to the client and determined by the IDT.

Vocational assessments should describe, for all domains, what clients can and cannot do in terms of skills needed within the context of their daily lives and jobs.

Assessments should be individualized and based on:

- Actual performance of the client against objective criteria;
- Reports by staff/parents/legal guardians; and
- Observed performance in a variety of settings.

W226

§483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare for each client an individual program plan

W227

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4) that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section,

Guidance §483.440(c)(4)

Objectives are developed for those needs that are identified by the CFA and which are considered to be most likely to improve the client's ability to independently function in his/her daily life, as determined by the IDT.

There is a clear link between the specific objectives and the functional assessment data and recommendations.

Objectives are developed for those needs that are observed to most likely impact the client's ability to function in daily life. Training objectives should be developed to address client needs rather than staff oriented objectives.

Clients are expected to have training objectives in the areas of activities of daily living, based on the client's assessed needs and as prioritized by the IDT. If clients have eyeglasses, dentures and/or other assistive devices it is expected that the team considers objectives, based upon the assessment of client needs, addressing the care and use of such devices. However, in the area of programs to teach the clients' money management it is not expected that every client will automatically have a formal training objective to participate in such a program. The decision to prioritize such a program and to what level the program is developed is decided by the IDT based upon the results of the CFA and in consideration of such factors as, transferable skills, the ability to make choices, the ability to identify preferences and cognitive abilities such as attention span and an understanding of the principle of cause and effect.

Similarly, the decision to prioritize and develop a training objective for a client to participate in a self-administration program for medications must be made by the IDT and be based upon information from the CFA. Formal self administration programs should not be confused with informal efforts to include the client in the administration process such as allowing them to hold a glass of water, identify the box where his/her medications are stored or put a pill into their own mouth themselves under the supervision of a person who is qualified to administer medications.

W228

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4) and the planned sequence for dealing with those objectives.

Guidance §483.440(c)(4)

The objectives identified in W227 are organized in a logical sequence, determined by the team that will assist the client toward the attainment of skills resulting in greater self- choice, independence, and community integration. The logical sequencing of objectives means there is a completion of one objective that serves as the building block for the next with relevance to the client's functional status. Where objectives are logically ordered but do not have relevance to the client's functional status, refer to 483.440(c)(4).

If the IPP is organized in a logical sequence, this requirement is met. For example, if the long term goal is to travel independently in the community, the objective sequencing may involve training the client to recognize traffic signs, cross the street safely, and to obtain help when needed if lost or an emergency arises.

These objectives must –

W229

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4)(i) Be stated separately, in terms of a single behavioral outcome;

Guidance §483.440(c)(4)(i)

Each objective clearly states one expected learning result.

"Single" behavioral outcome means that there is a separate objective assigned for each discrete behavior that the team intends the client to learn. For example, "Mary will bake a cake and clean the oven" are two separate behaviors and, therefore, should be stated in two separate objectives. Completion of the morning hygiene routine includes programs for performance of face washing, tooth brushing and hair combing which are three separate objectives; however, the behavioral outcome for each would be the same (e.g. completion of the morning hygiene routine).

W230

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4)(ii) Be assigned projected completion dates;

Guidance §483.440(c)(4)(ii)

Completion dates are based on the client's rate of learning.

Completion dates are assigned to each objective on which the client is currently working. Completion dates are individualized (e.g. not all the same for all clients and all objectives).

The "projected date of completion" for an IPP objective is <u>not</u> the same as a "review" date. For each objective assigned a priority, the team should assign a projected date (month and year) by which it believes the client will have learned the new skill, based on all of the assessment data. This date triggers the team to evaluate continuously whether or not the client's progress or learning curve is sufficient to warrant a revision to the training program.

W231

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4)(iii) Be expressed in behavioral terms that provide measurable indices of performance;

Guidance §483.440(c)(4)(iii)

The desired learning outcome is stated in a manner which enables all staff working with the client to consistently identify the target behavior and to clearly identify when it is being displayed.

The objective is stated in a manner which permits it to be measured with quantifiable data.

"Behavioral" terms include only those behaviors which are "client" rather than staff oriented and those that any person would agree can be seen or heard. Determine if all staff who work with the client can define the exact same outcome on which to measure the client's performance.

"Measurable indices of performance" are the quantifiable criteria to use in determining successful achievement of the objective. Quantifiable criteria include various measurements of intensity and duration. For example, "Client X will walk ten feet, with the use of her tripod walker, on each of five (5) consecutive days."

W232

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4)(iv) Be organized to reflect a developmental progression appropriate to the individual; and

Guidance §483.440(c)(4)(iv)

Objectives must be relevant to the client's current skill sets and abilities as identified in the CFA.

The ICF/IID must consider the person's current functional abilities and project what steps, methods, and strategies are likely to be effective in achieving the objective.

W233

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(4)(v) Be assigned priorities.

Guidance §483.440(c)(4)(v)

Priorities are established based on the needs and in consideration of the desires of the client and emphasize the development of greater independence, self-choice, and community integration.

The team determines which objectives are the highest priority to be addressed, either because the client has an immediate need or the priority objectives must be accomplished before other priorities are addressed.

§483.440(c)(5) Each written training program designed to implement the objectives in the individual program plan must specify:

Guidance §483.440(c)(5)

The following regulations (5) (i-iv) apply to formal training programs developed for current implementation.

W234

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(i) The methods to be used;

Guidance §483.440(c)(5)(i)

The training program provides clear directions to any staff person working with the client on how to implement the teaching strategies. To comply with this requirement the methodologies must be written in a clear enough manner that a substitute staff person will be able to read the methodologies and implement them without substantial differences from a regularly assigned staff person. Methodologies should be consistent across settings, such as when the client is in the day program.

W235

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(ii) The schedule for use of the method;

Guidance §483.440(c)(5)(ii)

Active treatment (the implementation of training programs pursuant to objectives) should be provided in formal and informal settings throughout the rhythm of the client's day. While there may be structured episodes when the client works intensively and singularly on one or more objectives (schedule), the provision of active treatment is not adequate when confined solely to these types of formal settings but should be incorporated into all activities when appropriate (client's routine). For example, objectives on grasping may be as effectively carried out during the client's use of a toothbrush and a spoon as in an isolated session.

W236

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(iii) The person responsible for the program;

Guidance §483.440(c)(4)(v)

The IPP should include the actual name of the staff person who is responsible for the ongoing monitoring of the client's program to ensure it is being implemented appropriately, as well as the designated position which will implement the program.

The QIDP should be familiar with the assessment and recording requirements for each client for each formal objective, including who is responsible for making these observations and completing the recording, and demonstrate a familiarity with the current data recorded for each client.

W237

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(iv) The type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives;

Guidance §483.440(c)(5)(iv)

The IDT must determine the type of data necessary to judge a client's progress on an objective, and describe the data collection method in the written training program. The facility determines what data to collect, but whatever system is chosen for collection must yield accurate measurement of the criteria stated in the client's IPP objectives. For example, if the criteria in the client's IPP objective specified a behavior to be measured by "accuracy," or "successes out of opportunities," then it would not be acceptable for the prescribed data collection method to record "level of prompt".

Examples of a few data collection systems include, but are not limited to:

- level of prompt;
- successful trials completed out of opportunities given;
- frequency counts; and
- frequency sampling.

The IDT must consider and select the type and frequency of data collection for each objective based upon the need to measure appropriately the client's performance toward the targeted IPP skill development. The facility should collect data with enough frequency and content to be able to appropriately measure the client's performance toward the targeted IPP skill development. The frequency of data collection may vary with the objective but must be made at sufficient intervals to allow analysis of the progress of the client.

W238

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(v) The inappropriate client behavior(s), if applicable; and The inappropriate client behavior(s), if applicable; and

Guidance §483.440(c)(5)(v)

Any specific behaviors which would interfere with the client's ability to function in, or benefit from the training program are identified (e.g. a fear of water could interfere with the client's bathing program).

W239

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(5)(vi) Provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.

Guidance §483.440(c)(5)(vi)

The training program provides specific information as to how to elicit or strengthen appropriate behavior and what behaviors to teach reinforce or encourage which would reduce or replace the inappropriate behavior.

If a client is exhibiting an inappropriate behavior, the CFA should discover why the behavior is occurring and the team should develop associated training objectives to help the client develop more appropriate behaviors. The objective for decelerating targeted inappropriate behaviors is not solely the reduction of these behaviors. The objective should also include the positive functional replacement behavior (adaptive behavior).

A replacement behavior allows a client to substitute an unconstructive or disruptive behavior with something more constructive and functionally equivalent. For example, instead of throwing work materials as a way to get a break from vocational task demands, teach the client to say or sign for 'break'.

§483.440(c)(6) The individual program plan must also:

W240

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(6)(i) Describe relevant interventions to support the individual toward independence.

Guidance §483.440(c)(6)(i)

Appropriate materials, adaptations and modifications to equipment and the environment are available in order to promote and support individual training programs. Examples may include, but are not limited, to built-up toilet seats, adaptive eating utensils, extended reach devices, and modification to the facility van to accommodate a wheelchair.

The IPP describes supports and services, in addition to the individual goals and objectives that will be provided by the facility to assist the client to function with greater independence.

W241

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(6)(ii) Identify the location where program strategy information (which must be accessible to any person responsible for implementation) can be found.

Guidance §483.440(c)(6)(ii)

This requirement refers to the training program plans, objectives, descriptions of staff interventions and data collection tools which must be readily accessible to any staff in order for the programs to be consistently and effectively carried out and data collected.

W242

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(6)(iii) Include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.

Guidance §483.440(c)(6)(iii)

All clients who lack the skills listed within this standard have associated training programs developed to meet their needs according to prioritization. These programs are consistently implemented in both formal and informal settings.

"Developmentally incapable" is a decision made by the IDT that means a client does not have the capacity to acquire certain skill sets. The decision must be based on an assessment of the client's strengths, needs, and functional limitations.

The determination of developmental incapability must be accompanied by written evidence supporting this determination.

Such evidence may include training programs which failed after many different strategies were tried, or physical limitations that preclude the acquisition of the skill. Examples are:

1) Eye contact program was attempted using seven different methods over a two year period;

2) An client has two frozen elbow joints which do not allow her to get her hands to her mouth and consequently she will not be trained on any hand to mouth skills; and

3) Some clients may have insufficient neuromuscular and sensory control to ever be totally independent in toileting skills.

Toilet scheduling alone without any plan to progress would not be considered a toilet training program.

The components of functional skills "training" as used in this regulation means aggressive implementation of a systematic program of formal and informal techniques, which are:

- targeted toward assisting the client achieving the measurable behavioral level of skill competency specified in IPP objectives;
- implemented at natural occurrences of activity and training programs; (e.g.: an objective for a client to increase grasping may be implemented as easily in the workshop with a built up tool as in the bathroom with a toothbrush);
- conducted by all personnel involved with the client including those outside the home such as in day programs; and
- carried out in conversation and interaction with the client appropriate to the situation.

§483.440(c)(6)(iv) Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify

Guidance §483.440(c)(6)(iv)

The use of mechanical supports are based upon an individual assessment and fitting. Mechanical devices are used to support a client's proper body position or alignment and may be essential to prevent contractures or deformities. However, mechanical supports restrict movement and the client should be released from the support periodically for exercise and free movement. Mechanical supports may not be used as a substitute for programs or therapy. For example, the use of a bolster to position a client upright in a sitting position without any indication there has been an assessment for the need for muscle re-training may be an indication of a mechanical device in lieu of programming. Some supports allow movement and provide opportunity for more increased functioning. Some examples of devices used as mechanical supports include splints, wedges, bolsters, lap trays, etc.

Wheelchairs are not generally used to position or align the body and would not alone constitute a mechanical support. However, adaptations to a wheelchair which facilitate correct body alignment by inhibiting reflexive, involuntary motor activity are mechanical supports and should be included in the plan for the client.

W243

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(6)(iv) the reason for each support,

W244
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.440(c)(6)(iv) the situations in which each is to be applied,
W245
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.440(c)(6)(iv) and a schedule for the use of each support.
W246
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.440(c)(6)(v) Provide that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible.
Guidance §483.440(c)(6)(v)
Clients with sensory or physical difficulties should be given the same opportunities to move around in their environments as clients who do not have those difficulties. Even clients who use specialized wheelchairs should be given the opportunity to utilize other devices such as walkers, wagons and scooters to move about and/or change their positions.
With the exception of those clients who are acutely ill (such as those who are hospitalized or incapacitated by a "short term" illness), all clients should be out of bed and outside their bedroom area as long as possible each day, and in proper body alignment at all times. This is a necessity in order to prevent regression, contractures, and deformities and to provide sensory stimulation.
Bed rest is a temporary situation associated most usually with a medical condition and must be ordered by the medical staff of the facility. The term implies that the client will remain in his/her bed for most of any 24-hour period. Although active treatment programs may be carried out to some extent while the client is on bed rest, the client's program cannot be completed in its entirety. While there may be situations where continuous bed rest may be necessary, these situations are rare.
For those rare instances where out-of-bed activity is a threat to a client's health and safety (e.g., blood clot in the leg), active treatment adapted to the medical capacity of the client must be continued.
W247
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.440(c)(6)(vi) Include opportunities for client choice and self-management.
Guidance §483.440(c)(6)(vi)
Choice and self-management are integral components of becoming independent. Clients should be given opportunities for choice and self-management in both formal and informal settings through the IPP process, leisure activities, and other life choices.
The ICF/IID must incorporate opportunities into daily life experiences that promote choice making and decision making by clients. Examples of some activities leading toward responsibility for one's own self-management include, but are not limited to:

1) choosing housing or roommates;
2) choosing clothing to purchase or wear;
3) choosing what, where, and how to eat (e.g., the use of family style dining, access to condiments and second helpings).

Choices can be made by all clients. The type of choices the person makes may vary from simple to complex, dependent upon client abilities.
Clients are provided opportunities for choice and self-management and the facility does not limit choices by making decisions for the people being served without their input. Clients are provided the opportunity to

demonstrate skills to the degree they are capable and only assisted by staff as indicated in their IPP. A lack of facility staffing or staff convenience must not result in a limitation of choices of self-management for the clients.

W248

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.

Guidance §483.440(c)(7)

The client or legal representative, as well as the facility staff, and staff from outside agencies, with appropriate consent, have, or can access, a copy of the IPP.

(d) Standard: Program implementation

W249

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

Guidance §483.440(d)(1)

There should be no delay in the development and implementation of the IPP. To promote a team process and meaningful discussion, IPP development should take place during IDT meetings. Any IPP objective or modification that is critical to the health and safety of any client should be implemented immediately following IDT discussion."

Each individual receives training and services consistent with the current IPP.

The time period between admission and the 30 day IDT meeting is primarily to assist the client to become adjusted and acclimated to his or her new living environment and to enable the facility to complete the CFA. During this time period the facility should also be providing those services and activities determined during the pre-admission assessment as essential to the client's daily functioning.

The active treatment program for the client is consistently implemented in all relevant settings both formally and informally as opportunities present themselves. It should not be limited to specific periods of time during the day or specific environments.

Each client should receive aggressive and continuous training, treatments and supports in accordance with their needs and IPP. New skills and appropriate behaviors are encouraged and reinforced across environments and times of day.

- During observations confirm that the client activities relate directly to the strengths, needs and objectives in the IPP for each client and are not "busy work," generalized or non-developmental time fillers. For example, screwing nuts on bolts and then unscrewing them repeatedly with no goal or transferable skills is "busy work." Screwing nuts on bolts that will be part of a product is functional reinforcement of skill acquisition.
- Clients use adaptive equipment, assistive devices, environmental supports, materials, supplies, etc., as specified in each client's IPP to assist the client to accomplish stated objectives.

There is no specific number or frequency of interventions that meets this requirement. The surveyors should see that the facility capitalizes on all opportunities throughout the course of the day that promote progress toward the achievement of goals and objectives.

Informal opportunities (“teachable moments”) should be utilized to reinforce learning or appropriate skill development and needs are addressed as they present.

Although a client may not be able to reach complete independence in a functional skill, it is crucial that retention of their current skills be supported.

Clients may have defined periods of time where they may engage in leisure activities of their choice which are not necessarily directly associated with their IPP goals and objectives.

W250

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.

Guidance §483.440(d)(2)

The schedule is individualized, consistent with the client’s objectives, and reflects normal daily routines.

The staff working with individual clients are familiar with their daily schedules and can produce the schedule upon request.

The active treatment schedule allows flexibility and is adjusted to the needs and preferences of the client, as necessary. It’s a schedule of the client’s general daily plans, but can be changed.

The active treatment schedule is a functional schedule which enables client and staff to be in the right location in order to participate in the training as scheduled by the IPP.

W251

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(d)(3) Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client’s individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional and nonprofessional staff.

Guidance §483.440(d)(3)

All disciplines, including direct care staff, interacting with the client work together to provide a uniform, consistent approach to implementation of the IPP.

(e) Standard: Program documentation

W252

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

Guidance §483.440(e)(1)

“Data” are defined to be performance information collected and reported in numerical or quantifiable form for each training objective assigned priority in the IPP.

Data are those performance measurements collected at the time the treatment, procedure, intervention or interaction occurs with the client and recorded as soon as possible. The data should be located in a place accessible to staff who conduct training.

Data should be collected in a form and frequency as required by the plan to enable quantitative (frequency or numbers) analysis of the client’s progress.

Data are accurate (e.g., reflective of actual client performance.)

§483.440(e)(2) The facility must document significant events that

W253

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(e)(2) are related to the client’s individual program plan and assessments and

Guidance §483.440(e)(2)

Significant events are those events which would cause a reasonable person to be affected and which impact a normal routine. Such events include changes in the client's functional status, emotional health, physical health, accomplishments, activities or needs which impact the CFA and IPP, as well as instances of abuse, neglect or mistreatment.

The client record should contain documentation that such events are evaluated and monitored.

W254

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(e)(2) that contribute to an overall understanding of the client's ongoing level and quality of functioning.

(f) Standard: Program monitoring and change

§483.440(f)(1) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client- -

Guidance §483.440(f)(1)

Program implementation is a critical piece of each client's active treatment program. The QIDP must review or revise client programs according to 483.440(f)(1)(i-iv) and at such an interval that any of the requirements are promptly identified and addressed.

W255

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(1)(i) Has successfully completed an objective or objectives identified in the individual program plan;

Guidance §483.440(f)(1)(i)

The QIDP ensures the program has been modified or changed in response to the client's specific accomplishments or need for new program.

W256

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(1)(ii) Is regressing or losing skills already gained;

W257

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(1)(iii) Is failing to progress toward identified objectives after reasonable efforts have been made; or

Guidance §483.440(f)(1)(iii)

There should be evidence that the QIDP has reviewed and revised the IPP in those situations when the client's IPP has been consistently implemented yet the client fails to achieve their objectives.

W258

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(1)(iv) Is being considered for training towards new objectives.

§483.440(f)(2) At least annually,

Guidance §483.440(f)(2)

For the "annual" review to meet this requirement, it must be completed by at least the 365th day following the previous review, unless in an isolated or rare instance a client or the client's family is not available for a projected period of time and the subsequent delay is a minimal number of days.

W259

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(2) the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed;

Guidance §483.440(f)(2)

The CFA is reviewed at least annually.

The review of the CFA occurs sooner than annually if:

- indicated by the needs of the client;
- reflects any changes in the client since their last evaluation; and
- incorporates information about the client's progress or regression with objectives.

The review of the CFA applies to all evaluations conducted for a client. It is not required that each assessment be completely redone each year, except the physical examination. It is required that at least annually the assessment(s) be updated when changes occur so as to accurately reflect the client's current status.

W260

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(2) and the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.

Guidance §483.440(f)(2)

The IPP reflects the functional changes for the client which occurred since the last IPP. It is unlikely that an active treatment program will have no changes from year to year without documentation to support not changing the plan. Question an IPP that is a duplication of the prior year's plan without explanation.

W261

(Rev. 144, Issued: 08-14-15, Effective: 08-14-15, Implementation: 08-14-15)

§483.440(f)(3) The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility to- -

Guidance §483.440(f)(3)

The facility must have a specially constituted committee whose primary function is to proactively protect client rights by monitoring facility practices and programs. The purpose of the committee is to assure that each client's rights are protected utilizing a group of both internal staff and *external participants who have no vested interest in the facility as well as clients as appropriate*. There should be evidence that the committee members have been trained annually on the rights of the clients, what constitutes a restriction of a right and the difference between punishment and training.

Depending on size, complexity and available resources, the ICF/IID may establish more than one specially constituted committee. However, each committee must contain the required membership and participate regularly and perform the functions of the committee according to the requirements. Participation on the specially constituted committee(s) must be in real time allowing all membership to speak and discuss in an interactive mode.

The regulation does not specify the professional credentials of the "qualified persons" (who have either experience or training in contemporary practices to change inappropriate client behavior). There is no requirement that any specific discipline, such as nurse, physician or pharmacist be a member of the committee.

The intent of including "persons with no ownership or controlling interest" on the committee is to assure that, in addition to having no financial interest in the facility, at least one member of each constituted committee is an impartial outsider in that he/she would not have an "interest" represented by any other

of the required members or the facility itself. Staff and consultants employed by the facility or at another facility under the same governing body, cannot fulfill the role of person with no ownership or controlling interest.

Although occasional absences from committee meetings are understandable, patterns of absence by the required membership of the committee is not acceptable. At least a quorum of committee members (as defined by the facility) must review, approve and monitor the programs which involve risk to client rights and protections and that quorum must include one person from each of the required categories.

W262

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(3)(i) Review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights;

Guidance §483.440(f)(3)(i)

Any program that utilizes restrictive or intrusive techniques must be reviewed and approved by the specially constituted committee prior to implementation. This includes, but is not limited to:

- restraints;
- drugs to manage behavior;
- restrictions on community access;
- contingent denial of any right; or
- restrictions of materials or locations in the home.

The committee should ensure that consequences within a written behavior management program do not violate the client's rights.

There is no requirement for the committee to evaluate whether the proposed program is consistent with current practices in the field. Documentation should verify that the specially constituted committee considered factors, such as whether less intrusive methods have been attempted, whether the severity of behavior outweighs the risks of the proposed program and whether replacement behaviors are included within the plan.

Any revision to a behavior plan that increases the level of intrusiveness must be re- reviewed by the specially constituted committee. The committee need not reapprove a program when revisions are made in accordance with the approved plan. For example, if the physician changes the dosage of a medication in accordance with the drug treatment component of the active treatment plan to which the legally authorized person has given consent and which has already been approved by the committee, then there is no need for the committee or the legally authorized person to reapprove the plan. Generally, this would also apply if the medication was changed to another within the same therapeutic class or family.

W263

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(3)(ii) Insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian; and

Guidance §483.440(f)(3)(ii)

The committee must ensure that written informed consent must be obtained prior to implementation of any restrictive or intrusive program. In the event of an emergency, the facility may obtain a verbal consent, which must be authenticated in writing as soon as possible and subsequently submitted to the committee as verification.

The consent is required for the entire behavior management program not just the specific restrictive technique.

Consent is informed when the person giving consent is fully aware of the:

- specific treatment;
- reason for treatment or procedure;;
- the attendant risks vs. benefits;
- alternatives;
- right to refuse; and
- the consequences associated with consent or refusal of the program.

Informed consent must be in writing and must be specific to the program and restrictive practice and reflect a specific time frame. Blanket consents are not allowed. In the case of unplanned events such as assault and property destruction requiring immediate action, verbal consent may be obtained. However, it should be authenticated in writing as soon as reasonably possible (within 30 days).

For clients up to the age of 18, their parent or legally appointed guardian must give consent for him or her. At the age of 18, however, clients become adults and are assumed to be competent unless otherwise determined by a court.

For clients who are adults and have not been adjudicated incompetent and have not been assigned a legal guardian who may not fully understand the consequences of the program, informed consent for use of restrictive programs, practices or procedures should be obtained from a person or an entity in accordance with state law, to act as the representative or advocate of the client's interests.

The specially constituted committee must ensure that the informed and voluntary consent of the client, parent of a minor, legal guardian, or the person or organization designated by the state is obtained prior to each of the following circumstances:

- The involvement of the client in research activities; or
- Implementation of programs or practices that could abridge or involve risks to client protections or rights.

W264

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.440(f)(3)(iii) Review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.

Guidance §483.440(f)(3)(iii)

The committee has been made aware of and reviewed:

- facility policies and procedures;
- facility services;
- programs; and
- practices which may restrict or violate the rights of client.

The committee has established and uses a mechanism for monitoring clients' rights issues and informs the governing body of any issues of concern in a timely manner. This process is at the discretion of the committee. There is no requirement for periodic review of the policies by the committee.

The function of the committee is not limited to the review, approval and monitoring of restrictive behavior management practices. Examples of issues involving client rights that might be reviewed by the committee, in addition to behavior management, include, but are not limited to:

1) Research proposals involving clients;
2) Abuse, neglect and mistreatment of clients;
3) Allegations dealing with theft of a client's personal property or funds;

4) Damage to a client's goods or denial of other client rights;

5) Client grievances;

6) Visitation procedures;

7) Guardianship/advocacy issues;

8) Rights training programs;

9) Confidentiality issues;

10) Advance directives/DNR orders;

11) Practices which restrict clients (e.g., locked doors, fenced in yards); and

12) Video monitoring.

W265

§483.440(f)(4) The provisions of paragraph (f)(3) of this section may be modified only if, in the judgment of the State survey agency, Court decrees, State law or regulations provide for equivalent client protection and consultation.

W266

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450 Condition of participation: Client behavior and facility practices

(a) Standard: Facility practices-- Conduct toward clients

W267

(Rev.135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(1) The facility must develop and implement written policies and procedures for the management of conduct between staff and clients.

Guidance §483.450(a)(1)

The primary survey emphasis is on the implementation of the policies and procedures developed by the facility.

Conduct between staff and clients refers to language, actions, discipline, rules, order and other types of interactions exchanged between staff and clients or imposed upon clients by the staff during a client's daily experiences that affect the quality of a client's life.

§483.450(a)(1) These policies and procedures must –

W268

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(1)(i) Promote the growth, development and independence of the client;

Guidance §483.450(a)(1)(i)

Consistent with facility policies, staff is observed to be engaged in activities which promote the client's growth, development and independence.

1) IPPs and data support the fact that from the time of admission, clients are learning new adaptive and functional skills while becoming more independent.

2) Interactions between clients and staff are consistent and positive.

3) Staff teach and encourage clients to interact with each other in a manner that promotes social integration both in the facility and out in the community.

4) All opportunities to teach and reinforce skill acquisition are utilized.

5) Staff identify and remove impediments in the learning environment (e.g. client is unable to concentrate in a room with a television because when they see the television, they want to watch their favorite show. Staff must identify this learning impediment and train in an environment without a television).

6) Staff encourage clients to complete tasks with as much independence as possible.

7) Staff encourage clients to take risks while providing reasonable safeguards to prevent injury.

8) Encourage clients to make choices during their daily activities.

W269

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(1)(ii) Address the extent to which client choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible;

Guidance §483.450(a)(1)(ii)

Written facility policies describe how the facility will offer choice to the clients during the course of their day.

Written policies describe how self-determination, as defined by free choice of one's own acts and decisions without external coercion or direction, to the extent possible and self- management, as defined by control of one's own routine and daily responsibilities, to the extent possible, are incorporated into the development of program plans and daily routines.

W270

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(1)(iii) Specify client conduct to be allowed or not allowed; and

Guidance §483.450(a)(1)(iii)

"Client conduct" refers to any behavior, choice, action, or activity in which a client may choose to engage alone or with others.

Written policies and procedures which may be in the form of "house rules", must not impinge on individual client rights and must not be used as a substitute for the development of individualized programs and plans.

W271

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(1)(iv) Be available to all staff, clients, parents of minor children, and legal guardians.

Guidance §483.450(a)(1)(iv)

Policies and procedures for management of conduct between staff and clients (483.450(a)(1)) should be provided to clients, parents of minor children, and legal guardians at admission and upon request. Policies and procedures are available on the residential and program areas if these are in separate buildings.

W272

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(2) To the extent possible, clients must participate in the formulation of these policies and procedures.

Guidance §483.450(a)(2)

"To the extent possible" does not mean that the clients are excluded due to the clients' schedule or intellectual or developmental level. Facilities should be able to provide documentation that substantiates that clients were offered the opportunity and participated in the development of the policies. This could be accomplished through client committees or in house meetings. There should be documentation of these discussions between the client representatives and the facility.

W273

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(a)(3) Clients must not discipline other clients, except as part of an organized system of self-government, as set forth in facility policy.

Guidance §483.450(a)(3)

Staff will promptly intervene when any clients tries to independently impose discipline upon another client. For example, a client who is serving dessert to the group withholds dessert from another client based upon their own evaluation of that client's behavior.

(b) Standard: Management of inappropriate client behavior

W274

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1) The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior

Guidance §483.450(b)(1)

At a minimum, the facility must have written policies and procedures regarding the management of maladaptive behaviors addressing the following:

483.450(b)(1) (W 275 – W284).

- the use of a functional behavior assessment in the development of behavior management programs;
- a hierarchy of least to most intrusive measures; and
- incorporation of behavior management programs into the IPP.

§483.450(b)(1) These policies and procedures must be

W275

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1) consistent with the provisions of paragraph (a) of this section.

§483.450(b)(1) These procedures must

W276

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1)(i) Specify all facility approved interventions to manage inappropriate client behavior;

Guidance §483.450(b)(1)(i)

All interventions for the management of inappropriate client behaviors which are approved for use in the facility are clearly stated and described in its policy. Examples of positive interventions include, but are not limited to, verbal praise reward systems, and prompting. Examples of negative interventions include, but are not limited to, removal of a privilege, implementation of restraint, and/or the use of exclusionary time out.

W277

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1)(ii) Designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive;

Guidance §483.450(b)(1)(ii)

Policies and procedures must include a clear progression as to how staff implement interventions to manage inappropriate client behavior.

Facility policy and procedures must define the entire hierarchy of possible interventions from the most positive, functionally appropriate approaches to most intrusive approaches authorized. The facility determines at what level in the hierarchy the IPP will begin for each client based on their individual assessment. The plan must still begin at the least intrusive technique shown effective for that client. Individual plans should specify the specific techniques that have been determined through assessment to be least restrictive for each client.

The facility policy for unexpected behavioral incidents must provide direction for the staff in the utilization of the hierarchy. For clients not on a behavior plan, staff must apply the appropriate level of intervention per the established hierarchy, including emergency measures to prevent harm to self or others.

W278
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(b)(1)(iii) Insure prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective; and
Guidance §483.450(b)(1)(iii)
Policies must be implemented to ensure that all restrictive procedures begin at the lowest level of the hierarchy unless there is documented evidence that less intrusive interventions have been tried and have been found to be ineffective.
The facility is not required to justify discontinuing the use of a more restrictive technique before initiating a less restrictive technique, since the intent of the regulation is to use the most positive, least intrusive technique possible.
In emergency situations where an unanticipated behavior requires immediate protection of the client or others, the technique chosen is the least restrictive appropriate technique possible.
§483.450(b)(1)(iv) Address the following:
W279
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(b)(1)(iv)(A) The use of time-out rooms;
Guidance §483.450(b)(1)(iv)(A)
"Time-out room" is defined as a separate room that is used to remove a client from stimulation that may be triggering and reinforcing maladaptive behavior. The facility must have written policies and procedures for the use of time out rooms which address all the requirements of 483.450 (c) (1-4) standard: time out room.
W280
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(b)(1)(iv)(B) The use of physical restraints;
Guidance §483.450(b)(1)(iv)(B)
"Physical restraint" is defined as any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of, normal functioning of, or normal access to a portion or portions of a client's body. Examples of mechanical devices may include arm splints and mittens.
Policies and Procedures must address:

- the types of physical restraint that are allowed in the facility;
- the persons who apply such restraints;
- the parameters for duration of application;
- the methods that assure the health and safety of clients while in restraints; and
- the specific training required for staff allowed to apply such restraints.

W281
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(b)(1)(iv)(C) The use of drugs to manage inappropriate behavior;
Guidance §483.450(b)(1)(iv)(C)
Applicable policies may include a discussion of:
When a drug can be used to manage inappropriate behavior;
Consistency with diagnosis;
Alternatives tried before a drug is used;
Precautions that must be followed prior to and during the use (lab values, monitoring of side effects);
Implementation of a plan to address the behaviors for which the drug was prescribed; and

Plan to reduce the medication as appropriate.

Drugs to manage inappropriate behavior are defined as any medication prescribed and administered for purposes of modifying the maladaptive behavior of a client.

W282

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1)(iv)(D) The application of painful or noxious stimuli;

Guidance §483.450(b)(1)(iv)(D)

"Application of painful or noxious stimuli" is defined as any procedure by which staff apply, contingent upon the exhibition of maladaptive behavior, startling, unpleasant, or painful stimuli, or stimuli that have a potentially noxious effect.

While the regulation permits the use of painful or noxious stimuli these techniques are the last resort and can only be utilized for behaviors that are causing significant harm and have not responded to competently administered interventions of less intrusive nature.

Facility policies must state that:

- The use of noxious stimuli is only permitted when the client exhibits behaviors so severe that they present a potential risk for significant or even life-threatening circumstances;
- the IDT and facility must weigh the potential risk of the behavior against the risk involved in the use of the painful or noxious techniques to manage behavior;
- that safeguards and strict oversight must be in place for consideration to use techniques that may be painful or even unpleasant;
- techniques that may be painful or noxious must be time limited;
- the proposed use of these techniques requires scrutiny of clinical effectiveness and specially constituted committee review; and
- on-going monitoring and safeguards must be in place during implementation of the technique.

W283

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1)(iv)(E) The staff members who may authorize the use of specified interventions;

Guidance §483.450(b)(1)(iv)(E)

W284

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(1)(iv)(F) A mechanism for monitoring and controlling the use of interventions.

Guidance §483.450(b)(1)(iv)(F)

Facility policies must address what supervisory oversight is provided during the application of the intervention in order to ensure that procedures were followed correctly. Procedures should also address what retrospective analysis is done on each intervention to ensure that procedures are being consistently followed.

W285

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(2) Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected.

§483.450(b)(3) Techniques to manage inappropriate client behavior must never be used

W286

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(3) for disciplinary purposes,

Guidance §483.450(b)(3)

No intervention, whether as a part of a formal program or in emergency situations (see W289) may be used as punishment, retaliation or retribution. A staff member cannot employ a behavior management technique simply because a client refuses to follow a staff request.

The implementation of all interventions, except in emergency situations, must be administered consistent with the IPP and the specific behaviors identified in the IPP requiring the intervention. Instances where an intervention is done as a punishment because the client did not comply with staff instructions and not associated with the IPP include:

- Personal property confiscated for behavior at staff discretion;
- Rights restricted without approved plans; and
- Punitive house rules, such as prohibiting reentry into the kitchen for snacks if a meal is not eaten completely.

W287

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(3) for the convenience of staff

Guidance §483.450(b)(3)

Inadequate numbers of staff, inefficient deployment of staff, and insufficient training of staff can lead to restrictive practices used for staff convenience.

Examples of techniques used to manage client behavior for staff convenience including, but are not limited to:

- Clients allowed to discipline other clients;
- Clients restricted to one area of the home; and
- Unauthorized use of restraints (e.g., lap trays, bean bags, gait belt, and merry walkers for the purpose of restricting movement)

W288

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(3) or as a substitute for an active treatment program.

Guidance §483.450(b)(3)

Substitutions for active treatment programming occur when the staff utilizes interventions and restrictive techniques on their own, either because there is not a formal behavioral program to address the client's behaviors or because the staff do not follow the plan as written.

W289

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.

Guidance §483.450(b)(4)

The use of behavior interventions are expected to be incorporated into the IPP and be based upon the results of the functional behavioral assessment.

However, there may be isolated and rare instances when a client exhibits unexpected behavior that requires immediate intervention on the part of the staff. In these instances, the least restrictive intervention must be employed and removed as soon as the client is no longer an immediate threat to self or others. The IPP team must then discuss the need for adding a behavioral plan into the clients program.

W290

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(b)(5) Standing or as needed programs to control inappropriate behavior are not permitted.

Guidance §483.450(b)(5)

The staff of the facility may not maintain or use, outside of the IPPs, any list of "as needed" interventions that can be used with any client at any time. With the exception of isolated and rare emergency situations, all restrictive behavior interventions must be incorporated into the formal IPP and individualized for the client.

(c) Standard: Time-out rooms

W291

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(c)(1) A client may be placed in a room from which egress is prevented only if the following conditions are met:

(i) The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section. (Thus, emergency placement of a client into a time-out room is not allowed.)

(ii) The client is under the direct constant visual supervision of designated staff.

(iii) The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged.

Guidance §483.450(c)(1)

Seclusion, defined as the placement of a client alone in a locked room, is never allowed.

Time out procedures allows a client to be alone in a room, but do not allow that room to be locked. During a time out procedure, egress can only be prevented by a person standing in the door way, or holding the door closed, but as soon as the staff move from the door way or let go of the door the client can come out.

Use of the timeout room or procedure must be part of an approved behavioral plan and may involve the separation of a client from a group or a particular situation, in a non- locked setting for the purpose of calming or removing the client from the reinforcing stimuli that are sustaining an identified maladaptive behavior.

Designated time out rooms must be set up so that the staff has continuous, direct observation of the client at all times. Because of the danger that staff can get distracted by other events or duties, this cannot be accomplished by a camera in lieu of the staff having direct visual of the client.

Key locks, latch locks, and doors that open inward without an inside doorknob are not permitted by the regulations for use in time out rooms as they do not require constant physical pressure from a staff member to keep the door shut. In each instance where a time out room is used, the client's IPP must include:

- The functional behavioral assessment which resulted in a recommendation for the use of time out procedures; and
- Instructions on how often data is to be collected during the time out period and the criteria for release from time out.

The use of a time out room must be approved by the Specially constituted committee as part of an approved program.

W292

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(c)(2) Placement of a client in a time-out room must not exceed one hour.

W293

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(c)(3) Clients placed in time-out rooms must be protected from hazardous conditions including, but not limited to, presence of sharp corners and objects, uncovered light fixtures, unprotected electrical outlets.

Guidance §483.450(c)(3)

Because placement in the time out room is typically secondary to extreme behaviors, it is acceptable that there be no furniture in this room.

A door that opens inward can potentially be held closed, either intentionally or inadvertently, by the client in the room, thereby denying staff immediate access to the room.

W294

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(c)(4) A record of time-out activities must be kept.

Guidance §483.450(c)(4)

The documentation in the client's record accurately reflects planned (e.g. part of the IPP) usage and presents a picture of events prior to, during, and following the use of time-out. The IPP should include direction as to how often data must be collected during each use of time out for each individual client.

(d) Standard: Physical restraints

§483.450(d)(1) The facility may employ physical restraint only- -

W295

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(1)(i) As an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied;

Guidance §483.450(d)(1)(i)

The use of physical restraint is specified within the IPP. The plan must address:

1) The specific type of client behavior to be managed by this plan;

2) The less restrictive behavioral approaches which were previously used, but were unsuccessful;

3) The hierarchy of measures that must be utilized prior to the application of physical restraint;

4) The type of physical restraint;

5) The type of client behavior that would indicate that the patient is calm and can be released from the restraint; and

6) The replacement behavior being taught to the client to reduce the need for future restraints.

W296

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(1)(ii) As an emergency measure, but only if absolutely necessary to protect client or others from injury; or

Guidance §483.450(d)(1)(ii)

Physical restraint may be used as an emergency intervention only in situations where the client is exhibiting behaviors which:

1) the client has not exhibited before;

2) were not identified in the functional analysis of behavior; or

3) are harming other people or themselves.

When there are repeated episodes of the use of physical restraint as an emergency safety measure, these episodes should be assessed for their predictability by the IDT, and revisions to the IPP considered addressing the behaviors through a formal behavior plan in order to reduce/eliminate the use of physical restraint.

W297

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(1)(iii) As a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists.

Guidance §483.450(d)(1)(iii)

Physical restraint during medical procedures must be utilized only when absolutely necessary and be used as a last resort in order for the facility or practitioners to deliver needed medical care to the client. The restraint must be released as soon as the medical procedure is completed unless it is necessary to continue restraint for a longer period of time to continue to deliver care or to prevent the client from displacing tubes or dressings. These restraints may only be used as long as the physician indicates them to be necessary.

For instances where physical restraint are used by the facility or a practitioner during a medical procedure, the client record and interviews should verify that less restrictive measures were attempted before using physical restraint and verify whether any injuries occurred during the use of the physical restraint. Written orders by medical personnel for the application of a physical restraint should include the reason that the restraint is necessary, the type of restraint to be used and the length of time the restraint will be applied.

A restraint device used to prevent a client engaging in self-injurious behavior is not considered a restraint for medical condition.

§483.450(d)(2) Authorizations to use or extend restraints as an emergency measure must be:

Guidance §483.450(d)(2)

Facility policies should list who in the facility is allowed to authorize the emergency use of restraints or to extend the use of an emergency restraint, and the training that is required for those persons who may authorize. Documentation in the client record in those instances should confirm that the facility follows that policy.

W298

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(2)(i) In effect no longer than 12 consecutive hours; and

Guidance §483.450(d)(2)(i)

This regulation does not mean that restraints may be authorized to be applied for up to a 12 hour period. The client must be released from the physical restraint as soon as the client is no longer a risk to self or others. Once the behavior has ceased, the emergency has ended, and the client has been released, another authorization would be required for any new emergency situation.

The 12 consecutive hour period is the absolute maximum period of time that emergency physical restraint may be utilized for a client during an individual behavioral incident. It is reasonable to expect that the facility will reassess the emergency situation for any client who remains in physical restraint for longer than one hour and reassess the situation at least every 30 minutes thereafter up to 12 hours when the physical restraint must be removed.

W299

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(2)(ii) Obtained as soon as the client is restrained or stable.

Guidance §483.450(d)(2)(ii)

There may be instances where the maladaptive behaviors of a client or clients escalate into a serious and immediate event that must be de-escalated quickly in order to prevent harm to clients, staff, other clients, or by standers when incidents occur in the community. In these instances, the staff should contact the appropriate person to obtain authorization for the use of physical restraint as soon as the situation is stable. Retrospective documentation of the incident should confirm the need for authorization after application.

W300

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(3) The facility must not issue orders for restraint on a standing or as needed basis.
Guidance §483.450(d)(3)
All instances of physical restraint must be ordered on a case by case basis with individual assessment of the situation and authorization based upon the individual client. Authorizations should include the rationale for the use of the physical restraint versus other less restrictive measures.
W301
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(4) A client placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints,
Guidance §483.450(d)(4)
The frequency of monitoring will vary according to the type and design of the device and the psychological and physical well-being of the client. The facility should be checking the client often enough to adequately assess the physical status of the client (e.g., circulation, respiration and vital signs) of the client and the need to continued restraint. The more restrictive the intervention, the greater the risk to the client and the more often the client must be assessed. Frequent assessment will assure that the client will be released as soon as possible, however, in no instance may the staff go longer than 30 minutes without checking the client.
W302
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(4) released from the restraint as quickly as possible, and
Guidance §483.450(d)(4)
"As quickly as possible" means as soon as the client is no longer a danger to self or others. Documentation should support that the client was released from restraint as soon as they became calm.
W303
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(4) a record of these checks and usage must be kept.
§483.450(d)(5) Restraints must be designed and used
W304
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(5) so as not to cause physical injury to the client
Guidance §483.450(d)(5)
Physical restraints to include mechanical devices must be the correct size for the client and be applied with the correct amount of pressure according to manufacturer's directions. In addition to observation of any physical mechanical restraint in use at the time of the survey, review incident reports for any injuries as a result of restraint use.
W305
§483.450(d)(5) and so as to cause the least possible discomfort.
§483.450(d)(6) Opportunity for motion and exercise must be provided
W306
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.450(d)(6) for a period of not less than 10 minutes during each two hour period in which restraint is employed,
Guidance §483.450(d)(6)

This requirement does not apply to cases of medical restraints that are specifically ordered for the immobilization of bones and joints during the physical healing process involved with fractures, sprains, etc. (e.g. a broken bone immobilized by a cast or splint).

See 331 483.460(c) regarding surveillance of skin integrity during the use of medical restraints.

However, if a mechanical physical restraint is applied to an extremity to prevent a client from removing post-operative sutures, the restraint must be released every two (2) hours for a period of not less than ten (10) minutes in order to maintain adequate circulation.

Mechanical restraints placed on the client during sleeping hours must be medically based and specifically ordered by a physician. There should be evidence in the client's record why the mechanical physical restraint is necessary during sleeping hours. While it is not necessary to wake the client every two (2) hours to release the restraint and provide opportunity for exercise, the staff must check the restraint frequently during the night to ensure that the restraint is still properly applied and the client appears comfortable.

W307

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(6) and a record of such activity must be kept.

§483.450(d)(7) Barred enclosures

Guidance §483.450(d)(7)

A bed or play equipment with bars that prevent the client from leaving the bed or voluntarily climbing out of the bed are barred enclosures. The use of such enclosures must be a part of the written IPP and behavioral assessments must clearly state why such an enclosure is necessary, the risks of using the enclosure versus not using it and what less restrictive measures have been tried prior to the implementation of the barred enclosures.

Such devices may not be used in lieu of adequate staffing.

W308

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(7) must not be more than three feet in height and

W309

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(d)(7) must not have tops.

(e) Standard: Drug usage

§483.450(e) Standard: Drug Usage

W310

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(1) The facility must not use drugs in doses that interfere with the individual client's daily living activities.

Guidance §483.450(e)(1)

Clients are alert and available for participation in daily living activities.

Some medications administered for medical reasons or to manage behavior may cause drowsiness as a side effect or due to an accumulation of the drug in the client's system. For clients who are observed to be sleeping in chairs during their work day, their programs or recreational times, there should be evidence that the facility staff notified the medical staff and an assessment was performed of the client including their medication regimen. Medical staff should make adjustments to address the issue if indicated.

§483.450(e)(2) Drugs used for control of inappropriate behavior must

W311

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(2) be approved by the interdisciplinary team and

Guidance §483.450(e)(2)

The physician and other team members discuss the risks and benefits of the medication to address the target behavior/symptoms, and approve the use of the drug as being consistent with the active treatment program. Decisions about the necessity of the use of drugs to manage inappropriate behavior should be made by the IDT. It is the responsibility of the IDT members to provide the physician with sufficient information regarding the need for a client to receive a drug for inappropriate behavior. The physician will make the ultimate decision to order the use of the drug. The IDT should document any disagreement with the physician's order.

In those instances where a client returns from a physician's visit with an order for an unsolicited drug to manage client's inappropriate behaviors, there must be evidence (e.g. IDT meeting notes or clients record) that the team concurred with the necessity for the order without trying less restrictive measures first and discussed any concerns with the physician.

W312

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

Guidance §483.450(e)(2)

All medications to manage behavior must be integrated into the IPP and the IPP must specify how the specific target behavior for which the medication is prescribed will be reduced or eliminated. This includes medications which are typically used for medical conditions that may be used to manage behavior (e.g. 1. propranolol (Inderal), an antihypertensive used for self-injurious behavior, and 2. carbamazepine (Tegretol), an anticonvulsant, used for aggression).

Drugs for behavior management must not be ordered on a PRN basis for a client. The facility staff must contact the physician to obtain a one-time order if the situation necessities the use of medication. The facility policy must address the maximum number of times a medication can be used as an emergency prior to being incorporated in the IPP, side effects of such medications, and the frequency of re-evaluation of ongoing behavior and its treatment.

Clients or their legal guardian have the right to choose sedation for medical and dental procedures. However, the facility cannot do routine administration of medication for sedation for medical and dental procedures without the agreement/consent of the client or their parent/legal guardian and they must follow the specific orders of the healthcare practitioner who will be providing services to the client. Decisions to order medications prior to medical and dental procedures must be made on an individual basis. Clients who demonstrate severe anxiety around these procedures should be considered for desensitization programs.

W313

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(3) Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.

Guidance §483.450(e)(3)

The risk(s) associated with the drug being used is consistent with the type and severity of the behavior/ symptoms it is intended to affect.

At the time the drug was started and incorporated into the IPP, the behaviors were discussed and presented to team members. It was the documented decision of the team that the behaviors were of such a severity

that pharmacological intervention was required and the physician was provided with the team information to assist him in his decision to prescribe the medication.

§483.450(e)(4) Drugs used for control of inappropriate behavior must be- -

§483.450(e)(4)(i) Monitored closely,

W314

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(4) in conjunction with the physician and the drug regimen review requirement at §483.460(j),

Guidance §483.450(e)(4)

The physician and pharmacist must regularly review use of drugs for control of inappropriate behavior for their effectiveness in changing the targeted behavior/symptoms, untoward side effects, contraindications for continued use, and communicate this information to relevant staff.

W315

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(4) for desired responses and adverse consequences by facility staff; and

Guidance §483.450(e)(4)

Direct support staff members are the people who most closely and most frequently observe and record client behaviors. There should be evidence that the direct support staff receive information via the IPP as to the behaviors to be observed, the side effects associated with the medication, the amount and types of documentation required and the communication with clinical staff which is indicated. See 483.430 (e)(1) for training on observations, documentation and communication related to behavior management.

§483.450(e)(4)(ii) Gradually withdrawn

W316

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(4) at least annually

Guidance §483.450(e)(4)

Clients receiving medications to control behavior must be evaluated at least annually for a possible reduction of the medication progressing the client toward final elimination of the drug or lowest possible therapeutic level of the drug. However, evaluation should be done earlier than annually if observations indicate that the client's behavior has improved to the point that reduction may be considered as determined by the IPP, unless otherwise ordered by the client's physician.

W317

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.450(e)(4) in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.

Guidance §483.450(e)(4)

The IDT is aware of and involved in planning the drug reduction program and participates in its implementation and monitoring.

Progress or regression of the client is monitored and taken into consideration in determining the rate of withdrawal and whether to continue withdrawal.

In determining whether there is clinical contraindication to the annual drug withdrawal, the physician and IDT should consider the client's clinical history, diagnostic/behavioral status, previous reduction/ discontinuation attempts, and current regimen effectiveness.

If a client also has a diagnosis of a psychiatric condition that requires a stable level of a psychiatric medication in order to control the symptoms associated with the psychiatric diagnosis, the annual

evaluation for reduction of that particular medication for the symptoms of the psychiatric diagnosis would not apply. Documentation in the client's record from their psychiatrist or physician that medication reduction would be contraindicated or that the current level of medications is therapeutic meets the intent of this regulation.

W318

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460 Condition of participation: Health care services

(a) Standard: Physician services

W319

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(1) The facility must ensure the availability of physician services 24 hours a day.

Guidance §483.460(a)(1)

A designated physician must be available via telephone, pager, e-mail or on-site in the facility on a 24 hour per day basis for consultation regarding both emergency and non-emergency medical issues. If the facility employs a fulltime physician, there must be procedures in place for coverage in the absence of the physician from the facility.

If the facility contracts with a community-based physician for 24 hour per day coverage, there must be written arrangements in place to detail the responsibilities of the contract physician regarding direct services to the clients, interactions with the direct support staff and the interactions between the nursing staff of the facility and the contract physician. The contract with the contract physician must delineate the process for coverage when he/she is not available.

Upon interview, the staff should be aware of the procedures they are to follow to contact a physician in the event of an illness or injury. Routinely sending clients to emergent care or the emergency room of a hospital because there are no facility physicians available for consultation is not consistent with the regulations.

Interview and record review verify that the physician is available and responsive 24 hours a day.

W320

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(2) The physician must develop, in coordination with licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that an individual client requires 24-hour licensed nursing care.

Guidance §483.460(a)(2)

A medical care plan of treatment is developed for those clients who are either acutely ill and require licensed nursing care and monitoring temporarily on a 24 hour basis or clients whose chronic medical conditions require or indicate 24 hour licensed nursing care and monitoring. The physician determines when 24 hour nursing care is required.

The medical care plan is based upon the orders from the physician for treatments and care and nursing standards of practice. There is evidence in the client's record that the physician and the nursing staff at the facility work together to ensure that the medical care plan is current and appropriate (e.g. changes in physician written orders for care pursuant to observations from the nursing staff and/or direct observations and interactions with the client, and nursing documentation of care).

The fact that a client has a medical care plan in place should not preclude him/her from an active treatment program, except in instances of acute illness where the active treatment program is temporarily suspended. For clients with chronic medical conditions, it may be necessary for their active treatment program to be

modified due to the tolerance level of the client or adapted to accommodate medical limitations. However, active treatment must be provided on a continuous basis.

W321

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(2) This plan must be integrated in the individual program plan.

Guidance §483.460(a)(2)

Although the medical care plan can be a separate document, it is always an integral part of the IPP process. There should be evidence that the plans are shared and discussed at the time of all interdisciplinary discussions and the information from the medical care plan is utilized in the development of the IPP objectives.

§483.460(a)(3) The facility must provide or obtain

W322

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3) preventive and general care

Guidance §483.460(a)(3)

The facility has procedures in place to ensure that the clients receive general health care services to assure optimal levels of wellness. General health care services include assessment and treatment of acute and chronic complaints or situations; teaching relevant heath care principles to staff and clients; and periodic surveillance of the health status of the clients.

As a result of clinical assessment, referrals are made for specialized assessment and tests. Facility health care staff follow-up to ensure the assessments are done and the findings incorporated into the medical care plan and/or the IPP.

The facility must have arrangements in place to provide routine or episodic laboratory, and radiology services for the clients if not provided in-house or through the clients physician. There must be a written agreement that specifies the responsibilities of the facility and outside provider. (See §483.410(a)).

Preventive health care services include screening procedures designed to identify health concerns and initiate treatment as early as possible. The facility should have a health prevention program in place and follow the plan to address those screenings that the facility will perform periodically that are relevant to all clients, and those screenings associated with a particular gender or age or vulnerability.

Physician refusal to perform a test, such as a pap smear, must be consistent with guidelines for clients, per the local standard in the community.

If the facility has a physician that refuses to provide preventative healthcare based on the client's level of functioning, medical staff at the facility should meet with and consult with this physician in order to ensure that clients receive the same health services as persons living in the local community.

Refer to these websites for current recommended screenings: Agency for Healthcare Research and Quality (AHRQ)

For men: http://www.ahrq.gov/ppip/healthymen.htrm

Centers for Disease Control (CDC)

For women: http://www.cdc.gov/women/pubs/cancer.htm

§483.460(a)(3) as well as annual physical examinations of each client that at a minimum include the following:

W323

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3)(i) Evaluation of vision and hearing;

Guidance §483.460(a)(3)(i)

Information relevant to the client's ability to see and hear is a critical component in the development of appropriate active treatment strategies.

All clients, including clients who are non-verbal, should have evidence in his/her record that they receive an annual evaluation of their vision and hearing which includes a screening as a minimum, follow-up examination as indicated by the screen and timely referrals as indicated by the examination. Screening is a gross assessment of the client's vision and hearing and usually does not include a measurement of acuity. Examinations are conducted to follow-up on issues noted in the screening and are conducted by qualified professionals.

Clients who appear to have vision or hearing problems or the staff indicate that they have vision or hearing problems and no accommodations have been made. The annual vision and hearing evaluation verifies that clients appearing to have vision/hearing issues or if staff indicate that a client has vision/hearing issues that these issues have been/are being addressed.

If a client's vision or hearing can only be assessed through examinations conducted by specialists (e.g., comprehensive ophthalmological examinations and evoked response audiometry (ERA)), these tests need not be conducted yearly, but rather upon the specialist's expressed recommendations. During discussions at the annual IPP review the team reviews information from the health professional, speech and hearing professional, and direct support staff and makes referrals back to the specialist if indicated.

W324

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3)(ii) Immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics;

Guidance §483.460(a)(3)(ii)

These immunization guides may be obtained from: American Academy of Pediatrics
www.aap.oxg/healthtopics/immunizations.cfm
Centers for Disease Control (CDC)
www.cdc.gov/vaccines/recs/schedule/default.htm.

W325

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3)(iii) Routine screening laboratory examinations as determined necessary by the physician,

Guidance §483.460(a)(3)(iii)

The facility may have a set of routine laboratory tests which are to be done on every client annually which is developed and approved by the facility physician. However, such a list is not required. The physician may write orders individually for the clients based upon their medical history, age, gender or medical vulnerabilities.

W326

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3)(iii) and special studies when needed;

W327

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(3)(iv) Tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.

Guidance §483.460(a)(3)(iv)

The facility should have in place a system for the identification, reporting, investigation, and control of Tuberculosis (TB) in order to prevent its transmission within the facility. This system should include:

1) Policies and procedures for screening new employees, new clients, and other people who interact on a consistent basis with clients residing in the facility when those persons are volunteers or professional staff hired or utilized directly by the facility (such as volunteers and contract professional staff);

2) Policies and procedures for subsequent screening for clients and for employees, and other people (such as volunteers and contract professional staff) who interact on a consistent basis with clients residing in the facility when those persons are volunteers or professional staff hired or utilized directly by the facility per State Health Department requirements;

3) Policies and procedures for reporting positive TB test results to the appropriate State authorities;

4) Policies for the investigative procedures, per the local health department, that would be put in place should a client or staff person test positive for TB;

5) Policies and procedures for treatment and precautions to be used with clients who display TB symptoms, as substantiated by positive skin testing or x-ray results; and

6) Policies and procedures for the evaluation of the effectiveness of the surveillance system.

When one or more clients or staff display TB symptoms, as substantiated by positive skin testing or x-ray results, they do not return to work until a physician has cleared them to return to work.

W328

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(a)(4) To the extent permitted by State law, the facility may utilize physician assistants and nurse practitioners to provide physician services as described in this section.

Guidance §483.460(a)(4)

Refer to the applicable State Nurse Practice Act or applicable Board of Medicine Practice Act to determine the extent that the nurse practitioner or physician assistant may provide physician services.

(b) Standard: Physician participation in the individual program plan

§483.460(b) A physician must participate in-

W329

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(b)(1) The establishment of each newly admitted client's initial individual program plan as required by §456.380 of this chapter that specifies plan of care requirements for ICFs; and

Guidance §483.460(b)(1)

During the admission process, which takes place from the time the client is admitted to the facility to the time the initial IPP is completed, a physician is required to ensure that an assessment of the client's medical status is thoroughly considered and incorporated into the IPP planning process by the team as it develops the IPP. The physician's input may be by means of written reports, evaluations, and recommendations.

The physician (consistent with Medicaid Utilization Control regulations at §456.380) must evaluate the client at the time of admission to identify all diagnoses and complaints, provide orders for all medications and treatments and provide recommendations for restorative and rehabilitative services.

§456.380 requires that a physician conduct this initial assessment therefore, it may not be done by a physician extender (e.g., Physician assistant or Advanced Practice Registered Nurse).

W330

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(b)(2) If appropriate, physicians must participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through written report to the interdisciplinary team.

Guidance §483.460(b)(2)

The need for physician participation on an individual client's IPP team is determined by the medical needs of the client. How the physician participates (whether through written report, telephone consultation, attendance at the meeting, etc.) is to be left to the discretion of the facility. In instances where a client has no overriding medical issues, the nurse of the facility can represent the medical component on the IDT process or consult with the appropriate physician and share the information with the team. However, in situations where a client's medical condition is unstable/fragile to the extent that it impacts the training/ work that may be planned, the physician must participate in providing guidance on the types and extent of programs that would be appropriate considering the client's physical/medical limitations.

If a client is noted to be having difficulty participating in the objectives set forth in his/her IPP due to serious medical concerns, review the input that was provided by the physician into the development of the plan and whether the IPP team requested such input.

(c) Standard: Nursing services

W331

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c) The facility must provide clients with nursing services in accordance with their needs.

Guidance §483.460(c)

The nurse responds in a timely manner to all medical concerns reported, conducts assessments as indicated, effects timely and appropriate interventions, communicates with the client's physicians and other health care professionals as indicated, provides treatments as ordered, monitors client progress following illness or injury and provides training to clients and/or staff as indicated.

§483.460(c) These services must include

W332

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(1) Participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process;

Guidance §483.460(c)(1)

For those clients who have had an uneventful year medically and have no medical/health concerns at the time of the IPP meeting the facility nurse may submit a summary report to the IDT unless the IDT determines that his/her attendance is necessary. An eventful year medically would include a year which required unplanned hospital admissions or in which medical issues necessitated treatment for a prolonged or continuing period. However when a client has had an eventful year medically or current medical/health concerns, this could have an impact on their objectives and accordingly the nurse should participate in the IDT discussion directly.

W333

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(2) The development, with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan;

Guidance §483.460(c)(2)

A medical care plan addresses those clinical treatments and observations that are to be done for the client by the medical staff and other staff of the facility in order to either improve an acute medical condition or to maintain a medically fragile client as clinically stable as possible. The medical care plan is an adjunct to the IPP and is not considered a substitution for the IPP.

§483.460(c)(3) For those clients certified as not needing a medical care plan, a review of their health status which must-

W334

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(3)(i) Be by a direct physical examination;

Guidance §483.460(c)(3)(i)

A direct physical examination means a visual review of the body as well as examination/assessment of body systems. This includes observations made through non- verbal communication (including visual, tactile, nonverbal gestures, grimaces, etc.) which may be an indication that there is a potential for further assessment and/or monitoring. A paper review of the client's medical record and health statistics does not meet the intent of the regulation for a direct physical examination.

W335

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(3)(ii) Be by a licensed nurse;

Guidance §483.460(c)(3)(ii)

The term "licensed nurse", for purposes of these guidelines, means a registered nurse, a licensed practical nurse or a licensed vocational nurse currently licensed by the State in which the facility is located. The nurse must operate consistent with the requirements of the applicable Nurse Practice Act. If this direct physical examination is done by a physician, it is not necessary for the nurse to repeat the exam.

W336

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(3)(iii) Be on a quarterly or more frequent basis depending on client need;

Guidance §483.460(c)(3)(iii)

"On a quarterly basis" means that the examinations are conducted approximately 90 days apart (e.g. scheduled to be conducted approximately once every 90 days). If during the course of a calendar year, there were three quarterly examinations conducted by a licensed nurse and in the fourth quarter the annual physical examination was performed by a physician, the intent of this requirement is met without the nurse performing an additional examination.

W337

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(3)(iv) Be recorded in the client's record; and

Guidance §483.460(c)(3)(iv)

The actual findings of each examination and the date conducted must be incorporated into the client's record.

W338

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(3)(v) Result in any necessary action (including referral to a physician to address client health problems).

Guidance §483.460(c)(3)(v)

The nursing staff document that referrals are made in a timely manner, if indicated, for any concerns identified. Nurses must ensure all concerns they identify are communicated and addressed appropriately, including:

- Need is fully identified in assessment;
- Appropriate referrals are made;
- Revisions are made to IPP/Medical care plan; and
- Follow-up occurs to the new plan.

W339

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(4) Other nursing care as prescribed by the physician or as identified by client needs; and

Guidance §483.460(c)(4)

Nursing interventions are implemented as indicated by the needs of the client and consistent with either standard nursing practice principles or orders from the attending physician. Health and wellness are actively promoted, problems are attended to before they negatively impact the client's health and wellness, and steps are taken to prevent the recurrence of such problems while responding promptly to client's needs.

Client health care complaints that are reported either directly by the client or by the direct care staff are addressed promptly by the nursing staff. Client health care complaints and response by nursing staff are documented in the client's record.

§483.460(c)(5) Implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to –

W340

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(5)(i) Training clients and staff as needed in appropriate health and hygiene methods;

Guidance §483.460(c)(5)(i)

Nursing staff periodically provides training to clients and staff on how to care for health needs or conditions, personal hygiene, health maintenance, and disease prevention. Nursing staff actively participates in periodic discussions with client and staff to promote health habits in the areas of diet, exercise and non-smoking.

Based upon individual training needs, the nursing staff provides training to individuals in areas such as medications, family planning, prevention of sexually transmitted diseases, control of other infectious diseases, self-monitoring of health status and self-prevention of health problems, etc. The nurses may train clients directly on their objectives or train other staff to do this training as appropriate.

W341

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(5)(ii) Control of communicable diseases and infections, including the instruction of other personnel in methods of infection control; and

Guidance §483.460(c)(5)(ii)

Nursing staff should actively participate in surveillance and reporting of communicable diseases per the Centers for Disease Control (CDC) guidelines and applicable state laws. They should teach and promote infection control techniques such as hand washing by clients and staff and should be making periodic observations to ensure that such good infection control techniques are consistently utilized.

W342

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(c)(5)(iii) Training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.

Guidance §483.460(c)(5)(iii)

Nursing staff must train and ensure direct support staff demonstrate competency in detecting signs and symptoms of illness, injury, or change in the client's health baseline (e.g. responsiveness, fatigue, irritability, constipation, diarrhea, dehydration, confusion, unexplained weight loss, changes in endurance and changes in respiratory function).

Staff is responsive to health care needs or injuries of clients and receives instruction and support during temporary illness of clients.

If not, review staff training records to determine whether training was provided periodically to the involved employee. Interview direct care staff to determine their level of understanding regarding the signs and symptoms of illness that are to be reported to the medical staff. The records of clients with recent hospitalizations verify that staff detected and reported relevant symptoms promptly.

(d) Standard: Nursing staff

W343

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(d)(1) Nurses providing services in the facility must have a current license to practice in the State.

Guidance §483.460(d)(1)

The facility should have a procedure in place to ensure that any contract nursing staff members are currently licensed prior to the provision of services. Include any contract nurses used by the facility in the sample of nurses reviewed for licensure.

W344

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(d)(2) The facility must employ or arrange for licensed nursing services sufficient to care for clients' health needs including those clients with medical care plans.

Guidance §483.460(d)(2)

The facility provides for nursing services based on the health needs and conditions of clients residing there. Examples include:

1) physician ordered treatments that require the skills of a licensed nurse;
2) preventive screenings;
3) assessment and intervention;
4) direct physical examination and examination of body systems;
5) teaching; and
6) advocacy for the medical services needed by the client.

Client health care needs are met in a timely manner (within 24 hours) by the available nursing staff.

If nurses who do not have experience in the care of persons with intellectual disabilities are employed by the facility, they should be provided with a formal orientation period and on-going educational opportunities to increase their understanding of the client population.

When one or more clients in the facility has an active medical care plan, there must be 24 hour nursing services available to come to the facility as needed to make skilled assessments and interventions.

W345

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(d)(3) The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section.

Guidance §483.460(d)(3)

Refer to the applicable State Nurse Practice Act.

W346

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(d)(4) If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.

Guidance §483.460(d)(4)

The facility must have written arrangements with a registered nurse (RN) to provide consultation in those instances where LPNs/LVNs provide all the direct nursing care for the clients. Verify that the agreement requires the RN to respond promptly to all calls from the LPN/LVN and to come on-site to the facility if necessary. The facility must also ensure registered nurse back-up when the primary registered nurse consultant is unavailable (vacations, etc.). Review documentation in the client records to confirm that the LPNs/LVNs of the facility are consulting the registered nurse consultant when indicated and that she/he responds promptly to such calls.

W347

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(d)(5) Non- licensed nursing personnel who work with clients under a medical care plan must do so under the supervision of licensed persons.

The work of any direct support staff (caring for clients with a medical care plan) is directed by an onsite licensed nurse). The nurse evaluates the care provided by the staff as needed, but at least each shift. If observations of care indicate that direct care staff are not providing care as directed by the medical care plan, then review the supervision provided by the nursing staff.

(e) Standard: Dental services

W348

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(e)(1) The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.

Guidance §483.460(e)(1)

It is expected that the clients will obtain dental services (both diagnostic and treatment) from community dentists whenever possible. In some instances, there may be clients residing in the facility who are physically unable to travel to the community for services. The facility must secure dental services (both diagnostic and treatment) for these clients either through an in-house program, which is part of the organizational and administrative structure of the facility, or through a written agreement with an outside dental service to come into the facility to provide such services.

W349

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(e)(2) If appropriate, dental professionals must participate, in the development, review and update of an individual program plan as part of the interdisciplinary process either in person or through written report to the interdisciplinary team.

Guidance §483.460(e)(2)

Reports of dental care may be submitted to the IDT for inclusion in their discussions surrounding either development of the plan or update to the plan. This includes procedures a client may have had or be having during the plan development period, such as root canal or singular extractions. Actual attendance at the IDT meeting by the dentist may be left to the request of the IDT.

W350

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(e)(3) The facility must provide education and training in the maintenance of oral health.

Guidance §483.460(e)(3)

Formal or informal training in the maintenance of oral hygiene is provided to clients who require it, and to those staff who are responsible for carrying out such activities. The IPP should include an assessment

of the client's ability to perform oral hygiene independently and an associated program if the client is not independent.

(f) Standard: Comprehensive dental diagnostic services

§483.460(f) Comprehensive dental diagnostic services include

W351

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(f)(1) A complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission);

Guidance §483.460(f)(1)

A "month" is defined as the interval between the date of admission and close of business of the corresponding day in the following month.

A complete intraoral examination includes an oral cancer screen.

§483.460(f)(2) Periodic examination and diagnosis performed

W352

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(f)(2) at least annually,

Guidance §483.460(f)(2)

Dental examinations occur no less frequently than annually. Clients without teeth must receive an annual oral cancer screening examination by a dental professional.

W353

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(f)(2) including radiographs when indicated and detection of manifestations of systemic disease; and

Guidance §483.460(f)(2)

There should be evidence in dental reports that dentists follow current standards of practice for the performance of x-rays in order to assist in the diagnosis and treatment of the client.

W354

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(f)(3) A review of the results of examination and entry of the results in the client's dental record.

Guidance §483.460(f)(3)

The entry referenced at this regulation is the dental entry into the dental record. See W359 for requirement of copying this dental record into the facility record.

(g) Standard: Comprehensive dental treatment

§483.460(g) The facility must ensure comprehensive dental treatment services that include- -

W355

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(g)(1) The availability for emergency dental treatment on a 24-hour-a-day basis by a licensed dentist; and

Guidance §483.460(g)(1)

The facility should be able to produce upon request, a written contract/agreement between the facility and a licensed dentist for 24/7 guidance/provision of emergency services for the clients. The agreement should also indicate what back-up coverage will be provided when the dentist is not available.

W356

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(g)(2) Dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.

(h) Standard: Documentation of dental services

§483.460(h)(1) If the facility maintains an in-house dental service, the facility must

W357

keep a permanent dental record for each client,

W358

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(h)(1) with a dental summary maintained in the client's living-unit.

Guidance §483.460(h)(1)

The "dental summary" refers to the summary of each visit entered by the dental professional. The note includes any care instructions to be followed up by facility staff as a result of treatment.

§483.460(h)(2) If the facility does not maintain an in-house dental service, the facility must

W359

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(h)(2) obtain a dental summary of the results of dental visits

Guidance §483.460(h)(2)

The facility should receive a written report of each dentist visit for inclusion in the client's record at the facility and for reference by the medical and direct support staff.

W360

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(h)(2) and maintain the summary in the client's living unit.

See guideline above at W359.

(i) Standard: Pharmacy services

W361

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(i) The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.

Guidance §483.460(i)

The facility either has an onsite pharmacy or has formal arrangements in place for the provision of routine, unanticipated, or emergency drugs. There are no instances where a client does not receive needed medications due to the unavailability of drugs.

(j) Standard: Drug regimen review

W362

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(j)(1) A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.

Guidance §483.460(j)(1)

The primary function of the pharmacist during the quarterly drug review is to identify possible drug interactions, check for evidence of any side effects associated with the drug usage, determine if laboratory results associated with the drug are within normal limits and verify that the facility is administering the medication appropriately and to comment upon the efficacy of the drug use (e.g. blood sugar controlled, blood pressure within normal limits). In the case of drugs used to manage behavior, the

pharmacist may need information from the IDT to determine efficacy. See Appendix PP, Indicators for Surveyor Assessment of the Performance of Drug Regimen Reviews, to the State Operations Manual (Pharmaceutical Service Requirements in Long Term Care Facilities).

W363

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(j)(2) The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team.

Guidance §483.460(j)(2)

The physician and IDT members must discuss, document and take necessary follow-up action for any irregularities noted.

W364

§483.460(j)(3) The pharmacist must prepare a record of each client's drug regimen reviews and the facility must maintain that record.

W365

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(j)(4) An individual medication administration record must be maintained for each client.

W366

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(j)(5) As appropriate the pharmacist must participate in the development, implementation, and review of each client's individual program plan either in person or through written report to the interdisciplinary team.

Guidance §483.460(j)(5)

Pharmacist participation on the IDT is at the request of the team. It would not be necessary for the pharmacist to routinely attend all team meetings when the client is on a stable drug regimen that does not appear to be influencing his/her active treatment programs. Pharmacist participation may be appropriate, in situations such as assisting the IDT develop the most effective training programs for when the client is in an evolving situation with their medication.

For example:

- A client begins a new or more complex drug regimen;
- The physician orders off-label use of a medication;
- Frequent changes in the drug regimen are affecting IPP implementation.

(k) Standard: Drug administration

W367

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k) The facility must have an organized system for drug administration that identifies each drug up to the point of administration.

§483.460(k) The system must assure that

W368

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(1) All drugs are administered in compliance with the physician's orders;

Guidance §483.460(k)(1)

Administration errors identified in previous medication administration records qualify as non-compliance with physician's orders.

W369

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(2) All drugs, including those that are self-administered, are administered without error;
Guidance §483.460(k)(2)
A medication error is an observed discrepancy during the medication pass between what is ordered and what is administered.
This also applies to self-administered medications.
For small facilities (16 beds or less), the medication administration pass will encompass a total of eight (8) drug doses. The observations should be split between two separate drug passes 4/4 (one in the morning and one in the late afternoon or early evening). The medications observed during the observations may or may not be for clients in the survey sample. Any concerns regarding a medication that is about to be administered should be brought to the attention of the person administering the medication. The record of observation should be reconciled with the most current signed physician's orders.
For large facilities (17 or more beds) with either single or multiple buildings, the medication administration pass will encompass a total of 12 doses. The observations should be split between two separate passes 6/6 (one in the morning and one in late afternoon or early evening). Any concerns regarding a medication that is about to be administered should be brought to the attention of the person administering the medication. The record of observation should be reconciled with the most current signed physician's orders.
W370
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(k)(3) Unlicensed personnel are allowed to administer drugs only if State law permits;
Guidance §483.460(k)(3)
Unlicensed personnel administer only those forms of medication which state law permits. Licensed nurse(s) in the facility oversee any administration of medications by unlicensed persons and periodically evaluate their performance.
W371
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(k)(4) Clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise;
Guidance §483.460(k)(4)
The IDT decision that a self-administration program is appropriate, as is the case for all formal training objectives, must be based upon accurate, current, valid assessment of the client's skills and potential. The determination as to the appropriateness of a self- administration program must never be made singularly on the client's diagnosis or current functional abilities.
For clients assessed to be inappropriate for a self-administration program, but determined by the IDT to possess the capacity to functionally, cognitively, emotionally or developmentally benefit from participation in the drug administration process, it is expected that the facility will provide opportunities for the client to participate in the medication administration process under direct supervision. This participation can include but is not limited to, identifying the medication taken, reaching/grasping a cup of water during the process and placing oral medications in the mouth, etc.
W372
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(k)(5) The client's physician is informed of the interdisciplinary team's decision that self-administration of medications is an objective for the client;
Guidance §483.460(k)(5)

While the IDT may set an objective of self administration of medication for a client, they are required to notify the client's physician of this proposed objective. If the client's physician objects on medical grounds, the team must not proceed with the objective until such time as a discussion is held with the physician and he/she agrees to proceed after receiving additional information.

W373

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(6) No client self-administers medication until he or she demonstrates the competency to do so;

Guidance §483.460(k)(6)

The written self-administration program for a client must detail the criteria that will be employed by the facility staff to verify that the client successfully completes all phases of the program and continues to comply with all necessary requirements for self administration. Clients who self-administer medications must secure all medications in such a manner as to protect access by other clients or visitors.

W374

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(7) Drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law;

Guidance §483.460(k)(7)

When clients go out of the facility for home visits, or to attend work or school, drugs they are taking must be packaged and labeled in accordance with state law by a person authorized by state law to package and label.

§483.460(k)(8) Drug administration errors and adverse drug reactions are

Guidance §483.460(k)(8)

Documentation of any medication error should be entered into the client's record and should include what error was made, who was notified of the error, the response of the medical person notified, the physical condition of the client at the time of the notification and subsequent observations of the clients physical condition related to the error.

W375

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(8) recorded

Guidance §483.460(k)(8)

Documentation of adverse drug reactions must be entered into the client's record and should include all complaints made by the client or observations made by the staff following the drug administration, the notification of medical personnel, and the response of the medical personnel, any emergency actions that were required and all subsequent observations of the client's condition related to the reaction.

W376

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.460(k)(8) and reported immediately to a physician.

Guidance §483.460(k)(8)

"Immediately" means at the time the error or reaction is identified.

(l) Standard: Drug storage and recordkeeping

§483.460(l)(1) The facility must store drugs under proper conditions of

Guidance §483.460(l)(1)

Drugs are stored according to manufacturer's recommendations.

W377

sanitation,
W378
temperature,
W379
light,
W380
humidity,
W381
and security.
W382
§483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration.
W383
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area.
Guidance §483.460(l)(2)
"Authorized persons" is restricted to those who administer the drugs (as allowed by state law) and nursing supervisors (if any). No other personnel should have access to these keys.
W384
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(l)(2) Clients who have been trained to self-administer drugs in accordance with §483.460(k)(4) may have access to keys to their individual drug supply.
Guidance §483.460(l)(2)
Drugs that are self-administered do not have to be double locked. The purpose for the double locking is to limit access to scheduled drugs. Since the client is generally the only one who has access to his/her drug supply (with perhaps the exception of a licensed nurse or whoever has overall responsibility for medication administration at the facility and a facility's Director of Nursing Services, who may have access to all of the facility's drug supplies), there is no need to further limit access.
W385
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(l)(3) The facility must maintain records of the receipt and disposition of all controlled drugs.
Guidance §483.460(l)(3)
The facility must follow state requirements for the control and disposition of controlled drugs.
W386
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(l)(4) The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308).
Guidance §483.460(l)(4)
The facility should follow state requirements for the reconciliation of controlled drugs.
W387
§483.460(l)(5) If the facility maintains a licensed pharmacy, the facility must comply with the regulations for controlled drugs
§483.460(m) Standard: Drug Labeling

§483.460(m)(1) Labeling of drugs and biologicals must
W388
§483.460(m)(1)(i) Be based on currently accepted professional principles and practices; and
W389
§483.460(m)(1)(ii) Include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.
§483.460(m)(2) The facility must remove from use--
W390
§483.460(m)(2)(i) Outdated drugs; and
W391
§483.460(m)(2)(ii) Drug containers with worn, illegible, or missing labels.
W392
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(m)(3) Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the physician.
(n) Standard: Laboratory services
W393
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(n)(1) If a facility chooses to provide laboratory services, the laboratory must meet the requirements specified in part 493 of this chapter.
Guidance §483.460(n)(1)
If the facility performs laboratory services, it must have a current, valid Clinical Laboratory Improvement Amendment (CLIA) certificate for the types of tests it is performing.
For the purposes of this regulation, a "laboratory service or test" is defined as any examination or analysis of materials derived from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings.
W394
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.460(n)(1) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of service in accordance with the requirements of part 493 of this chapter.
Guidance §483.460(n)(1)
A facility performing any laboratory service or test must have applied to CMS, and received a Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. An application for a Certificate of Waiver may be made if the facility performs only those tests on the waived list. A complete list of waived tests can be found at: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm.
If the facility performs any test, not appearing on the waived list, a Certificate of Compliance or Certificate of Accreditation is required. An appropriate CLIA certificate is required regardless of the frequency with which the laboratory services or tests are conducted. When no tests are performed, a CLIA certificate is not needed. Facilities only collecting specimens and not performing testing do not need a certificate.
A not-for-profit, a state, or local government organization may have one certificate covering all the facilities it operates (e.g., all the separately certified residences which fall under its governing body), if no more than a total of 15 types of waived or moderately complex laboratory tests are used. This exception applies only to laboratories performing limited public health testing. See State Operations Manual (SOM)

6008. Each location where a laboratory tests are performed must file a separate application to be separately certified unless the laboratory meets one if the exceptions outlined at 42CFR493.35(b), 493.443(b), or 493.55(b).

Any laboratory located in a state that has a CMS-approved laboratory program is exempt from CLIA certification. Currently there are two states with approved programs: Washington and New York. New York has a partial exemption; therefore, if the laboratory is located in New York, contact the New York State Agency to determine if the exemption applies.

W406

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.470 Condition of participation: Physical environment. (a) Standard: Client living environment.

W407

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(1) The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.

Guidance §§483.470(a)(1)

Clients of grossly different ages, functional levels, and/or social needs should not be housed together unless all of the following documentation supports the placement:

- Assessment;
- Client program plan;
- Staff documentation of client response to training programs; and
- QIDP notes.

W408

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(2) The facility must not segregate clients solely on the basis of their physical disabilities. It must integrate clients who have ambulation deficits or who are deaf, blind, or have seizure disorders, etc., with others of comparable social and intellectual development.

(b) Standard: Client bedrooms.

(1) Bedrooms must- -

W409

§483.470(b)(1)(i) Be rooms that have at least one outside wall

W410

§483.470(b)(1)(ii) Be equipped with or located near toilet and bathing facilities;

W411

§483.470(b)(1)(iii) Accommodate no more than four clients unless granted a variance under paragraph (b)(3) of this section;

§483.470(b)(1)(iv) measure

W412

At least 60 square feet per client in multiple client bedrooms

W413

And at least 80 square feet in single client bedrooms; and

W414

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(v) In all facilities initially certified, or in buildings constructed or with major renovations or conversions on or after October 3, 1988, have walls that extend from floor to ceiling.

Guidance §483.470(b)(l)(v)

If a facility was initially certified on or after October 3, 1988 and/or is under renovations or conversions, they must have walls that extend floor to ceiling.

W415

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(2) If a bedroom is below grade level, it must have a window that--

(i) Is usable as a second means of escape by client(s) occupying the room; and

(ii) Is no more than 44 inches (measured to the window sill) above the floor unless the facility is surveyed under the Health Care Occupancy Chapter of the Life Safety Code, in which case the window must be no more than 36 inches (measured to the window sill) above the floor.

Guidance §483.470(b)(2)

The intent of the regulation is to prohibit the housing of clients in basements that are entirely below grade. Clients may be housed on the lower level of housing (e.g. a bi- level house), provided the window height requirements are met and the window is of sufficient size to be used as a means of escape.

W416

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(3) The survey agency may grant a variance from the limit of four clients per room only if a physician who is a member of the interdisciplinary team and who is a qualified intellectual disabilities professional--

(i) Certifies that each client to be placed in a bedroom housing more than four persons is so severely medically impaired as to require direct and continuous monitoring during sleeping hours; and

(ii) Documents the reason why housing in a room of only four or fewer persons would not be medically feasible.

Guidance §483.470(b)(3)

The medical care plan for each client housed in a room with more than four clients should indicate the need for continuous monitoring. The medical care plan will include:

- the physician certification that the client is severely medically impaired and requires direct and continuous monitoring during sleeping hours; and
- the reason why this housing arrangement for fewer than four people would not be medically feasible.

(4) The facility must provide each client with—

W417

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(i) A separate bed of proper size and height for the convenience of the client;

Guidance §483.470(b)(4)(i)

The client's preference, chronological age, and physical and medical needs are the determining factors in bed size and height.

W418

§483.470(b)(4)(ii) A clean, comfortable, mattress;

W419

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(iii) Bedding appropriate to the weather and climate; and

W420

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(iv) Functional furniture, appropriate to the client's needs,

Guidance §483.470(b)(4)(iv)

Client preferences and program needs should be considered in furniture selection. For clients with physical disabilities, furniture is adapted to accommodate the client's physical challenges and enable the client to use the furniture with minimal support.

W421

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

and individual closet space in the client's bedroom with clothes racks and shelves accessible to the client.

Guidance §483.470(b)(4)(iv)

Closets should have enough space for a reasonable amount of the current season's clothing.

Clients who use wheelchairs or have other physical challenges can reach the racks and shelves in their closets.

The facility is permitted either to provide the client with an individualized closet or with a designated area in a shared closet. The use of central clothing bins in a facility clothing room, in the absence of required client closet space in the bedroom, is not an acceptable practice.

(c) Standard: Storage space in bedrooms.

The facility must provide—

W422

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(1) Space for equipment for daily out-of-bed activity for all clients who are not yet mobile, except those who have a short-term illness or those few clients for whom out-of-bed activity is a threat to health and safety; and

Guidance §483.470(c)(1)

Sufficient space that permits the use of wheelchairs, walkers and other adaptive equipment should be provided within the bedroom.

W423

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(2) Suitable storage space, accessible to clients, for personal possessions, such as TVs, radios, prosthetic equipment and clothing.

Guidance §483.470(c)(2)

Each client should have storage in their bedroom for their personal belongings. Clients should have free access to this storage without the assistance of staff. If it is necessary for clients' personal belongings to be locked due to the behavior of other clients, the client must still be provided free access to his own possessions (See W137 for requirements for locked areas).

(d) Standard: Client bathrooms

The facility must—

W424

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(1) Provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients;

Guidance §483.470(d)(1)

In a home setting, the toilet facilities need to be of sufficient number to meet the needs of the client without prolonged delay. There must be enough toilets in the living units to meet the program needs of the clients at any given time, as well as provide for intermediate toileting needs of the clients living in the unit.

In a home setting, it may be unrealistic to say a client would never have to wait for a shower or bath or to brush his/her teeth.
Bathrooms and fixtures must be adapted to accommodate clients with physical disabilities.
W425
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(2) Provide for individual privacy in toilets, bathtubs, and showers; and
Guidance §483.470(d)(2)
A bathroom containing multiple toilets, showers or bathtubs, must have doors, curtains, or some other means of protecting the client from view when fully or partially unclothed.
Clients should not be able to be seen through the door or window by passersby when they are using the bathrooms.
Client privacy does not preclude the assistance provided by facility staff when necessitated by the client's condition.
W426
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(3) In areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110° Fahrenheit.
(e) Standard: Heating and ventilation.
(1) Each client bedroom in the facility must have--
W427
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(i) At least one window to the outside; and
Guidance §483.470(e)(1)(i)
(See also W415)
W428
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(ii) Direct outside ventilation by means of windows, air conditioning, or mechanical ventilation.
(2) The facility must—
W429
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(i) Maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means; and
Guidance §483.470(e)(2)(i)
A "normal comfort range" in most instances is defined as not going below a temperature of 68 degrees Fahrenheit or exceeding a temperature of 80 degrees Fahrenheit in facilities in most geographic areas of the country.
In extremely hot or extremely cold weather, precautions are taken by the facility to protect the clients, particularly those who are medically compromised, from ill effects of the temperature.
W430
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(ii) Ensure that the heating apparatus does not constitute a burn or smoke hazard to clients.
Guidance §483.470(e)(2)(ii)
Refer to Life Safety Code Chapters 32 and 33
Unvented fuel fired heaters are prohibited. NFPA 101 2000 Edition.
32/33.2.5.23

(f) Standard: Floors.
The facility must have—
W431
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(1) Floors that have a resilient, nonabrasive, and slip-resistant surface.
W432
§483.470(f) (2) Nonabrasive carpeting, if the area used by clients is carpeted and serves clients who lie on the floor or ambulate with parts of their bodies, other than feet, touching the floor; and
§483.470(f) (3) Exposed floor surfaces and floor coverings that
W433
promote mobility in areas used by clients,
W434
and promote maintenance of sanitary conditions.
§483.470(g) Standard: Space and Equipment
The facility must--
W435
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(1) Provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services, as required by this subpart and as identified in each client's individual program plan.
Guidance§483.470(g)(1)
Staff and clients must have the space, materials and equipment needed to implement formal and informal active treatment programs.
There must be sufficient space to accommodate group activities, including groups with clients who use wheelchairs.
Recreational supplies, equipment, and materials are available and reflect the interests, physical abilities and chronological age of the clients.
W436
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(2) Furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.
Guidance §483.470(g)(2)
The term "furnish" means that the facility is responsible for obtaining or purchasing these items once an assessment has identified the need and is responsible for making any necessary arrangements for the client to receive them. Clients' personal funds should not be used for these items since this is a covered service under the ICF/IID benefit.
The term "maintain in good repair" means that the facility is responsible for ensuring that these items are kept in good working order, and is responsible for any resulting expense that may be incurred.
Programs must be in place, when identified by assessment and determined by the ID team, to teach clients about the use and care for their equipment to the extent of their capabilities.
W437
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
(3) Provide adequate clean linen and dirty linen storage areas.

Guidance §483.470(g)(3)

Clean linen must be is separated from dirty linen and stored in a manner which prevents contamination.

Linen soiled with bodily fluids must be stored separately and in a manner which protects clients from exposure to possible infectious sources.

A bedroom hamper can be an acceptable dirty linen storage "area" if kept odor free and consistent with the infection control requirements at §483.470(1).

(h) Standard: Emergency plan and procedures.

W438

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(1) The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients.

Guidance §483.470(h)(1)

These plans may include identification of transportation and alternative shelter needs in cases when the facility must be evacuated and may incorporate state-specific emergency preparedness requirements as applicable.

W439

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(2) The facility must communicate, periodically review, make the plan available, and provide training to the staff.

Guidance §483.470(h)(2)

"Periodic review" is a judgment made by the facility based on the circumstances of the facility. If the facility changes its physical plant or if changes external to the facility necessitates a review of the disaster plan, then the facility is responsible for carrying out the review.

Interview staff about where emergency plans and procedures are located and what the facility policy is regarding how often, and under what circumstances the plans and procedures are reviewed and updated.

(i) Standard: Evacuation drills.

(1) The facility must hold evacuation drills

W440

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

at least quarterly for each shift of personnel

Guidance §483.470(i)(1)

Life Safety Code NFPA 101, 2000 Edition (LSC):

Chapter 32/33 code: Clients have to participate in an evacuation drill each shift at least quarterly.

Chapter 18/19 code: There must be an evacuation drill on each shift at least quarterly. This drill is designed to train staff on evacuation procedures.

Review facility records to verify that evacuations drills are held each shift at least once in each 3-month period.

Refer to (S&C 10-26-LSC)

W441

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

and under varied conditions to—

Guidance §483.470(i)(1)

Life Safety Code NFPA 101, 2000 Edition (LSC):

Chapter 32/33: Expects that all clients living in that unit are capable of self-evacuation during an emergency. This self evacuation should be practiced under varying conditions including various times of the day or night and in various weather conditions.

Chapter 18/19: Requires drills which simulate emergency situations which familiarize facility staff with emergency actions they may be required to perform. The general emphasis of these sections of the code is upon training of the staff and not upon providing practice for the client. Drills should be practiced under varying conditions including various times of the day or night and in various weather conditions.

W442

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;

Guidance §483.470(i)(1)(i)

For facilities under Chapter 18/19 of the LSC

Staff should be able to verbalize the proper procedures to be followed during emergency drills. Staff training records should document that all staff have received training on emergency drills and evacuations.

W443

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features; and

Guidance §483.470(i)(1)(ii)

Staff on all shifts are able to express familiarity with the use of fire extinguisher, alarms, and any other safety features in the facility.

W444

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(iii) Evaluate the effectiveness of emergency and disaster plans and procedures.

Guidance §483.470(i)(1)(iii)

See also W448. The plan(s) must be revised as needed and must be based upon analysis completed under W448.

The facility must--

W445

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(i) Actually evacuate clients during at least one drill each year on each shift;

Guidance §483.470(i)(2)(i)

All clients totally evacuate the building at least once per year per shift, regardless of the occupancy chapter under which the building falls.

All facilities, regardless of their size require actual evacuation. "Actually evacuate", as used in this standard, applies to all clients. The drills are conducted not only to rehearse the clients and staff for a fire emergency (see §483.470(i)(2)(v)), but for other disasters such as hurricanes, tornadoes, floods, etc. Such disasters would require the entire occupancy to be evacuated, and, therefore, the actual evacuation must be practiced, as required.

W446

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(ii) Make special provisions for the evacuation of clients with physical disabilities;

Guidance §483.470(i)(2)(ii)

Clients with physical or medical disabilities may require special procedures for evacuation, taking into account equipment or staff that must be maintained for the client's care at all times. The facility's evacuation plan should:

- identify such clients;
- clearly delineate any special evacuation procedures for those clients.

Staff should be familiar with the facility's special evacuation procedures when working with clients who are in need of unique provisions.

W447

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(iii) File a report and evaluation on each evacuation drill;

Guidance §483.470(i)(2)(iii)

There is a written report of each evacuation drill held.

W448

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(iv) Investigate all problems with evacuation drills, including accidents,

Guidance §483.470(i)(2)(iv)

The documentation for each evacuation drill includes an analysis of:

- The timeliness of the evacuation;
- Any difficulties observed during the drill;
- Investigates the cause of the difficulties; and
- Develops a plan to ensure the difficulties will not reoccur.

W449

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

and take corrective action; and

Guidance §483.470(i)(2)(iv)

When a problem is identified during the evacuation drill and the facility develops a plan to prevent reoccurrence, there is evidence the facility implemented corrective action and follow-up completed to ensure corrective action was successful.

W450

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.

Guidance §483.470(i)(2)(v)

The Life Safety Code NFPA 101, 2000 Edition at 3.3.167 defines safe location as "a location remote or separated from the effects of a fire so that such effects no longer pose a threat."

W451

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(3) Facilities must meet the requirements of paragraph (i)(1) and (2) of this section for any live-in and relief staff they utilize.

Guidance §483.470(i)(3)

In the case of live-in staff, drills must occur quarterly. Typically, live-in staff can be found in facilities that fall under Chapter 32/33 of the LSC code. Drills should be held at varying times of the day and night for clients to practice evacuation including morning, afternoon, evening and the middle of the night.

(j) Standard: Fire protection.

Guidance §483.470(j)

These standards are covered by the Life Safety Code (LSC) survey. The facility must meet the appropriate chapter of the Life Safety Code, 2000 edition.

When surveying an ICF/IID for compliance with the LSC, it is first necessary to determine whether the facility will be surveyed under Health Care (HC) or Board and Care (BC) occupancy.

- If clients receive nursing services, or if the provider elects to use Health Care, the facility should be surveyed as a Health Care Facility under Chapter 18 or 19 of the LSC, as appropriate.
- If clients receive personal care and protective oversight but not continuing nursing services, the facility is to be surveyed under Board and Care and the following three steps should be followed:

1) Determine the size (16 or less = small; 17 or more = large);

2) Determine the Evacuation Difficulty (PROMPT, SLOW, or IMPRACTICAL) using Appendix F of the fire safety evaluation system for board and care facilities (FSES/BC); and

3) Survey the building using one of two methods:

a. The prescriptive requirements of Chapters 32 or 33; or

b. The FSES/BC, Appendix G.

(1) General. Except as otherwise provided in this section—

(i) The facility must meet the applicable provisions of either the Health Care Occupancies Chapters or the Residential Board and Care Occupancies Chapter of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted LSC does not apply to a facility.

Guidance §483.470(j)(1)(ii)

Roller latches are prohibited on corridor doors as a latching device.

(2) The State survey agency may apply a single chapter of the LSC to the entire facility or may apply different chapters to different buildings or parts of buildings as permitted by the LSC.

(3) A facility that meets the LSC definition of a residential board and care occupancy must have its evacuation capability evaluated in accordance with the Evacuation Difficulty Index of the Fire Safety Evaluation System for Board and Care facilities (FSES/BC).

Guidance §483.470(j)(3)

The evacuation capability of residents is determined using Chapter 6 of NFPA 101A, 2001 edition.

4) If CMS finds that the State has a fire and safety code imposed by State law that adequately protects a facility's clients, CMS may allow the State survey agency to apply the State's fire and safety code instead of the LSC.

5) Beginning March 13, 2006, a facility must be in compliance with Chapter 19.2.9, Emergency Lighting.

Guidance §483.470(j)(5)

Battery powered emergency lighting must last at least 90 minutes.

6) Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to a facility.

Guidance §483.470(j)(6)

Roller latches are prohibited on corridor doors as a latching device.

(7) Facilities that meet the LSC definition of a health care occupancy.

(i) After consideration of State survey agency recommendations, CMS may waive, for appropriate periods, specific provisions of the Life Safety Code if the following requirements are met:

Guidance §483.470(j)(7)(i)

Waivers may be granted only to facilities that meet the Life Safety Code definition of a Health Care Occupancy. Waivers are not granted to facilities that met the requirements of a Residential Board and Care Occupancy.

Waivers are recommended by the State Survey Agency and approved by the Regional Office.

(A) The waiver would not adversely affect the health and safety of the clients.

B) Rigid application of specific provisions would result in an unreasonable hardship for the facility.

ii) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a facility may install alcohol-based hand rub dispensers if—

(A) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;

(B) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;

(C) The dispensers are installed in a manner that adequately protects against inappropriate access;

D) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00–1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA Temporary Interim Amendment 00–1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the amendment is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the Office of the Federal Register, 800 North Capitol Street NW., Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269; and

(E) The dispensers are maintained in accordance with dispenser manufacturer guidelines

(k) Standard: Paint.

The facility must—

W452

§483.470(k)(1) Use lead-free paint inside the facility; and

W453

§483.470(k)(2) Remove or cover interior paint or plaster containing lead so that it is not accessible to clients.

§483.470(l) Standard: Infection Control

W454

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.

Guidance §483.470(l)(1)

The facility is clean and staff have eliminated opportunities for cross-contamination of infections. Food is stored, prepared, distributed, and served in a sanitary manner to prevent food borne illness.

W455

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

Guidance §483.470(l)(1)

Facilities maintain an ongoing surveillance program of communicable disease control and investigation of infections and an active training program that ensures the clients served receive adequate prevention of transmission information and skills, according to needs.

The facility's infection control program should include procedures for:

- identification of the extent of infestation or infection;
- protection of clients;
- treatment of clients;
- notification of family or legal guardian;
- reporting to the health department as indicated; and
- continued follow-up to resolution.

Both the Occupational Safety and Health Administration (OSHA) and the CDC have specific requirements regarding human immuno-deficiency virus (HIV), TB, and hepatitis precautions. These requirements should be incorporated into the facility's practices when relevant to the clients residing in the facility. Concerns about OSHA violations should be referred to OSHA.

W456

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(2) The facility must implement successful corrective action in affected problem areas.

W457

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(3) The facility must maintain a record of incidents and corrective actions related to infections.

W458

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

(4) The facility must prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

Guidance §483.470(l)(4)

The facility should have and implement a policy that clearly delineates those signs and symptoms for which they will restrict staff access to clients or to clients' food.

W459

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480 Condition of participation: Dietetic services

(a) Standard: Food and nutrition services

W460

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(1) Each client must receive a nourishing, well balanced, diet including modified and specially prescribed diets.

Guidance §483.480(a)(1)

"Well balanced diets" are defined as diets that contain a variety of foods from the food groups currently recommended by the Academy of Nutrition and Dietetics (AND).

"Modified and specially-prescribed" diets are defined as diets that are altered in any way to enable the client to eat (e.g. food that is chopped, pureed) or diets that are intended to correct or prevent a nutritional deficiency or health problem.

Refer to W463 and W474 regarding modified and specially prescribed diets.

The following may be indicators of or may lead to compromised nutritional status:

- Unplanned significant weight gain or loss;
- Fever/infection;
- Diarrhea;
- Chronic disease;
- Chewing and Swallowing problems;
- Teeth and gum diseases;
- Excessive use of laxatives;
- Abnormal laboratory values;
- Brittle, dry hair;
- Ridged or spoon shaped nails;
- Dry flaky skin; and
- Unexplained changed in mood such as general fatigue, apathy, irritability, lack of concentration.

If one or more of these indicators are present, determine the facility's response through observation, interview, and record review.

Surveyors should assure the facility is responsive to client food allergies and the potential for adverse food/drug interactions. If surveyors suspects these may exist, investigate further.

Examples of facility responsiveness to allergies and food/drug interactions include, but are not limited to:

- Clients on long term anticonvulsant drug regimens (e.g., phenobarbital, phenytoin, primidone) are periodically monitored per facility policy for decreased serum levels of folic acid and vitamin D;
- Therapeutic doses of nutrients are provided to decrease the likelihood of anemia and prevent decreased bone density, etc.; and
- Fiber and fluids are increased in the diet of clients to decrease the likelihood of constipation.

Guidance §483.470(a)(1)

Clients of grossly different ages, functional levels, and/or social needs should not be housed together unless all of the following documentation support the placement:

- Assessment;
- Client program plan;
- Staff documentation of client response to training programs; and
- QIDP notes.

W461

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(2) A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.

Guidance §483.480(a)(2)

The facility employs a registered dietitian either on a part-time, full-time or on a consultant basis.

W462

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(3) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services.

Guidance §483.480(a)(3)

Where the facility does not have a full-time qualified dietitian, verify that the director of food services coordinates with a dietitian to assure the nutritional adequacy of meals and snacks.

The food service director coordinates with the part-time or consultant dietitian to develop client meal plans and monitor client nutritional status.

The qualifications of the food service director may be dictated by facility policy or by state law, if applicable.

In small group home settings where the staff and clients plan and prepare meals cooperatively, there may not be a designated food services director. In these cases, the consultant or part-time dietitian would meet with the available home staff to ensure adequacy of menus and diets.

§483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe

W463

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(4) all modified and special diets

W464

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(4) including those used as a part of a program to manage inappropriate client behavior.

Guidance §483.480(a)(4)

Modifying a clients' diet must never be used as punishment.

W465

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(5) Foods proposed for use as a primary reinforcement of adaptive behavior are evaluated in light of the client's nutritional status and needs.

Guidance §483.480(a)(5)

This regulation addresses the use of food in shaping positive adaptive behavior. Where clients have specialized nutritional needs, these needs must be taken into consideration.

When food is used as a primary reinforcement of behavior for a client who has a dietary restriction, these foods should be consistent with the foods allowed by the prescribed diet.

Food used as a reinforcement must be part of a behavior plan approved by the IDT and consistent with nutritional parameters for that client. For example, a client with diabetes does not receive concentrated sweets as a reinforcement.

W466

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(a)(6) Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity.

Guidance §483.480(a)(6)

For suggested guidelines write to:
U.S. Department of Agriculture
Human Nutrition Information Services
Washington, D.C. 20250
http://fnic.nal.usda.gov

(b) Standard: Meal services

W467

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(b)(1) Each client must receive at least three meals daily,

Guidance §483.480(b)(1)

Meal times may be flexible and accommodate a variety of activities (e.g. holiday and weekend activities). Clients should be offered the opportunity of three meals every day, but may be given the choice of not participating in a meal due to their schedule or preference.
For example, a client wakes up late on a Saturday morning and decides to have brunch.

W468
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(b)(1) at regular times comparable to normal mealtimes in the community
Guidance §483.480(b)(1)
Generally, meal times conform to the norms of the community, however the clients' schedules and preferences may result in slight variations. Slight variations are acceptable, but gross variations such as breakfast at 3 am would not be acceptable.
§483.480(b)(1) with –
W469
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(b)(1)(i) Not more than 14 hours between a substantial evening meal and breakfast of the following day,
Guidance §483.480(b)(1)(i)
A "substantial evening meal" is defined as an offering of three or more items at one time, one of which includes a high quality protein such as meat, fish, eggs, or cheese. The meal should represent no less than 20 percent of the day's total nutritional requirements.
W470
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(b)(1)(i) except on weekends and holidays when a nourishing snack is provided at bedtime, 16 hours may lapse between a substantial evening meal and breakfast; and
Guidance §483.480(b)(1)(i)
A "nourishing snack" is an offering of items, single or in combination, from the basic food groups. Snack supplies are available in the facility and are accessible to clients. Interview staff and clients about their access to snacks.
W471
§483.480(b)(1)(ii) Not less than 10 hours between breakfast and the evening meal of the same day, except as provided under paragraph (b)(1)(i).
§483.480(b)(2) Food must be served--
Facility Practices §483.480(b)(2)(i)
Portions served, either by staff or by the individuals themselves, closely match designated serving sizes on menus. Slight variations are not significant enough or frequent enough to affect individual's health.
W472
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(b)(2)(i) In appropriate quantity;
Guidance §483.480(b)(2)(i)
Meal observations verify that portions served, either by staff or by the clients, match the designated serving sizes on menus.
W473
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(b)(2)(ii) At appropriate temperature;
Guidance §483.480(b)(2)(ii)

Hot foods are served hot and cold foods are served cold, according to facility policy specific to the type of food or as desired by the client. The facility follows current state requirements for safe food temperatures.

W474

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(b)(2)(iii) In a form consistent with the developmental level of the client; and

Guidance §483.480(b)(2)(iii)

The term "form", as used in this requirement, refers to food consistency (e.g., pureed, chopped, ground, etc.). Food that is ground, chopped or pureed is based on assessed client need, and only to the extent required.

Food consistency modifications due to an acute medical or dental condition are temporary and; client's food consistency is upgraded at the soonest possible time. Clients with chronic medical or dental conditions are periodically reviewed and at least annually for the possibility of an upgrade in food consistency.

Client assessments must document the justification for modified texture of the client's diet.

W475

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(b)(2)(iv) With appropriate utensils.

Guidance §483.480(b)(2)(iv)

"Appropriate utensils" refers to eating utensils and adaptive eating equipment that enable clients to eat as independently as possible in accordance with their highest functional level.

Commonly used utensils (fork, knife, and spoon) appropriate to the food being consumed are provided to all clients except those using adaptive equipment instead. Clients should be afforded the opportunity to use forks, spoons, and knives as indicated by the food served.

Utensils must be in good condition, clean, allow portion sizes appropriate to the client's prescribed diet and meet the client's needs.

W476

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(b)(3) Food served to clients individually and uneaten must be discarded.

Guidance §483.480(b)(3)

This standard does not apply to food served in family-style dishes, unless the length of time the food is on the table or other considerations (such as clients fingering or drooling in the food) compromise the safety and nutritive value for later consumption of the food.

(c) Standard: Menus

W477

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(c)(1)(i) Be prepared in advance;

Guidance §483.480(c)(1)(i)

The facility should be able to produce a copy of client menus prospectively to verify that meal planning is done in advance.

W478

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(c)(1)(ii) Provide a variety of foods at each meal;

Guidance §483.480(c)(1)(ii)

A "variety" of food at each meal includes offerings from each of the food groups.

W479

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(c)(1)(iii) Be different for the same days of each week and adjusted for seasonal changes; and

Guidance §483.480(c)(1)(iii)

Menus should make use of seasonal foods in order to capitalize on the availability of fresher more vitamin enriched foods.

In certain portions of the country, there may be cultural preferences that influence the frequency with which a food appears on the menu. This is acceptable in the facility if it is acceptable in the community.

W480

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(c)(1)(iv) Include the average portion sizes for menu items.

Guidance §483.480(c)(1)(iv)

Verify the menu lists client portion sizes and observe that the portions served correspond to the clients prescribed diet.

W481

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(c)(2) Menus for food actually served must be kept on file for 30 days.

(d) Standard: Dining areas and service

§483.480(d) The facility must –

W482

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(d)(1) Serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician;

Guidance §483.480(d)(1)

For purposes of this standard, “dining areas” mean discrete eating areas located outside of bedrooms, established, furnished, and equipped for the purpose of eating meals.

When a client is not eating in a designated dining area, there must be either a medical rationale or this must be an isolated instance when the client has a personal reason to eat in another area, such as a television area to watch his or her favorite program.

Interview with the client should confirm that this is not routine, but is for a particular isolated reason.

W483

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(d)(2) Provide table service for all clients who can and will eat at a table, including clients in wheelchairs;

Guidance §483.480(d)(2)

Clients must have the opportunity to participate in the normal dining experience with their companions in the dining room.

Clients in wheelchairs are included in dining groupings of their peers without physical disabilities.

Clients in wheelchairs eat at the table and not with lap trays/hospital trays unless medically contraindicated.

W484

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(d)(3) Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client;

Guidance §483.480(d)(3)

Clients use adaptive equipment or are being trained to use such equipment when the need is identified in the IPP.

Examples of adaptive equipment that may be needed are:

- Double suction cups or other devices to anchor dishes on a table or tray for clients with major coordination problems;
- Rocking one-handed knife-fork or knife-spoon for a client with the use of only one hand;
- Built-up or extended handles or silverware for those with problems of grasp or range of motion;
- Plate guards or plates with raised rims to provide a surface against which the client with a physical disability can push food onto a fork or a spoon;
- Flexible drinking straws;
- Spoon bent to a 90 degree angle at the bowl or a swivel spoon to assist a client without normal wrist motions; and
- Any other adaptive device deemed by the team as needed by the client to eat more independently.

W485
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(d)(4) Supervise and staff dining rooms adequately
Guidance §483.480(d)(4)
There should be sufficient staff to implement eating programs for clients who require them and to provide necessary intervention and supervision for normalization including normal meal time behavior.
Client mealtime should not be inadequately delayed due to insufficient staff assistance.
W486
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(d)(4) to direct self-help dining procedures,
Guidance §483.480(d)(4)
Staff is present during meal times to monitor clients who are able to eat independently, promoting, supporting, reinforcing and encouraging them to eat in an appropriate and normalized manner (e.g., manners, social behaviors, etc.)
W487
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(d)(4) to assure that each client receives enough food and
Guidance §483.480(d)(4)
Clients can request and receive second helpings unless contraindicated by a prescribed diet.
For clients on restrictive diets that prefer not to be on these diets or seek seconds, the facility resolves the personal choice issues vs. health risks.
W488
(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)
§483.480(d)(4) to assure that each client eats in a manner consistent with his or her developmental level; and
Guidance §483.480(d)(4)
The intent of this regulation is to promote the acquisition of skills that lead to greater independence in eating.
Clients should be actively encouraged to eat independently to the extent possible and in accordance with their assessed abilities.
Clients should receive training to develop independent eating skills consistent with their developmental potential as identified through the CFA.
Clients learn skills in accordance with their functional levels. Skills may include:

- Use of utensils;

- Meal preparation;
- Socialization during meals;
- Family style dining; and
- Ordering food in restaurants.

Clients' eating programs are implemented in accordance with their training objectives.

To the maximum extent possible, staff model appropriate mealtime behavior and conversation by sitting at the table with clients, and when possible, eating meals with clients.

W489

(Rev. 135, Issued: 02-27-15, Effective: 04-27-15, Implementation: 04-27-15)

§483.480(d)(5) Ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.

Guidance §483.480(d)(5)

If a client eats in any position other than an upright position, the physician should document the medical necessity for the position, and/or the IPP should include the program plan to teach the client the physical skill necessary for eating upright.

This applies to all clients, including those fed by nasogastric tube or gastrostomy tube. The IPP should identify the most appropriate position for the client to be positioned during mealtime, in relation to the placement of the food contents.

[**ARC 3109C**, IAB 6/7/17, effective 7/12/17]

◊ Two or more ARCs

1 See Interpretive Guidelines at end hereof

2 See IAB, Inspections and Appeals Department.

CHAPTER 65
INTERMEDIATE CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS (ICF/PMI)

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—65.1(135C) Definitions. For the purposes of these rules, the following terms shall have the meaning indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered incorporated verbatim in the rules. The use of the words "shall" and "must" indicate these standards are mandatory.

"Academic services" means those activities provided to assist a person to acquire general information and skills which establish the basis for subsequent acquisition and application of knowledge.

"Activity coordinator" means a person who has completed the state-approved activity coordinator's course.

"Age appropriate" means those activities, settings, and personal appearance and possessions commensurate with the person's chronological age.

"Chronic mental illness" (see the definition of "Mental illness").

"Commission" means the mental health and disability services commission.

"Community living training services" are those activities provided to assist a person to acquire or sustain the knowledge and skills essential to independent functioning to the person's maximum potential in the physical and social environment. These services may focus on the following areas:

1. Independent living skills which include those skills necessary to sustain oneself in the physical environment and are essential to the management of one's personal property and business. This includes self-advocacy skills.
2. Socialization skills which include self-awareness and self-control, social responsiveness, group participation, social amenities and interpersonal skills.
3. Communication skills which include expressive and receptive skills in verbal and nonverbal language, including reading and writing.
4. Leisure time and recreational skills which include the skills necessary for a person to use leisure time in a manner which is satisfying and constructive to the person.
5. Parenting skills which include those skills necessary to meet the needs of the person's child. This service is designed to assist the person with mental illness to acquire or sustain the skills necessary for parenting.

"Department" means the Iowa department of inspections and appeals.

"Dependent adult abuse" is as defined in rule 481—52.1(235E).

"Diagnosis" means the investigation and analysis of the cause or nature of a person's condition, situation or problem.

"Direct care staff" means those staff persons who provide a homelike environment for the residents and assist or supervise the resident in meeting the goals in the resident's program plan.

"Evaluation services" means those activities designed to identify a person's current functioning level and those factors which are barriers to maintaining the current level or achieving a higher level of functioning.

"Exploitation" means the act or process of taking unfair advantage of a resident, or the resident's physical or financial resources for one's own personal or pecuniary profit by the use of undue influence, harassment, duress, deception, false representation or false pretenses.

"Goals" means general statements of attainable expected accomplishments to be achieved in meeting identified needs.

"Incident" means all accidental, purposeful, or other occurrences within the facility or on the premises affecting residents, visitors, or employees whether there is apparent injury or where hidden injury may have occurred.

"Individual program plan (IPP)" means a written plan for the provision of services to the resident that is developed and implemented using an interdisciplinary process that is based on the resident's functional

status, strengths, and needs and that identifies service activities designed to enable a person to maintain or move toward independent functioning. The plan identifies a continuum of development and outlines progressive steps and anticipated outcomes of services.

"Informed consent" means an agreement by a person, or by the person's legally authorized representative, based upon an understanding of:

1. A full explanation of the procedures to be followed including an identification of those that are and are not experimental;
2. A description of the attendant discomforts, risks, and benefits to be expected; and
3. A disclosure of appropriate alternative procedures that would be advantageous for the person.

"Interdisciplinary process" means an approach to assessment, individual program planning, and service implementation in which planning participants function as a team. Each participant utilizing the skills, competencies, insights and perspectives provided by the participant's training and experience focuses on identifying the service needs of the resident and the resident's family. The purpose of the process is for participants to review and discuss, face-to-face, all information and recommendations and to reach decisions as a team. Participants share all information and recommendations, and develop as a team, a single, integrated individual program plan to meet the resident's needs and, when appropriate, the resident's family's needs.

"Interdisciplinary team" means the group of persons who develop a single, integrated individual program plan to meet a resident's needs for services. The interdisciplinary team consists of, at a minimum, the resident, the resident's legal guardian, if applicable, the resident's advocate, if desired by the resident, a referral agency representative, other appropriate staff members, the resident's attending psychiatrist and QMHP, other providers of services, and other persons relevant to the resident's needs.

"Least restrictive environment" means the environment in which the interventions in the lives of people with mental illness can be carried out with a minimum of limitation, intrusion, disruption, and departure from commonly accepted patterns of living.

It is the environment which allows residents to participate, to the maximum extent possible, in everyday life and to have control over the decisions that affect them. It is an environment that provides needed supports which do not interfere with personal liberty and do not unduly interfere with a person's access to the normal events of life.

"Legal services" means those activities designed to assist the person in exercising constitutional and legislatively enacted rights.

"Level of functioning" means a person's current physiological and psychological status and current academic, community living, self-care and vocational skills.

"Mechanical restraint" means a device applied to a person's limbs, head or body which restricts a person's movement and includes, but is not limited to, leather straps, leather cuffs, camisoles or handcuffs.

"Mental abuse" means, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.

"Mental health counselor" means a person who is certified or eligible for certification as a mental health counselor by the National Academy of Certified Clinical Mental Health Counselors.

"Mental health, mental retardation commission" means the commission described in Iowa Code section 225C.5.

"Mental illness" means a substantial disorder of thought or mood which significantly impairs judgment, behavior, or the capacity to recognize reality or the ability to cope with the ordinary demands of life. Mental illnesses include the organic and functional psychoses, neuroses, personality disorders, alcoholism and drug dependence, behavioral disorders and other disorders as defined by the current edition of "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders." Mental illness is chronic when it is of long duration or marked by frequent recurrences.

"Normalization" means helping persons, in accordance with their needs and preferences, to achieve a lifestyle that is consistent with the norms and patterns of general society in ways which incorporate the age-appropriate and least restrictive principles.

"Objectives" means specific, time-limited, and measurable statements showing outcomes or accomplishments necessary to progress toward the goal.

"Physical abuse" means, but is not limited to, corporal punishment and the use of restraints as punishment.

"Physical injury" means damage to any bodily tissue to the extent the tissue must undergo a healing process in order to be restored to a sound and healthy condition. It may also mean damage to the extent the bodily tissue cannot be restored to a sound and healthy condition, or results in the death of the resident whose bodily tissue sustained the damage.

"Physical or physiological treatment" means those activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the physical or physiological functioning of the human body.

"Physical restraint" means a technique involving the use of one or more of a staff person's arms, legs, hands or other body areas to restrict or control the movements of a resident. This does not include the use of mechanical restraint.

"Physician" means a person who is currently licensed in Iowa to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy.

"Primary care provider" means any of the following who provide primary care and meet certification standards:

1. A physician who is a family or general practitioner or an internist.
2. An advanced registered nurse practitioner.
3. A physician associate.

"Program" means a set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for any of the following:

1. Special target populations;
2. The population of a specified geographic area(s);
3. A specified purpose; and
4. A person.

"Psychiatric nurse" means a person who meets the requirements of certified psychiatric-mental health nurse practitioner pursuant to 655—Chapter 7, Iowa Administrative Code, or is eligible for certification.

"Psychiatrist" means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification.

"Psychologist" means a person who is licensed to practice psychology in the state of Iowa, or is certified by the Iowa department of education as a school psychologist, or is eligible for certification.

"Psychotherapeutic treatment" means those activities designed to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person's functioning in response to the physical, emotional and social environment.

"Qualified mental health professional (QMHP)" means a person who:

1. Holds at least a master's degree in a mental health field, including but not limited to: psychology, counseling and guidance, nursing and social work; or is a doctor of medicine (M.D.) or a doctor of osteopathic medicine and surgery (D.O.) or a physician associate; and
2. Holds a current Iowa license when required by the Iowa licensure law; and
3. Has at least two years of postdegree experience, supervised by a mental health professional, in assessing mental problems and needs of individuals and in providing appropriate mental health services for those individuals. See rule 481—65.4(135C) for waiver procedures.

"Resident" means a person who has been admitted to the facility to receive care and services.

"Seclusion" means the isolation of the resident in a locked room which cannot be opened by the resident.

"Self-care training services" means those activities provided to assist a person to acquire or sustain the knowledge, habits and skills essential to the daily needs of the person. The activities focus on personal hygiene, general health maintenance, mobility skills and other activities of daily living.

"Service" means a set of interrelated activities provided to a resident pursuant to the IPP.

"Sexual abuse" means, but is not limited to, the exposing of pubes to a resident, the exposure of a resident's genitals, pubes, breasts or buttocks for sexual satisfaction, fondling or touching the inner thigh, groin, buttocks, anus or breast of a resident or the clothing covering these areas, sexually suggestive

comments or remarks made to a resident, a genital to genital or rectal, or oral to genital or rectal contact, or the commission of a sexual offense under Iowa Code chapter 709 or Iowa Code section 726.2.

"Social worker" means a person who is licensed to practice social work in the state of Iowa, or who is eligible for licensure.

"Support services" means those activities provided to or on behalf of a person in the areas of personal care and assistance and property maintenance in order to allow a person to live in the least restrictive environment.

"Transportation services" means those activities designed to assist a person to travel from one place to another to obtain services or carry out life's activities.

"Verbal abuse" means, but is not limited to, the use of derogatory terms or names, undue voice volume and rude comments, orders or responses to residents.

"Vocational training services" means those activities designed to familiarize a person with production or employment requirements and to maintain or develop the person's ability to function in a work setting. This service includes programming which allows or promotes the development of skills, attitudes and personal attributes appropriate to the work setting.

"Work" means any activity during which a resident provides goods or services for wages.

"Written, in writing or recorded" means that an account or entry is made in a permanent form.

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 1204C**, IAB 12/11/13, effective 1/15/14; **ARC 1752C**, IAB 12/10/14, effective 1/14/15; **ARC 6974C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 6/10/26]

481—65.2(135C) Application for license. In order to obtain an initial license for an ICF/PMI, the applicant must comply with the rules and standards contained in Iowa Code chapter 135C and the standards in 481—Chapter 61. Waivers from 481—Chapter 61 regulations are allowed under rule 481—61.2(135C). An application must be submitted to the department which states the type and category of license for which the facility is applying.

65.2(1) Each application shall include:

a. A floor plan of each floor of the facility drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathroom, and designation of the use to which room will be put and window and door location;

b. A photograph of the front and side elevation of the facility;

c. The statutory fee for an intermediate care facility license;

d. Evidence of a certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules.

65.2(2) A résumé of care with a narrative which includes the following information shall be submitted:

a. The purpose of the facility;

b. A description of the target population and limitations on resident eligibility;

c. An identification and description of the services the facility will provide. This shall include at least specific and measurable goals and objectives for each service available in the facility and a description of the resources needed to provide each service including staff, physical facilities and funds;

d. A description of the human service system available in the area, including, but not limited to, social, public health, visiting nurse, vocational training, employment services, sheltered living arrangements, and services of private agencies; and

e. A description of working relationships with the human service agencies when applicable which shall include at least how the facility will coordinate with:

(1) The department of human services to facilitate continuity of care and coordination of services to residents; and

(2) Other agencies to identify unnecessary duplication of services and plan for development and coordination of needed services.

65.2(3) In order to obtain a renewal or change of ownership license of the ICF/PMI the applicant must:

a. Submit to the department the completed application form 30 days prior to annual license renewal or change of ownership date of the ICF/PMI license;

b. Submit the statutory license fee for an ICF/PMI with the application for renewal or change of ownership;

c. Have an approved current certificate signed by the state fire marshal or deputy state fire marshal as to compliance with fire safety rules; and

d. Submit documentation of review of résumé of care pursuant to subrule 65.2(1), paragraph *"a,"* and a copy of any revisions to the plan.

This rule is intended to implement Iowa Code sections 135C.7 and 135C.9.

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14; **ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—65.3(135C) Licenses for distinct parts. Separate licenses may be issued for distinct parts which are clearly identifiable parts of a health care facility, containing contiguous rooms in a separate wing or building or on a separate floor of the facility, which provide care and services of separate categories.

The following requirements shall be met for a separate licensing of a distinct part:

1. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part. (III)
2. The distinct part shall meet all the standards, rules and regulations pertaining to the category for which a license is being sought.
3. The distinct part must be operationally and financially feasible.
4. A separate personal care staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management. (III)
5. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry and dietary in common with each other.

This rule is intended to implement Iowa Code section 135C.6(2).

481—65.4(135C) Waivers. Waivers from these rules may be granted by the director of the department when:

1. The need for a waiver has been established consistent with the résumé of care or the resident's individual program plan.
2. There is no danger to the health, safety, welfare or rights of any resident.
3. The waiver will apply only to a specific intermediate care facility for the mentally ill.

Waivers shall be reviewed at least at the time of each licensure survey and any other time by the department to see if the need for the waiver is still acceptable.

65.4(1) To request a waiver, the licensee must:

a. Apply in writing on a form provided by the department;

b. Cite the rule or rules from which a waiver is desired;

c. State why compliance with the rule or rules cannot be accomplished;

d. Explain how the waiver is consistent with the résumé of care or the individual program plan; and

e. Demonstrate that the requested waiver will not endanger the health, safety, welfare or rights of any resident.

65.4(2) Upon receipt of a request for waiver, the director will:

a. Examine the rule from which the waiver is requested;

b. Evaluate the requested waiver against the requirement of the rule to determine whether the request is necessary to meet the needs of the residents;

c. Examine the effect of the requested waiver on the health, safety or welfare of the residents;

d. Consult with the applicant to obtain additional written information if required; and

e. Obtain approval of the Iowa mental health and disability services commission, when the request is for a waiver from the requirement for qualification of a mental health professional.

65.4(3) Based upon this information, approval of the waiver will be either granted or denied within 120 days of receipt.

[**ARC 0766C**, IAB 5/29/13, effective 7/3/13; **ARC 5719C**, IAB 6/16/21, effective 7/21/21]

481—65.5(135C) General requirements.

65.5(1) A valid license shall be posted in each facility so the public can easily see it. (III)

65.5(2) Each license is valid only for the premises and person named on the license and is not transferable.

65.5(3) The posted license shall accurately reflect the current status of the facility. (III)

65.5(4) Each citation or a copy of each citation issued by the department for a Class I or Class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (III)

65.5(5) Licenses expire one year after the date of issuance or as indicated on the license.

65.5(6) There shall be no more beds erected than are stipulated on the license. (II, III)

This rule is intended to implement Iowa Code section 135C.8.

481—65.6(135C) Notification required by the department. The department shall be notified within 48 hours, by letter, of any reduction or loss of personal care or dietary staff lasting more than seven days which places the staff ratio below that required for licensing. No additional residents shall be admitted until the minimum staff requirements are achieved. (II, III)

65.6(1) Other required notification and time periods are:

a. Within 30 days of any proposed change in the résumé of care for the ICF/PMI; (II, III)

b. Thirty days before addition, alteration, or new construction is begun in the ICF/PMI or on the premises; (III)

c. Thirty days before the ICF/PMI closes; (III)

d. Within two weeks of any change of administrator; (II, III) and

e. Within 30 days when any change in the category of license is sought. (III)

65.6(2) Prior to the purchase, transfer, assignment, or lease of an ICF/PMI the licensee shall:

a. Inform the department in writing of the pending sale, transfer, assignment, or lease of the facility; (III)

b. Inform the department in writing of the name and address of the prospective purchaser, transferee, assignee or lessee at least 30 days before the sale, transfer, assignment or lease is completed; (III) and

c. Submit a written authorization to the department permitting the department to release information of whatever kind from the department's files concerning the licensee's ICF/PMI to the named prospective purchaser, transferee, assignee or lessee. (III)

65.6(3) After the authorization has been submitted to the department, the department shall upon request send or give copies of all recent licensure surveys and any other pertinent information relating to the facility's licensure status to the prospective purchaser, transferee, assignee or lessee. Costs for copies requested shall be paid by the prospective purchaser, transferee, assignee or lessee. No information personally identifying any resident shall be provided to the prospective purchaser, transferee, assignee or lessee. (II, III)

This rule is intended to implement Iowa Code sections 135C.6(3) and 135C.16(2).

481—65.7(135C) Administrator. Each ICF/PMI shall have one person in charge, duly approved by the department or acting in a provisional capacity in accordance with these regulations. (II, III)

65.7(1) The administrator shall be at least 21 years of age and shall meet at least one of the following conditions:

a. Be licensed in Iowa as a nursing home administrator, or certified as a residential care administrator. No residential care facility administrator certified under a waiver from the department shall administrate an intermediate care facility for persons with mental illness. The administrator must have at least two years' experience in direct care or supervision of people with mental illness and at least one year of experience in an administrative capacity; (II, III) or

b. Be a qualified mental health professional (QMHP) with at least one year of experience in an administrative capacity. (II, III)

If an ICF/PMI is a distinct part of a licensed health care facility, the administrator of the facility as a whole may serve as the administrator of the ICF/PMI without meeting the requirements of subrule 65.7(1), paragraph *"a"* or *"b."* When this occurs, the person in charge of the ICF/PMI distinct part shall meet the requirements of subrule 65.7(1), paragraph *"a"* or *"b."* (II, III)

65.7(2) The administrator of more than one facility shall be responsible for no more than 150 beds in total. (II, III)

a. The distance between the two farthest facilities shall be no greater than 50 miles. (II, III)

b. An administrator of more than one facility must designate an administrative staff person in each facility who shall be responsible for directing programs in the facility during the administrator's absence. (II, III)

65.7(3) The administrative staff person shall be designated in writing and immediately available to the facility on a 24-hour basis when the administrator is absent and residents are in the facility. (II, III)

The person(s) designated shall:

a. Have at least two years' experience or training in a supervisory or direct care position in a mental health setting; (II, III)

b. Be knowledgeable of the operation of the facility; (II, III)

c. Have access to records concerned with the operation of the facility; (II, III)

d. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (II, III)

e. Be at least 21 years of age; (III)

f. Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety and welfare of the residents; (II, III) and

g. Have training to carry out assignments and take care of emergencies and sudden illnesses of residents. (II, III)

65.7(4) If an administrator serves more than one facility, a written plan shall be developed, implemented and available for review by the department designating regular and specific times the administrator will be available to meet with the staff and residents to provide direction and supervision of resident care and services. (II, III)

65.7(5) When a facility has been unable to replace the administrator, through no fault of its own, a provisional administrator meeting the qualifications of the administrative staff person may be appointed on a temporary basis by the licensee to assume the administrative responsibilities for the facility. This person shall not serve more than three months without approval from the department. The department must be notified before the appointment of the provisional administrator. (III)

65.7(6) A facility applying for initial licensing shall not have a provisional administrator. (III)

This rule is intended to implement Iowa Code section 135C.14(2).

481—65.8(135C) Administration.

65.8(1) The licensee shall:

a. Be responsible for the overall operation of the ICF/PMI; (III)

b. Be responsible for compliance with all applicable laws and with the rules of the department; (II, III)

c. Establish written policies, which shall be available for review by the department or other agencies designated by Iowa Code section 135C.16(3), for the operation of the ICF/PMI including, but not limited to: (III)

(1) Personnel; (III)
(2) Admission; (III)
(3) Evaluation services; (II, III)
(4) Programming and individual program plan; (II, III)
(5) Crisis intervention; (II, III)
(6) Discharge or transfer; (III)
(7) Medication management; (II)
(8) Resident property; (II, III)
(9) Financial affairs; (II, III)
(10) Records; (III)
(11) Health and safety; (II, III)
(12) Nutrition; (III)
(13) Physical facilities and maintenance; (III)

(14) Resident rights; (II, III) and

d. Furnish statistical information concerning the operation of the facility to the department within 30 days of request. (III)

65.8(2) The administrator shall be responsible for the implementation of procedures to support the policies established by the licensee. (III)

This rule is intended to implement Iowa Code section 135C.14.

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14]

481—65.9(135C) Personnel.

65.9(1) The personnel policies and procedures shall include the following requirements:

a. Written job descriptions for all employees or agreements for all consultants, which include duties and responsibilities, education, experience, or other requirements, and supervisory relationships; (III)

b. Annual performance evaluations of all employees and consultants which are dated and signed by the employee or consultant and the supervisor; (III)

c. Personnel records which are current, accurate, complete and confidential to the extent allowed by law. The record shall contain documentation of how the employee's or consultant's education and experience are relevant to the position for which they were hired; (III)

d. Roles, responsibilities, and limitation of student interns and volunteers; (III)

e. An orientation program for all newly hired employees and consultants which includes introduction to facility personnel policies and procedures and a discussion of the safety plan. Subparagraphs 65.9(1)*"f"* (3), (5) and (9) shall be included; (II, III)

f. A plan for a continuing education program with a minimum of 12 in-service programs per year. There shall be a written, individualized staff development plan implemented for each employee. The plan shall take into consideration the duties of the employee and the needs of the facility identified in the résumé of care. The plan shall ensure that each employee has the opportunity to develop and enhance skills and to broaden and increase knowledge needed to provide effective resident care including, but not limited to:

(1) First aid; (II, III)

(2) Human needs and behavior; (II, III)

(3) Problems and needs of persons with mental illness; for example, diagnosis and treatment, suicide assessment and prevention; (II, III)

(4) Medication; (II, III)

(5) Crisis intervention; for example, use of restraints and seclusion; (II)

(6) Delivery of services in accordance with the principles of normalization; (III)

(7) Infection control and wellness; (III)

(8) Fire safety, disaster, and tornado preparation; (II, III) and

(9) Resident rights. (II, III)

g. Equal opportunity and affirmative action employment practices; (III)

h. Procedures to be used when disciplining an employee; (III) and

i. Appropriate dress and personal hygiene for staff and residents. (III)

65.9(2) There shall be written personnel policies for each facility. Personnel policies shall include the following requirements:

a. Employees shall have a physical examination before employment and at least every four years after beginning employment. (III)

b. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59. (I, II, III)

c. No one shall provide services in a facility if the person has a disease:

(1) Which is transmissible through required workplace contact; (I, II, III)

(2) Which presents a significant risk of infecting others; (I, II, III)

(3) Which presents a substantial possibility of harming others; (I, II, III)

(4) For which no reasonable accommodation can eliminate the risk. (I, II, III)

Refer to Guideline for Infection Control in Hospital Personnel, 1998, Centers for Disease Control, U.S. Department of Health and Human Services, to determine (1), (2), (3) and (4).

d. There shall be written policies for emergency medical care for employees in case of sudden illness or accident. These policies shall include the administrative individuals to be contacted. (III)

e. Health certificates for all employees shall be available for review by the department. (III)

65.9(3) Staffing. The facility shall establish, subject to approval of the department, the numbers and qualifications of the staff required in an ICF/PMI using as its criteria the services being offered as indicated on the résumé of care and as required for implementation of individual program plans. (II, III)

a. Direct care staff. Direct care staff shall be present in the facility unless all residents are involved in activities away from the facility. The policies and procedures shall provide for an on-call staff person to be available when residents and staff are absent from the facility. (II, III)

(1) The on-call staff person shall be designated in writing. (II, III)

(2) Residents or another responsible person shall be informed of how to contact the on-call person. (II, III)

The staffing plan shall ensure that at least one qualified direct care staff person is on duty to carry out and implement the individual program plans. (II, III)

b. Qualified mental health professional. The ICF/PMI shall, by direct employment or contract, provide for sufficient services of a qualified mental health professional to attain or maintain the highest practicable mental and psychosocial well-being of each resident. Attainment shall be determined by resident assessment and individual plans of care. (I, II, III) Responsibilities of the QMHP shall include, but not be limited to:

(1) Approval of each resident's individual program plan; (II, III)

(2) Monitoring the implementation of each resident's individual program plan, including periodic personal contact; (II, III) and

(3) Participation on each resident's interdisciplinary team. (II, III)

c. Nursing staff. Each facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practical physical, mental and psychosocial well-being of each resident. Attainment shall be determined by resident assessments and individual plans of care.

(1) The director of nursing (DON) shall be a registered nurse who is employed by the facility at least 40 hours per week. This person shall have two years' experience in direct care or supervision of people with mental illness. (II, III)

(2) The facility shall provide 24-hour service by licensed nurses, including at least one registered nurse on the day tour of duty, seven days a week. (II, III)

(3) If the DON has other institutional responsibilities, a qualified registered nurse shall serve as the DON's assistant so there is the equivalent of a full-time nursing supervisor on duty. (II, III)

(4) The department shall establish, on an individual facility basis, the numbers and qualifications of the staff required in the facility using as its criteria the services being offered as indicated on the résumé of care and as required for implementation of individual program plans. (II, III)

(5) The DON shall not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. (II, III)

(6) A waivered licensed practical nurse shall not be allowed as a charge nurse on any shift. (II, III)

(7) There shall be at least two people capable of rendering nursing service awake, dressed, and on duty at all times. (II, III)

d. Activity staff. Each ICF/PMI shall employ a recreational therapist, occupational therapist or activity coordinator to direct the activity program both inside and outside the facility in accordance with each resident's individual program plan. (III)

Staff for the activity program shall be based on the needs of the residents being served as identified on the IPP. (III)

(1) The activity program director shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. (III)

(2) Personnel coverage shall be provided when the activity program director is absent during scheduled activities. (III)

(3) The activity program director shall have access to all information about residents necessary to carry out the program. (III)

e. Responsibilities of the activity program director shall include:

(1) Coordinating all activities, including volunteer or auxiliary activities and religious services; (III)

(2) Ensuring that all records required are kept; (III)

(3) Coordinating the activity program with all other services in the facility; (III) and

(4) Participating in the in-service training program in the facility. This shall include attending as well as presenting sessions. (III)

65.9(4) Personnel record.

a. A personnel record shall be kept for each employee. (III)

b. The record shall include the employee's:

(1) Name and address, (III)

(2) Social security number, (III)

(3) Date of birth, (III)

(4) Date of employment, (III)

(5) References, (III)

(6) Position in the facility, (III)

(7) Job description, (III)

(8) Documentation of experience and education, (III)

(9) Staff development plan, (III)

(10) Annual performance evaluation, (II, III)

(11) Documentation of disciplinary action, (II, III)

(12) Date and reason for discharge or resignation, (III) and

(13) Current physical examination. (III)

65.9(5) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I, II, III)

This rule is intended to implement Iowa Code sections 135C.14(2) and 135C.14(6).

[**ARC 0663C**, IAB 4/3/13, effective 5/8/13; **ARC 0903C**, IAB 8/7/13, effective 9/11/13; **ARC 1205C**, IAB 12/11/13, effective 1/15/14]

481—65.10(135C) General admission policies. There shall be admission policies which address the following:

1. No resident shall be admitted or retained who is in need of greater services than the facility can provide. (II, III)

2. Residents shall be admitted only on a written order signed by a physician. (II, III)

3. A preplacement visit shall be completed prior to admission, except in case of an emergency admission or readmission, to familiarize the applicant with the facility and services offered. The policies and procedures may allow for waiving the requirement at the request of a person seeking admission when the completion of the visit would create a hardship for the person seeking admission. If the distance to be traveled makes it impossible to complete the visit in an eight-hour day, this may be considered to create a hardship. (III)

4. Prior to admission of an applicant, the facility shall obtain sufficient information to determine if its program is appropriate and adequate to meet the person's needs. (III)

5. Admission criteria shall include, but not be limited to, age, sex, current diagnosis from an American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, substance abuse, dual diagnosis and criteria that are consistent with the résumé of care. (III)

6. Each facility shall maintain a waiting list with selection priorities identified. (III)

7. No ICF/PMI may admit more residents than the number of beds for which it is licensed. (II, III)

8. There shall be a written, organized orientation program for all residents which shall be planned and implemented to resolve or reduce personal, family, business, and emotional problems that may interfere with the health care, recovery, and rehabilitation of the individual and which shall be available for review by the department. (III)

9. Infants and children under the age of 18 shall not be admitted as residents to an ICF/PMI for adults unless given prior written approval by the department. A distinct part of an ICF/PMI, segregated from the adult section, may be established based on a résumé of care submitted by the licensee or applicant which is commensurate with the needs of the residents of the health care facility and has received the department's review and approval. (III)

10. Within 30 days of a resident's admission to a health care facility receiving reimbursement through the medical assistance program under Iowa Code chapter 249A, the facility shall ask the resident or the resident's personal representative whether the resident is a veteran and shall document the response. If the facility determines that the resident is a potential veteran, the facility shall report the resident's name along with the names of the resident's spouse and any dependent children, as well as the name of the contact person for this information, to the Iowa department of veterans affairs. Where appropriate, the facility may also report such information to the Iowa department of human services.

If a resident is eligible for benefits through the United States Department of Veterans Affairs or other third-party payor, the facility first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

The provisions of this paragraph shall not apply to the admission of an individual as a resident to a state mental health institute for acute psychiatric care. (II, III)

This rule is intended to implement Iowa Code sections 135C.3 and 135C.23.

481—65.11(135C) Evaluation services. Each resident admitted shall have a physical examination and tuberculin test no more than 30 days before admission and a physical examination annually after that. Each annual examination shall be sufficient to ensure the resident has no physical condition which precludes living in the facility. If the resident is admitted directly from a hospital, a copy of the hospital admission physical and discharge summary may meet this requirement. (II, III)

65.11(1) In addition to the required initial physical examination, each resident shall be evaluated to identify physical health, current level of functioning and the need for services. This evaluation shall be completed within 30 days of admission and annually after that. Information from other sources may be used in the evaluation if the information meets the requirements of subrules 65.11(2) and 65.11(3). (II, III)

65.11(2) The portion of the evaluation which describes the resident's physical health shall:

a. Identify current illnesses and disabilities and include recommendations for physical and physiological treatment and services; (II, III)

b. Include a description of the resident's ability for health maintenance; (II)

c. Include a mental status examination and history of mental health and treatments; (II, III) and

d. Be performed by a physician with a valid license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in Iowa. If the evaluation is not conducted in Iowa, it must be by a physician who holds a current license in the state in which the examination is performed. If the doctor is not a psychiatrist, a psychiatrist or health service provider in psychology licensed under Iowa Code section 154B.7 shall be consulted regarding the results of the mental status examination. (II, III)

65.11(3) The portion of the evaluation which describes the resident's current functioning level and need for services shall:

a. Identify the functioning level and need for services in self-care, community living skills, psychotherapeutic treatment, vocational skills, and academic skills as appropriate; (II, III)

b. Contain sufficient detail about skills and needs to determine appropriate placement; (II, III)

c. Be made without regard to the availability of services; (III) and

d. Be performed by a QMHP, consulting with an interdisciplinary team. (III)

65.11(4) Results of all evaluations shall be in writing and maintained in resident records. After the initial evaluation, all subsequent evaluations shall contain sufficient detail to determine changes in the resident's physical and mental health, skills, and need for services. (II, III)

65.11(5) A narrative social history shall be completed for each resident within 30 days of admission. The social history shall be completed and approved by the qualified mental health professional before the IPP is developed. (III)

a. When a social history is secured from another provider, the information shall be reviewed within 30 days of admission. The date of the review and a summary of significant changes in the information shall be entered in the resident's record. The social worker who reviews the history shall sign it. (III)

b. An annual review of the social history information shall be incorporated in the individual program plan progress notes. (III)

c. The social history shall address at least the following areas:

(1) Referral source and reason for admission; (II, III)

(2) Legal status; (II, III)

(3) Previous living arrangements; (III)

(4) Services received previously and current service involvements; (II, III)

(5) Significant medical and mental health conditions including at least illnesses, hospitalizations, past and current drug therapy, and special diets; (II, III)

(6) Substance abuse history; (II, III)

(7) Work history; (III)

(8) Education history; (II)

(9) Relationship with family, significant others, and other support systems; (III)

(10) Cultural, ethnic and religious background; (II, III)

(11) Hobbies and leisure time activities; (III)

(12) Likes, dislikes, habits, and patterns of behavior; (II, III)

(13) History of aggressive or suicidal behavior; (I, II, III) and

(14) Impressions and recommendations. (II, III)

This rule is intended to implement Iowa Code section 135C.14(7).

481—65.12(135C) Individual program plan (IPP). An initial program plan shall be developed within 24 hours of admission. This plan shall be based on information gained from the resident, family, physician or referring facility. Services to be provided shall be addressed. Intervention to be provided, if and when the need arises, shall also be addressed in the IPP. The plan shall be followed until the IPP required in subrule 65.12(1) is complete. The initial plan shall be completed by a registered nurse, a qualified social worker or a QMHP. (II, III)

65.12(1) An individual program plan for each resident shall be developed by an interdisciplinary team. The resident or the resident's legal guardian has the ultimate authority to accept or reject the plan unless otherwise determined by the court. The IPP shall be approved and have implementation monitored by the QMHP. (II, III)

a. The IPP shall be based on the individual service plan of the referring agency, if available, the information contained in the social history, the need for services identified in the evaluation, and any other pertinent information. (III)

b. The facility shall assist the resident in obtaining access to academic services, community living skills training, legal services, self-care training, support services, transportation, treatment, and vocational education as needed. These services may be provided by the facility or obtained from other providers. (III)

c. Services to the resident shall be provided in the least restrictive environment and shall incorporate the principle of normalization. (III)

d. If needed services are not available and accessible, the facility shall document the actions taken to locate and obtain those services. The documentation shall identify needs which will not be met because of the lack of available services. (III)

e. The IPP shall be developed within 30 days following admission to the facility and renewed at least annually. (II, III)

f. The IPP shall be written, dated, signed by the interdisciplinary team members, and maintained in the resident's record. (III)

g. Written notice of the meeting to develop an IPP shall be mailed or delivered to everyone included in the interdisciplinary team conference at least two weeks before the scheduled meeting. (III)

65.12(2) The IPP shall include the following:

a. Goals, (III)

b. Objectives, (III)

c. Specific services to be provided, (III)

d. People or agency responsible for providing services, (III)

e. Beginning date, (III) and

f. Anticipated duration of services. (III)

65.12(3) The IPP shall set out the procedure to be used to evaluate whether objectives are achieved. This procedure shall incorporate a process for ongoing review and revision. (III)

65.12(4) The interdisciplinary team shall review the IPP at a team meeting at least quarterly and when the resident's condition changes. (II, III)

a. The interdisciplinary team shall develop a written report which addresses:

(1) The resident's progress toward objectives; (II, III)

(2) The need for continued services; (II, III)

(3) Recommendations concerning alternative services or living arrangements; (II, III) and

(4) Any recommended change in guardianship, conservatorship or commitment status. (II, III)

b. The report shall reflect those involved in the review, the date of the review, and be maintained in the resident's record. (III)

65.12(5) There shall be procedures for recording the activities of each service provider and a mechanism to coordinate the activities of all service providers. Resident response to all activities shall be recorded. (III)

a. Staff shall create a record at the time of a service required by the IPP. If this is not possible, the record shall be written no more than seven days later. (III)

b. When the services are provided more than once a week, staff may make a monthly summarized entry in the resident's record. (III)

c. Entries shall be dated and signed by the person who provides the service. (III)

d. Entries shall be made when incidents occur. (III)

e. Entries shall be written in terms of behavioral observations and specific activities. Entries that involve subjective interpretations of a resident's behavior or progress shall be clearly identified and shall be supplemented with descriptions of behavior upon which the interpretation was based. (III)

This rule is intended to implement Iowa Code section 135C.14.

481—65.13(135C) Activity program. Each ICF/PMI shall have an organized activity program which is directed by a person qualified as required by 65.9(3)*"d."*

65.13(1) An activity program plan for the facility shall be based on needs identified in IPPs and on other interests expressed by residents. The activity program shall include leisure time management. (III)

65.13(2) Activities shall be offered at least daily during the daytime hours if residents are present, twice weekly in the evening and twice on the weekend. (III)

65.13(3) Activities offered shall be varied and shall be planned for individuals, small groups or large groups. (III)

65.13(4) Monthly calendars shall be prepared in advance and shall be kept for review by the department. Substitutions and cancellations shall be noted. (III)

65.13(5) Activities department personnel shall coordinate programs with other facility personnel. (III)

481—65.14(135C) Crisis intervention. There shall be written policies and procedures concerning crisis intervention. (II) These policies and procedures shall be:

1. Directed to maximizing the growth and development of the individual by incorporating a hierarchy of available alternative methods that emphasize positive approaches; (II, III)
2. Available in each program area and living unit; (II, III)
3. Available to individuals and their families; (II, III) and
4. Developed with the participation, as appropriate, of individuals served. (II, III)

65.14(1) Corporal punishment, physical abuse, and verbal abuse, for example, shouting, screaming, swearing, name calling, or any other activity which might damage an individual's self-respect shall be prohibited. All residents shall be treated with fairness and respect as required by rule 481—65.25(135C). (II)

65.14(2) Medication shall not be used as punishment, for the convenience of staff, or as a substitute for a program. Direct care staff shall monitor residents on medication and notify the physician if a resident is too sedated to participate in the IPP. (I, II)

481—65.15(135C) Restraint or seclusion. Physician's orders are required to use any kind of mechanical restraints or seclusion. (I, II, III) Restraints are defined as the following:

1. Type I is physical restraint which uses equipment to promote the safety of the individual. It is not applied directly to a person. Examples: divided doors and side rails.
2. Type II is mechanical restraint applied to someone's body. A device is applied to the body to promote safety of the individual. Examples: vests or soft tie devices, hand socks, geriatric chairs.
3. Type III is mechanical restraint applied to any part of the body which inhibits only the movement of that part of the body. Examples: wrist, ankle or leg restraints and waist straps.

65.15(1) Temporary restraint of residents shall be used only to prevent injury to the resident or to others. (I, II)

65.15(2) Temporary seclusion may be used:

a. To prevent injury to the resident or to others; (I, II)

b. To prevent serious disruption to the treatment program of other residents; (I, II)

c. To decrease stimulation which contributes to psychotic behavior; (I, II) and

d. When other interventions have failed. (I, II)

Restraint and seclusion shall not be used for punishment, for the convenience of staff, or as a substitution for supervision of program. Seclusion shall be used only in a department approved seclusion room. (I, II)

65.15(3) Restraints shall be stored in an area easily accessible to staff. (I, II, III) Type II and Type III restraints shall be specifically designed, manufactured, and customarily used to restrain individuals hospitalized in licensed psychiatric hospitals. Metal and plastic handcuffs, rope and makeshift devices are prohibited. (I, II)

65.15(4) Under no circumstances shall a resident be allowed to participate in the restraint of another resident. (I, II)

65.15(5) There shall be written policies that address the basic assumption and philosophy that govern the use of seclusion and physical and mechanical restraint. These shall:

a. Define the uses of seclusion and mechanical restraints; (III)

b. Designate staff who may authorize its use; (III)

c. Identify procedures to follow when implementing the policy which shall include provisions to ensure privacy and safety for restrained residents; (III) and

d. A written plan for treatment following the use of restraint or seclusion.

65.15(6) The physician and QMHP shall be notified immediately of the resident's need for placement in restraint or seclusion. An order for restraint or seclusion identifying the type, purpose and duration of use shall be obtained from the physician. If the resident is in seclusion longer than four hours, the physician and qualified mental health professional shall visit and evaluate the resident before the seclusion order is continued. If the resident is in restraint for two hours, the physician shall be called before the restraint order can be continued. If the resident is in restraint longer than four hours, the physician and QMHP shall visit and evaluate the resident before a restraint order is continued. Standing or PRN orders for seclusion or restraint are prohibited. (I, II)

65.15(7) If a resident is restrained with Type II or Type III restraints for 6 hours or secluded for 12 hours in a 24-hour period; or if the resident is secluded or restrained with Type II or Type III restraints for any amount of time in three consecutive 24-hour periods, the physician and QMHP shall visit the resident and assess the resident's need for a higher level of care. If the need for restraint or seclusion continues, the resident shall be transferred to an acute level of care. (I, II)

65.15(8) During any period of mechanical restraint or seclusion, the facility shall provide for the emotional and physical needs of the resident. (I, II)

65.15(9) The resident shall be informed of the reason for seclusion and restraint and conditions for release. The resident's guardian shall be notified when Type II or Type III restraints or seclusion is used.

The facility shall also notify the resident's family or other significant person if the resident has previously signed a form granting consent to do so. (I, II, III)

65.15(10) Each resident's record shall contain all information about restraints or seclusion. The administrator shall maintain a daily record of seclusion use. This record shall be available for review by the department. (II, III)

Documentation of each incident of restraint or seclusion shall include at least:

a. Clinical assessment before the resident is secluded or restrained; (I, II)

b. Circumstances that led to seclusion or restraint; (I, II)

c. Explanation of less restrictive measures used before restraint or seclusion; (I, II)

d. Physician's order; (I, II)

e. Visual observation of the resident every 15 minutes, or more frequently if needed, to monitor general well-being including respirations, circulation, positioning and alertness as indicated; (I, II)

f. Description of the resident's activity at the time of observation to include verbal exchange and behavior; (I, II)

g. Description of safety procedures taken (removal of dangerous objects, etc.); (I, II)

h. Vital signs, including blood pressure, pulse and respiration unless contraindicated by resident behavior and reasons documented; (I, II)

i. Release of each mechanical restraint and exercise and massage every two hours; (I, II, III)

j. Record of intake of food and fluid; (I, II, III)

k. Use of toilet; (II, III) and

l. Number of hours and minutes in seclusion. (II, III)

65.15(11) The facility shall educate staff on restraint and seclusion theory and techniques. The training shall be conducted by people with experience and documented education in the appropriate use of restraint and seclusion. (II, III)

a. The facility shall keep a record of the training for review by the department and shall include attendance. (II, III)

b. Only staff who have documented training in restraint and seclusion theory and techniques shall be authorized to assist with seclusion or restraint of a resident. (I, II, III)

65.15(12) The facility shall maintain a record of the hours and minutes of each type of restraint and seclusion used on a monthly basis.

481—65.16(135C) Discharge or transfer. Procedures for the discharge or transfer of the resident shall be established and followed. (II, III)

65.16(1) *Discharge plan.* The decision to discharge a person and the plan for doing so shall be established through the participation of the resident, members of the interdisciplinary team and other resource personnel as appropriate for the welfare of the individual. (II, III)

a. Discharge planning shall begin within 30 days of admission and be carried out in accordance with the IPP. (II, III)

b. As changes occur in a resident's physical or mental condition necessitating services or care which cannot be adequately provided by the facility, the resident shall be transferred promptly to another appropriate facility pursuant to subrule 65.10(1). (II, III)

c. Notification shall be made to the next of kin, legal representative, attending physician, and sponsoring agency, if any, prior to transfer or discharge of any resident. (III)

d. Proper arrangements shall be made for the welfare of the resident prior to the transfer or discharge in the event of an emergency or inability to reach the next of kin or legal representative. (III)

e. The licensee shall not refuse to discharge or transfer a resident when directed by the physician, resident, legal representative, or court. (II, III)

f. Advanced notification by telephone shall be made to the receiving facility prior to the transfer of any resident. (III)

g. When a resident is transferred or discharged, the current evaluation and treatment plan and progress notes for the last 30 days, as set forth in these rules, shall accompany the resident. (II, III)

h. Prior to the transfer or discharge of a resident to another health care facility, arrangements to provide for continuity of care shall be made with the facility to which the resident is being sent. (II, III)

i. A discharge or transfer authorization and summary shall be prepared for each resident who has been discharged or transferred from the facility. It shall be disseminated to appropriate persons to ensure continuity of care and in accordance with the requirements to ensure confidentiality. (II, III)

j. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility, and not as an intrafacility transfer. (II, III)

65.16(2) *Intrafacility transfer.* Residents shall not be arbitrarily moved from room to room within a health care facility. (II, III)

a. Involuntary relocation may occur only to implement goals and objectives in the IPP and in the following situations:

(1) Incompatibility with or behavior disturbing to roommates, as documented in the residents' records; (I, II)

(2) To allow a new admission to the facility which would otherwise not be possible due to separation of roommates by sex; (II, III)

(3) Reasonable and necessary administrative decisions regarding the use and functioning of the building. (II, III)

b. Unreasonable and unjustified reasons for changing a resident's room without the concurrence of the resident or legal guardian include:

(1) Punishment or behavior modification; (II) and

(2) Discrimination on the basis of race or religion. (II, III)

c. If intrafacility relocation is necessary for reasons outlined in paragraph *"a,"* the resident shall be notified at least 48 hours prior to the transfer and the reason shall be explained. The legal guardian shall be notified as soon as possible. The notification shall be documented in the resident's record and signed by the resident or legal guardian within seven days unless documentation indicates that it was not possible to contact the legal guardian or obtain their signature. (II, III)

d. If emergency relocation is required to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family and legal guardian shall be notified immediately, or as soon as possible, of the condition requiring emergency relocation, and the notification shall be documented. (II, III)

e. A transfer to a part of a facility that has a different license must be handled the same way as a transfer to another facility and not as an intrafacility transfer. (II, III)

65.16(3) *Involuntary discharge or transfer permitted.* A facility may involuntarily discharge or transfer a resident for only one of the following reasons:

a. Medical reasons, based on the resident's needs and determined and documented in the resident's record by the primary care provider;

b. The resident's social, emotional or physical well-being or that of other residents, as documented by the administrator or designee with specific information to support the determination that the resident's continued presence in the facility would adversely affect the resident's own well-being or that of other residents;

c. Due to action pursuant to Iowa Code chapter 229; or

d. Nonpayment for the resident's stay, as described in the admission agreement for the resident's stay. (I, II, III)

65.16(4) *Involuntary transfer or discharge—written notice.* Involuntary transfer or discharge of a resident from a facility shall be preceded by a written notice to the resident or the resident's legal representative. (II, III)

a. The notice shall contain all of the following information:

(1) The stated reason for the proposed transfer or discharge. (II)

(2) The effective date of the proposed transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads as follows:

> You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at

the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request and you will not be transferred before a final decision is rendered. In emergency circumstances, provision may be made for extension of the 14-day requirement upon request to the department designee. If you lose the hearing, you will not be transferred before the expiration date of either (1) 30 days following your receipt of the original notice of the discharge or transfer, or (2) no sooner than 5 days following final decision of such hearing, including the exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115 or you may write to the department to the attention of: Administrator, Division of Health Facilities, Iowa Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319. (II)

b. The notice shall be personally delivered to the resident, and a copy shall be placed in the resident's record. A copy shall also be transmitted to the department, the resident's legal representative, primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent. (II)

c. The notice required by paragraph 65.16(4)*"a"* shall be provided at least 30 days in advance of the proposed transfer or discharge unless one of the following occurs:

(1) An emergency transfer or discharge is mandated by the resident's health care needs and is in accordance with the written orders and medical justification of the primary care provider. Emergency transfers or discharges may also be mandated in order to protect the health, safety, or well-being of other residents and staff. (II)

(2) The transfer or discharge is subsequently agreed to by the resident or the resident's legal representative, and notification is given to the legal representative, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

d. A hearing requested pursuant to this subrule shall be held in accordance with subrule 65.16(6).

65.16(5) *Involuntary transfer or discharge—emergency transfer or discharge.* In the case of an emergency transfer or discharge, the resident must be given a written notice prior to or within 48 hours following the transfer or discharge. (II, III)

a. A copy of this notice must be placed in the resident's file. The notice must contain all of the following information:

(1) The stated reason for the transfer or discharge. (II)

(2) The effective date of the transfer or discharge. (II)

(3) A statement, in not less than 12-point type, that reads:

You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as "department") within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department's receipt of your request. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083. (II)

b. The notice shall be personally delivered to the resident, and a copy shall be placed in the resident's record. A copy shall also be transmitted to the department, the resident's legal representative, the resident's primary care provider, and the person or agency responsible for the resident's placement, maintenance, and

care in the facility. The notice shall indicate that copies have been transmitted to the required parties by using the abbreviation "cc:" and listing the names of all parties to whom copies were sent.

c. A hearing requested pursuant to this subrule shall be held in accordance with subrule 65.16(6).

65.16(6) *Involuntary transfer or discharge—hearing.*

a. Request for hearing.

(1) The resident must request a hearing within 7 days of receiving written notice.

(2) The request must be made to the department, either in writing or verbally.

b. The hearing shall be held no later than 14 days after the department's receipt of the request unless either party requests an extension due to emergency circumstances.

c. Except in the case of an emergency discharge or transfer, a request for a hearing shall stay a transfer or discharge pending a final decision, including the exhaustion of all appeals. (II)

d. The hearing shall be heard by a department of inspections and appeals administrative law judge pursuant to Iowa Code chapter 17A and 7—Chapter 2506. The hearing shall be public unless the resident or representative requests in writing that the hearing be closed. In a determination as to whether a transfer or discharge is authorized, the burden of proof by a preponderance of evidence rests on the party requesting the transfer or discharge.

e. Notice of the date, time, and place of the hearing shall be sent by certified mail or delivered in person to the facility, the resident and the resident's legal representative not later than five full business days after the department's receipt of the request. The notice shall also inform the facility and the resident or the resident's legal representative that they have a right to appear at the hearing in person or be represented by an attorney or other individual. The appeal shall be dismissed if neither party is present or represented at the hearing. If only one party appears or is represented, the hearing shall proceed with one party present.

f. The administrative law judge's written decision shall be sent by certified mail to the facility, resident, and resident's legal representative within 10 working days after the hearing has been concluded.

65.16(7) *Nonpayment.* If nonpayment is the basis for involuntary transfer or discharge, the resident shall have the right to make full payment up to the date that the discharge or transfer is to be made and then shall have the right to remain in the facility. (II)

65.16(8) *Discussion of involuntary transfer or discharge.* Within 48 hours after notice of involuntary transfer or discharge has been received by the resident, the facility shall discuss the involuntary transfer or discharge with the resident, the resident's legal representative, and the person or agency responsible for the resident's placement, maintenance, and care in the facility. (II)

a. The facility administrator or other appropriate facility representative serving as the administrator's designee shall provide an explanation and discussion of the reasons for the resident's involuntary transfer or discharge. (II)

b. The content of the explanation and discussion shall be summarized in writing, shall include the names of the individuals involved in the discussion, and shall be made part of the resident's record. (II)

c. The provisions of this subrule do not apply if the involuntary transfer or discharge has already occurred pursuant to subrule 65.16(6) and emergency notice is provided within 48 hours.

65.16(9) *Involuntary discharge or transfer—transfer or discharge planning.*

a. The facility shall develop a plan to provide for the orderly and safe transfer or discharge of each resident to be transferred or discharged. (II)

b. To minimize the possible adverse effects of the involuntary transfer, the resident shall receive counseling services by the sending facility before the involuntary transfer and by the receiving facility after the involuntary transfer. Counseling shall be documented in the resident's record. (II)

c. The counseling requirement in paragraph 65.16(9)*"b"* does not apply if the discharge has already occurred pursuant to subrule 65.16(5) and emergency notice is provided within 48 hours.

d. Counseling, if required, shall be provided by a licensed mental health professional as defined in Iowa Code section 228.1(6). (II)

e. The health care facility that receives a resident who has been involuntarily transferred shall immediately formulate and implement a plan of care which takes into account possible adverse effects the transfer may cause. (II)

65.16(10) *Transfer upon revocation of license or voluntary closure.* Residents shall not have the right to a hearing to contest an involuntary discharge or transfer resulting from the revocation of the facility's license by the department of inspections and appeals. In the case of the voluntary closure of a facility, a period of 30 days must be allowed for an orderly transfer of residents to other facilities.

This rule is intended to implement Iowa Code section 135C.14(8).

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14; **ARC 1752C**, IAB 12/10/14, effective 1/14/15; **ARC 3523C**, IAB 12/20/17, effective 1/24/18; Editorial change: IAC Supplement 8/5/26]

481—65.17(135C) Medication management. Medications shall be prescribed on an individual basis by a person who is authorized by Iowa law to prescribe. (I, II)

1. Medication orders shall be correctly implemented by qualified personnel. (II)
2. Qualified staff shall ensure that residents are able to take their own medication. (I, II)
3. Each physician order allowing a resident to self-administer medications shall specify whether this self-medication shall be without supervision or under the supervision of qualified staff as defined in 65.17(2). (I, II)

65.17(1) A properly trained person shall be charged with the responsibility of administering nonparenteral medications.

a. The individual shall have knowledge of the purpose of the drugs, their dangers, and contraindications.

b. This person shall be a licensed nurse or physician or shall have successfully completed a department-approved medication aide course or passed a department-approved medication aide challenge examination administered by an area community college.

c. Prior to taking a department-approved medication aide course, the individual shall:

(1) Successfully complete an approved nurse aide course, nurse aide training and testing program or nurse aide competency examination.

(2) Be employed in the same facility for at least six consecutive months prior to the start of the medication aide course. This requirement is not subject to waiver.

(3) Have a letter of recommendation for admission to the medication aide course from the employing facility.

d. A person who is a nursing student or a graduate nurse may take the challenge examination in place of taking a medication aide course. This individual shall do all of the following before taking the medication aide challenge examination:

(1) Complete a clinical or nursing theory course within six months before taking the challenge examination;

(2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination;

(3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating the individual is competent in medication administration;

(4) Successfully complete a department-approved nurse aide competency evaluation.

e. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination.

The requirements of paragraph *"c"* of this subrule do not apply to this individual.

f. Unit dose medication shall remain in the identifiable unit dose package until given to the resident. (II)

g. Medications that are not contained in unit dose packaging shall be set up, identified by resident name and medication name, and administered by the same person. The medications shall be administered within one hour of preparation. (II)

h. The person administering medications must observe and check to make sure the resident swallows oral medications and must record the date, time, amount and name of each medication given. (II)

i. Injectable medications shall be administered as permitted by Iowa law by a qualified nurse, physician, pharmacist, or physician associate (PA). In the case of a resident who has been certified by the

resident's physician or physician associate (PA) as capable of taking the resident's own insulin, the resident may prepare and inject the resident's own insulin. (II)

j. Current and accurate records must be kept on the receipt and disposition of all Schedule II drugs. (II, III)

65.17(2) For each resident who is taking medication with or without supervision, there shall be documentation on the individual's record to include:

a. Name of resident; (II, III)

b. Name of drug, dose, and schedule; (II, III)

c. Method of administration; (II, III)

d. Identified drug allergies and observed adverse reactions; (I, II)

e. Special precautions for that resident; (I, II) and

f. Documentation of resident's continuing ability to administer own medication. (I, II)

65.17(3) Medication counseling shall be provided for all residents in accordance with the IPP on an ongoing basis and as part of discharge planning unless contraindicated in writing by the physician with reasons and pursuant to 65.12(2)*"c."* (II, III)

Each resident and when appropriate, a family member or other identified caregiver, shall be given verbal and written information about all medications the resident is currently using, including over-the-counter medications. A suggested reference is "USPDI, Advice for the Patient." (II, III)

The information shall include:

a. Name, reason for, and amount of medication to be taken; (II)

b. Time medication is to be taken and reason that the schedule was established; (II)

c. Possible benefits, risks and side effects of each medication, including over-the-counter medications; (II)

d. A list of resources in the community qualified to answer questions about medications; (II, III) and

e. A list of available resources or agencies which may assist the resident to obtain medication after discharge. (III)

65.17(4) Residents who have been certified in writing by the physician as capable of taking their own medications may retain these medications in a secure centralized location. Individual locked storage shall be utilized. (II, III)

a. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:

(1) Adequate size cabinet with lock which can be used for storage of drugs, solutions, and prescriptions. A locked drug cart may be used. (II, III)

(2) A bathroom shall not be used for drug storage. (II, III)

(3) The drug storage cabinet shall be kept locked when not in use. (II, III)

(4) The drug storage cabinet key shall be in the possession of the employee charged with the responsibility of administering medication. (II, III)

(5) Medications requiring refrigeration which are stored in a common refrigerator shall be kept in a locked box properly labeled, and separated from food and other items. (II, III)

(6) Drugs for external use shall be stored separately from drugs for internal use. External medications are those to be applied to the outside of the body and include, but are not limited to, salves, ointments, gels, paste, soaps, baths, and lotions. Internal medications are those to be applied inside the body or ingested and include, but are not limited to, oral and injectable medications, eye drops and ointments, ear drops and ointments, and suppositories. Also, eye drops and ear drops shall be separated from each other as well as from other internal and external medications. (II, III)

(7) All potent, poisonous, or caustic materials shall be stored in a separate room from the medications. (II, III)

(8) Inspection of the condition of stored drugs shall be made by the administrator and a licensed pharmacist not less than once every three months. The inspection shall be verified by a report signed by the administrator and the pharmacist and filed with the administrator. The report shall include, but need not be limited to, certifying absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current order, and drugs improperly stored. (III)

(9) Double-locked storage of Schedule II drugs shall not be required under single unit package drug distribution systems in which the quantity stored does not exceed a seven-day supply and a missing dose can be readily detected but must be kept in a locked medication cabinet. Quantities in excess of a seven-day supply must be double-locked. (II)

b. Bulk supplies of prescription drugs shall not be kept. (III)

65.17(5) All labels on medications must be legible. If labels are not legible, the medication shall be sent back to the dispenser as defined in Iowa Code section 147.107 for relabeling. (II, III)

a. The medication for each resident shall be kept or stored in the original dispensed containers. (II, III)

b. The facility shall adopt policies and procedures to destroy unused prescription drugs for residents who die. The policies and procedures shall include, but not be limited to, the following:

(1) Drugs shall be destroyed by the person in charge in the presence of the administrator or the administrator's designee or, if a unit dose system is used, the drugs shall be returned to the supplying pharmacist; (III)

(2) Notation of the destruction shall be made in the resident's chart, with signatures of the persons involved in the destruction; (III)

(3) The manner in which the drugs are disposed of shall be identified (i.e., incinerator, sewer, landfill). (II, III)

c. Reserved.

d. The facility shall also adopt policies and procedures for the disposal of controlled substances as defined by the Iowa board of pharmacy dispensed to residents whose administration has been discontinued by the prescriber. These policies and procedures shall include, but not be limited to, the following:

(1) Procedures for obtaining a release from the resident; (II, III)

(2) The manner in which the drugs were destroyed and by whom, including witnesses to the destruction; (II, III)

(3) Mechanisms for recording the destruction; (II, III)

(4) Procedures to be used when the resident or the conservator or guardian refuses to grant permission for destruction. (II, III)

e. The facility shall adopt policies and procedures for the disposal of unused, discontinued medication. The procedures shall include, but not be limited to:

(1) A specified time after which medication must be destroyed, sent back to the dispenser or placed in long-term storage; (II, III)

(2) Procedures for obtaining permission of the resident, or the conservator or guardian; (II, III)

(3) Procedures to be used when the resident, conservator or guardian refuses to grant permission for disposal; (II, III)

(4) Unused, discontinued medication shall be locked and shall be separate from current medication. (II, III)

f. Reserved.

g. Residents shall not keep any prescription or over-the-counter medication in their possession unless the resident has been determined to be capable of self-administration of medications. (I, II, III)

h. No prescription drugs shall be administered to a resident without a written order signed by a person qualified to prescribe the medication and renewed quarterly. (II)

i. Prescription drugs shall be reordered only with the permission of the attending prescriber. (II, III)

j. No medications prescribed for one resident may be administered to or allowed in the possession of another resident. (II)

65.17(6) Each facility shall establish policies and procedures to govern the administration of prescribed medications to residents on leave from the facility. (III)

a. Medication may be issued to residents who will be on leave from a facility for less than 24 hours. Non-child-resistant containers may be used. Each container may hold only one medication. A label on each container shall indicate the date, the resident's name, the facility, the medication, its strength, dose, and time of administration. (II, III)

b. Medication for residents on leave from a facility longer than 24 hours shall be obtained in accordance with requirements established by the Iowa board of pharmacy examiners. (II, III)

c. Medication distributed as described in this subrule may be issued only by facility personnel responsible for administering medication. (II, III)

65.17(7) Each ICF/PMI that administers controlled substances shall annually obtain a registration from the Iowa board of pharmacy examiners pursuant to Iowa Code section 204.302(1). (III)

This rule is intended to implement Iowa Code section 135C.14.

[**ARC 1050C**, IAB 10/2/13, effective 11/6/13; Editorial change: IAC Supplement 6/10/26]

481—65.18(135C) Resident property and personal affairs. The admission of a resident does not give the facility or any employee of the facility the right to manage, use, or dispose of any property of the resident except with the written authorization of the resident or the resident's legal guardian. (II, III)

65.18(1) The admission of a resident shall not grant the ICF/PMI the authority or responsibility to manage the personal affairs of the resident except as may be necessary for the resident's safety and for safe and orderly management of the facility as required by these rules and in accordance with the IPP. (III)

65.18(2) An ICF/PMI shall provide for the safekeeping of personal effects, funds, and other property of its residents. The facility may require that items of exceptional value or which would convey unreasonable responsibilities to the licensee be removed from the premises of the facility for safekeeping. (III)

65.18(3) Residents' funds held by the ICF/PMI shall be in a trust account and kept separate from funds of the facility. (III)

65.18(4) No administrator, employee or their representative shall act as guardian, trustee, or conservator for any resident or the resident's property, unless the resident is related to the person acting as guardian within the third degree of consanguinity. (III)

65.18(5) If a facility is a county care facility, upon the verified petition of the county board of supervisors, the district court may appoint, without fee, the administrator of a county care facility as conservator or guardian, or both, of a resident of such a county care facility. The administrator may establish either separate or common bank accounts for cash funds of these residents. (III)

This rule is intended to implement Iowa Code section 135C.24.

481—65.19(135C) Financial affairs. Residents who have not been assigned a guardian or conservator by the court may manage their personal financial affairs, and to the extent, under written authorization by the residents that the facility assists in management, the management shall be carried out in accordance with Iowa Code section 135C.24. (II)

65.19(1) *Written account of resident funds.* The facility shall maintain a written account of all residents' funds received by or deposited with the facility. (II)

a. An employee shall be designated in writing to be responsible for resident accounts. (II)

b. The facility shall keep on deposit personal funds over which the resident has control when requested by the resident. (II)

c. If the resident requests these funds, they shall be given to the resident with a receipt maintained by the facility and a copy to the resident. If a conservator or guardian has been appointed for the resident, the conservator or guardian shall designate the method of disbursing the resident's funds. (II)

d. If the facility makes a financial transaction on a resident's behalf, the resident or the resident's legal guardian or conservator must receive or acknowledge having seen an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement shall be maintained in the resident's financial or business record. (II)

65.19(2) *Contracts.* There shall be a written contract between the facility and each resident which meets the following requirements:

a. States the base rate or scale per day or per month, the services included, and the method of payment; (III)

b. Contains a complete schedule of all offered services for which a fee may be charged in addition to the base rate; (III)

c. Stipulates that no further additional fees shall be charged for items not contained in complete schedule of services listed in this subrule; (III)

d. States the method of payment of additional charges; (III)

e. Contains an explanation of the method of assessment of additional charges and an explanation of the method of periodic reassessment, if any, resulting in changing such additional charges; (III)

f. States that additional fees may be charged to the resident for nonprescription drugs, other personal supplies, and services by a barber, beautician, etc.; (III)

g. Contains an itemized list of those services, with the specific fee the resident will be charged and method of payment, as related to the resident's current condition, based on the program assessment at the time of admission, which is determined in consultation with the administrator; (III)

h. Includes the total fee to be charged initially to the specific resident; (III)

i. States the conditions whereby the facility may make adjustments to its overall fees for residential care as a result of changing costs. (III) Furthermore, the contract shall provide that the facility shall give:

(1) Written notification to the resident and responsible party, when appropriate, of changes in the overall rates of both base and additional charges at least 30 days prior to the effective date of changes; (III)

(2) Notification to the resident and payer, when appropriate, of changes in additional charges based on a change in the resident's condition. Notification must occur prior to the date the revised additional charges begin. If notification is given orally, subsequent written notification must also be given within a reasonable time, not to exceed one week, listing specifically the adjustments made; (III) and

(3) The terms of agreement in regard to refund of all advance payments, in the event of transfer, death, or voluntary or involuntary discharge; (III)

j. States the terms of agreement concerning holding and charging for a bed in the event of temporary absence of the resident, which terms shall include, at a minimum, the following provisions:

(1) If a resident has a temporary absence from a facility for medical treatment, the facility shall hold the bed open and shall receive payment for the absent period in accordance with provisions of the contract between the resident or the legal guardian and the facility. (II)

(2) If a resident has a temporary absence from a facility in accordance with the IPP, the facility shall ask the resident and payer if they wish the bed held open. This shall be documented in the resident's record including the response. The bed shall be held open and the facility shall receive payment for the absent periods in accordance with the provisions of the contract between the resident or the legal guardian and the facility. (II)

k. States the conditions under which the involuntary discharge or transfer of a resident would be affected; (III)

l. States the conditions of voluntary discharge or transfer; (III) and

m. Sets forth any other matters deemed appropriate by the parties to the contract. No contract or any provision shall be drawn or construed so as to relieve any health care facility of any requirement or obligation imposed upon it by this chapter or any standards or rules in force pursuant to this chapter. (III)

65.19(3) *Contract—copy to party.* Each party shall receive a copy of the signed contract. (III)

65.19(4) The contract shall state the terms of agreement concerning the holding and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons. The terms shall contain a provision that the bed will be held at the request of the resident or the resident's legal representative.

a. The facility shall ask the resident or legal representative if they want the bed held. This request shall be made before the resident leaves or within 48 hours after the resident leaves. The inquiry and the response shall be documented. (II)

b. The facility shall reserve the bed when requested for as long as payments are made in accordance with the contract. (II)

This rule is intended to implement Iowa Code sections 135C.23(1) and 135C.24.

481—65.20(135C) Records.

65.20(1) *Resident record.* The licensee shall keep a permanent record about each resident with all entries current, dated, and signed. (II) The record shall include:

a. Name and previous address of resident; (III)

b. Birth date, sex, and marital status of resident; (III)

c. Church affiliation; (III)

d. Physician's name, telephone number, and address; (III)

e. Dentist's name, telephone number, and address; (III)

f. Name, address and telephone number of next of kin or legal representative; (III)

g. Name, address and telephone number of the person to be notified in case of emergency; (III)

h. Funeral director, telephone number, and address; (III)

i. Pharmacy name, telephone number, and address; (III)

j. Results of evaluation pursuant to rule 481—65.11(135C); (III)

k. Certification by the physician that the resident requires no higher level of care than the facility is licensed to provide; (III)

l. Physician's orders for medication and treatments in writing, signed by the physician quarterly and diet orders renewed yearly; (III)

m. A notation of yearly or other visits to physician or other professionals, all consultation reports and progress notes; (III)

n. Any change in the resident's condition; (II, III)

o. A notation describing the resident's condition on admission, transfer, and discharge; (III)

p. In the event of a resident's death, notations in the resident's record shall include the date and time of the resident's death, the circumstances of the resident's death, the disposition of the resident's body, and the date and time that the resident's family and physician were notified of the resident's death; (III)

q. A copy of instructions given to the resident, legal representative, or facility in the event of discharge or transfer; (III)

r. Disposition of personal property; (III)

s. Copy of IPP pursuant to subrule 65.12(1); (III) and

t. Progress notes pursuant to subrules 65.12(4) and 65.12(5). (III)

65.20(2) *Confidentiality of resident records.* The facility shall have policies and procedures providing that each resident shall be ensured confidential treatment of all information, including information contained in an automatic data bank. The resident's or the resident's legal guardian's written informed consent shall be required for the release of information to persons not otherwise authorized under law to receive it. (II)

A release of information form shall be used which includes to whom the information shall be released, the reason for the information being released, how the information is to be used, and the period of time for which the release is in effect. A third party, not requesting the release, shall witness the signing of the release of information form. (II)

a. The facility shall limit access to any resident records to staff and consultants providing professional service to the resident. Information shall be made available to staff only to the extent that the information is relevant to the staff person's responsibilities and duties. (II)

Only those personnel concerned with financial affairs of the residents may have access to the financial information. This is not meant to preclude access by representatives of state or federal regulatory agencies. (II)

b. The resident, or the resident's legal guardian, shall be entitled to examine all information and shall have the right to secure full copies of the record at reasonable cost upon request, unless the physician or QMHP determines the disclosure of the record or section is contraindicated in which case this information will be deleted prior to making the record available to the resident. This determination and the reasons for it must be documented in the resident's record by the physician or qualified mental health professional in collaboration with the resident's interdisciplinary team. (II)

65.20(3) *Incident records.* Each ICF/PMI shall maintain an incident record report and shall have available incident report forms. (II, III)

a. The report of every incident shall be in detail on a printed incident report form. (II, III)

b. The person in charge at the time of the incident shall oversee the preparation and sign the report. (III)

c. A copy of the incident report shall be kept on file in the facility available for review and a part of administrative records. (III)

65.20(4) *Retention of records.* Records shall be retained in the facility for five years following termination of services to the resident even when there is a change of ownership. (III)

When the facility ceases to operate, the resident's record shall be released to the facility to which the resident is transferred. If no transfer occurs, the record shall be released to the individual's physician. (III)

This rule is intended to implement Iowa Code section 135C.24.

481—65.21(135C) Health and safety.

65.21(1) *Physician.* Each resident shall have a designated licensed physician who may be called when needed. (III)

65.21(2) *Emergency care.* Each facility shall have written policies and procedures for emergency medical or psychiatric care to include:

a. A written agreement with a hospital or psychiatric facility or documentation of attempt to obtain a written agreement for the timely admission of a resident who, in the opinion of the attending physician, requires inpatient services; (II, III)

b. Provisions consistent with Iowa Code chapter 229; (II, III) and

c. Immediate notification by the person in charge to the physician or QMHP, as appropriate, of any accident, injury or adverse change in the resident's condition. (I, II)

65.21(3) *First-aid kit.* A first-aid emergency kit shall be available on each floor in every facility. (II, III)

65.21(4) *Infection control.* Each facility shall have a written and implemented infection control program addressing the following:

a. Techniques for hand washing consistent with Guidelines for Handwashing and Hospital Control, 1985, Centers for Disease Control, U.S. Department of Health and Human Services, PB85-923404; (I, II, III)

b. Techniques for handling of blood, body fluids, and body wastes consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III)

c. Decubitus care; (I, II, III)

d. Infection identification; (I, II, III)

e. Resident care procedures to be used when there is an infection present consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III)

f. Sanitation techniques for resident care equipment; (I, II, III)

g. Techniques for sanitary use and reuse of enteral feeding bags, feeding syringes and urine collection bags; (I, II, III)

h. Techniques for use and disposal of needles, syringes, and other sharp instruments consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III) and

i. Aseptic techniques when using:

(1) Intravenous or central line catheter consistent with Guideline for Prevention of Intravascular Device Related Infections, Centers for Disease Control, U.S. Department of Health and Human Services, PB97-130074, (I, II, III)

(2) Urinary catheter, (I, II, III)

(3) Respiratory suction, oxygen or humidification, (I, II, III)

(4) Dressings, soaks, or packs, (I, II, III)

(5) Tracheostomy, (I, II, III)

(6) Nasogastric or gastrostomy tubes, (I, II, III)

(7) Sanitary use and reuse of feeding syringes and single-resident uses and reuse of urine collection bags. (I, II, III)

CDC Guidelines may be obtained from the U.S. Department of Commerce, Technology Administration, National Technical Information Service, 5285 Port Royal Rd., Springfield, Virginia 22161 (1-800-553-6847).

65.21(5) *Disposable items.* There shall be disposable or one-time use items available with provisions for proper disposal to prevent reuse except as allowed by 65.21(4)*"g."*

65.21(6) *Infection control committee.* Each facility shall establish an infection control committee of representative professional staff responsible for overall infection control in the facility. (III)

a. The committee shall annually review and revise the infection control policies and procedures to monitor effectiveness and suggest improvement. (III)

b. The committee shall meet at least quarterly, submit reports to the administrator, and maintain minutes in sufficient detail to document its proceedings and actions. (III)

c. The committee shall monitor the health aspect and the environment of the facility. (III)

These rules are intended to implement Iowa Code sections 135C.14(3), 135C.14(5) and 135C.14(8).

65.21(7) *Dental services.* The facility shall assist residents to obtain regular and emergency dental services and provide necessary transportation. Dental services shall be performed only on the request of the resident or legal guardian. The resident's physician shall be advised of the resident's dental problems. (III)

65.21(8) *Safe environment.* The licensee of an ICF/PMI is responsible for the provision and maintenance of a safe environment for residents and personnel. (I, II) The ICF/PMI may have locked exit doors and shall meet the fire and safety rules and regulations as promulgated by the state fire marshal. (I, II)

65.21(9) *Disaster.* The licensee shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (II, III)

a. The plan shall be posted. (II, III)

b. Training shall be provided to ensure that all employees and residents are knowledgeable of the emergency plan. The training shall be documented. (II, III)

c. Residents shall be permitted to smoke only in posted areas where proper facilities are provided. Smoking by residents considered to be careless shall be prohibited except under direct supervision and in accordance with the IPP. (II, III)

65.21(10) *Safety precautions.* The facility shall take reasonable measures to ensure the safety of residents and shall involve the residents in learning the safe handling of household supplies and equipment in accordance with the policies and procedures established by the facility. (II)

All potent, poisonous, or caustic materials shall be plainly labeled and stored in a specific locked, well-illuminated cabinet, closet, or storeroom and made accessible only to authorized persons. (I, II)

65.21(11) *Hazards.* Entrances, exits, steps, and outside steps and walkways shall be cleared of ice and snow as soon as possible, and kept free of other hazards. (II, III)

65.21(12) *Laundry.* All soiled linens shall be collected in and transported to the laundry room in closed, leakproof laundry bags or covered, impermeable containers. (III)

a. Except for related activities, the laundry room shall not be used for other purposes. (III)

b. Personal laundry shall be marked with an identification unless the residents are responsible for doing their own laundry as indicated in the individual program plan. (III)

c. There shall be an adequate supply of clean, stain-free linens so that each resident shall have at least three washcloths, hand towels, and bath towels per week. (III)

d. Each bed shall be provided with clean, stain-free washable bedspreads and sufficient lightweight serviceable blankets. A complete change of bed linens shall be available for each bed. Linens on beds shall be clean, stain-free and in good repair at all times. (III)

65.21(13) *Supplies, equipment, and storage.* Each facility shall provide a variety of supplies and equipment of a nature calculated to fit the needs and interests of the residents. These may include: books (standard and large print), magazines, newspapers, radio, television, bulletin boards, board games, game equipment, songbooks, cards, craft supplies, record player, movie projector, piano, and outdoor equipment. Supplies and equipment shall be appropriate to the chronological age of the residents. (III)

Storage shall be provided for recreational equipment and supplies. (III)

This rule is intended to implement Iowa Code section 135C.14(1).

481—65.22(135C) Nutrition. There shall be policies and procedures written and implemented for dietary staffing.

1. The person responsible for planning menus and monitoring the kitchens in each facility shall have completed training, approved by the department, in sanitation and food preparation. (III)

2. In facilities licensed for over 15 beds, food service personnel shall be on duty during a 12-hour span extending from the preparation of breakfast through supper. (III)

3. There shall be written work schedules and time schedules covering each type of job in the food service department for facilities over 15 beds. These work and time schedules shall be posted or kept in a notebook which is available for use in the food service area. (III)

65.22(1) *Nutrition and menu planning.* Residents shall be encouraged to the maximum extent possible to participate in meal planning, shopping, and in preparing and serving the meal and cleaning up. The facility shall be responsible for helping residents become knowledgeable of what constitutes a nutritionally adequate diet. (III)

a. Menus shall be planned and served to meet nutritional needs of residents in accordance with the physician's diet orders which shall be renewed yearly. Menus shall be planned and served to include foods and amounts necessary to meet the recommended daily dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Other foods shall be included to meet energy requirements (calories) to add to the total nutrients and variety of meals. (II, III)

b. At least three meals or their equivalent shall be made available to each resident daily, consistent with those times normally existing in the community. (II, III)

(1) There shall be no more than a 14-hour span between the substantial evening meal and breakfast. (III)

(2) To the extent medically possible, bedtime nourishments, containing a protein source, shall be offered routinely to all residents. Special nourishments shall be available when ordered by the physician. (II, III)

c. Menus shall include a variety of foods prepared in various ways. The same menus shall not be repeated on the same day of the following week. (III)

d. If modified diets are ordered by the physician, the person responsible for writing the menus shall have completed department-approved training in simple therapeutic diets. A copy of a modified diet manual approved by the department and written within the past five years shall be available in the facility. (II, III)

e. Therapeutic diets shall be served accurately. (II, III)

f. Menus shall be written at least one week in advance. The current menu shall be located in an accessible place in the dietetic service department for easy use by persons purchasing, preparing, and serving food. (III)

g. Records of menus as served shall be filed and maintained for 30 days and shall be available for review by departmental personnel. When substitutions are necessary, they shall be of similar nutritive value and recorded on the menu or in a notebook. (III)

h. A file of tested recipes adjusted to the number of people to be fed in the facility shall be maintained. (III)

65.22(2) *Dietary storage, food preparation, service.* In each stage, food shall be handled with maximum care for safety and good health.

a. The use of foods from salvaged, damaged, or unlabeled containers is prohibited. (II, III)

b. No perishable food shall be allowed to stand at room temperature any longer than is required to prepare and serve. (II, III)

c. Canning food is prohibited. The facility may freeze fruits, vegetables, and meats provided strict sanitary procedures are followed and in accordance with recommendations in the "Food Service Sanitation Manual," revised 1976, U.S. Department of Health, Education, and Welfare, Public Health Service, U.S. Government Printing Office, Washington, D.C. (II)

d. Supplies of staple foods for a minimum of a one-week period and of perishable foods for a minimum of a three-day period shall be maintained on the premises. (III)

e. If family-style service is used, all leftover prepared food that has been on the table shall be safely handled. (III)

f. Poisonous compounds shall not be kept in food storage or preparation areas except for a sanitizing agent which shall be kept in a locked cabinet. (II, III)

65.22(3) *Sanitation in food preparation area.* The facility shall develop and implement policies and procedures to address sanitation, meal preparation and service in accordance with recommendations in the "Food Service Sanitation Manual" reference in 65.22(2)*"c,"* which shall be used as the established, nationally recognized reference for establishing and determining satisfactory compliance with the department's food service and sanitation rules. (III)

a. In facilities of 15 beds or fewer, residents may be allowed in the food preparation area in accordance with their IPP. (III)

b. In facilities licensed for over 15 beds, the kitchen shall not be used for serving meals to residents, food service personnel, or other staff. (III)

c. All appliances and work areas shall be kept clean and sanitary. (III)

d. There shall be written procedures established for cleaning all work and serving areas in facilities over 15 beds and a schedule of duties to be performed daily shall be posted in each food area. (III)

e. The food service area shall be located so it will not be used as a passageway by residents, guests, or nonfood service staff in facilities over 15 beds. (III)

f. Dirty linen shall not be carried through the food service area unless it is in sealed, leakproof containers. (III)

g. Mops, scrub pails, and other cleaning equipment used in the resident areas shall not be stored or used in the dietary area. (III)

65.22(4) *Hygiene of food service personnel.* If food service employees are assigned duties outside the dietetic service, these duties shall not interfere with sanitation, safety, or time required for dietetic work assignments. (II, III)

a. Employees shall wear clean, washable uniforms that are not used for duties outside the food service area in facilities over 15 beds. (III)

b. Hair nets shall be worn by all food service personnel and residents who do work in the kitchen in facilities over 15 beds and effective hair restraints in facilities with fewer than 15 beds. (III)

c. People who handle food shall use correct hand-washing and food-handling techniques as identified in the "Food Service Sanitation Manual." People who handle dirty dishes shall not handle clean dishes without washing their hands. (III)

This rule is intended to implement Iowa Code section 135C.14.

481—65.23(135C) Physical facilities and maintenance.

65.23(1) *Housekeeping.* The facility shall have written procedures for daily and weekly cleaning (III) which include, but need not be limited to:

a. All rooms including furnishings, all corridors, storage areas, linen closets, attics, and basements shall be kept in a clean, orderly condition, free of unserviceable furniture and equipment or accumulations of refuse. (III)

b. All resident bedrooms, including furnishings, shall be cleaned and sanitized before use by another resident. (III)

c. Polishes used on floors shall provide a slip-resistant finish. (III)

65.23(2) *Equipment.* Housekeeping and maintenance personnel shall be provided with well-constructed and properly maintained equipment appropriate to the function for which it is to be used. (III)

a. All facilities shall be provided with clean and sanitary storage for cleaning equipment, supplies, and utensils. In facilities over 15 beds, a janitor's closet shall be provided. It shall be equipped with water for filling scrub pails and a janitor's sink for emptying scrub pails. A hallway or corridor shall not be used for storage of equipment. (III)

b. Sufficient numbers of noncombustible trash containers, which have covers, shall be available. (III)

c. All containers for trash shall be watertight, rodent-proof, and have tight-fitting covers and shall be thoroughly cleaned each time a container is emptied. (III)

d. All wastes shall be properly disposed of in compliance with the local ordinances and state codes. (III)

65.23(3) *Bedrooms.* Each resident shall be provided with a bed, substantially constructed and in good repair. (III)

a. Rollaway beds, metal cots, or folding beds are not acceptable. (III)

b. Each bed shall be equipped with the following: casters or glides; clean springs in good repair; a clean, comfortable, well-constructed mattress approximately 5 inches thick and standard in size for the bed; and clean, comfortable pillows of average bed size. (III)

c. There shall be a comfortable chair, either a rocking chair or arm chair, per resident bed. The resident's personal wishes shall be considered and documented. (III)

d. There shall be drawer space for each resident's clothing. In a multiple bedroom, drawer space shall be assigned each resident. (III)

e. There shall be a bedside table with a drawer and a reading lamp for each resident. (III)

f. All furnishings and equipment shall be durable, cleanable, and appropriate to its function. (III)

g. All resident areas shall be decorated, painted, and furnished to provide a homelike atmosphere and in a manner which is age and culture appropriate. (III)

h. Upholstery materials shall be moisture- and soil-resistant, except on furniture which is provided and owned by the resident. (III)

i. Beds and other furnishings shall not obstruct free passage to and through doorways. (III)

j. Beds shall not be placed with the side of the bed against a radiator or in close proximity to it unless the radiator is covered to protect the resident from contact with it or from excessive heat. (III)

65.23(4) *Bath and toilet facilities.* All lavatories shall have nonreusable towels or an air dryer and an available supply of soap. (III)

65.23(5) *Dining and living rooms.* Dining rooms and living rooms shall be available for use by residents at appropriate times to allow social, diversional, individual, and group activities. (III)

a. Every facility shall have a dining room and a living room easily accessible to all residents which are never used as bedrooms. (III)

b. A combination dining room and living room may be permitted if the space requirements of a multipurpose room as provided in 481—subrule 61.6(2) are met. (III)

c. Living rooms shall be suitably furnished and maintained for the use of residents and their visitors and may be used for recreational activities. (III)

d. Dining rooms shall be furnished with dining tables and chairs appropriate to the size and function of the facility. These rooms and furnishings shall be kept clean and sanitary. (III)

65.23(6) *Family and employee accommodations.* Resident bedrooms shall not be occupied by employees, family members of employees, or family members of the licensee. (III)

a. In facilities where the total occupancy of family, employees, and residents is five or fewer, one toilet and one tub or shower is the minimum requirement. (III)

b. In all health care facilities, if the family or employees live within the facility, living quarters shall be required for the family or employees separate from areas provided for residents. (III)

65.23(7) *Pets—policies.* Any facility in which a pet is living shall implement written policies and procedures addressing the following:

a. Vaccination schedule; (III)

b. Veterinary visit schedule; (III)

c. Housing or sleeping quarters; (III) and

d. Assignment of responsibility for feeding, bathing and cleanup. (III)

65.23(8) *Maintenance.* Each facility shall establish a program to ensure continued maintenance of the facility, to promote good housekeeping procedures, and to ensure sanitary practices throughout. In facilities over 15 beds, this program shall be in writing and be available for review by the department. (III)

a. The buildings, furnishings and grounds shall be maintained in a clean, orderly condition and be in good repair. (III)

b. The buildings and grounds shall be kept free of flies, other insects, rodents, and their breeding areas. (III)

65.23(9) *Buildings, furnishings, and equipment.*

a. Battery-operated, portable emergency lights in good working condition shall be available at all times, at a ratio of one light per employee on duty from 6 p.m. to 6 a.m. (III)

b. All windows shall be supplied with curtains and shades or drapes which are kept in good repair. (III)

c. Wherever glass sliding doors or transparent panels are used, they shall be marked conspicuously and decoratively. (III)

65.23(10) *Water supply.* Every facility shall have an adequate water supply from an approved source. A municipal source of water shall be considered as meeting this requirement. Private sources of water to a facility shall be tested annually and the report submitted with the annual application for license. (III)

a. A bacterially unsafe source of water shall be grounds for denial, suspension, or revocation of license. (III)

b. The department may require testing of private sources of water to a facility at its discretion in addition to the annual test. The facility shall supply reports of tests as directed by the department. (III)

This rule is intended to implement Iowa Code section 135C.14.

481—65.24(135C) Care review committee. Rescinded **ARC 1205C**, IAB 12/11/13, effective 1/15/14.

481—65.25(135C) Residents' rights in general. Each facility shall ensure that policies and procedures are written and implemented which include at least provisions in subrules 65.25(1) to 65.25(21). These shall govern all services provided to staff, residents, their families or legal representatives. The policies and procedures shall be available to the public and shall be reviewed annually. (II)

65.25(1) *Grievances.* Written policies and procedures shall include a method for submitting grievances and recommendations by residents or their legal representatives and for ensuring a response and disposition by the facility. The written procedure shall ensure protection of the resident from any form of reprisal or intimidation and shall include:

a. An employee or an alternate designated to be responsible for handling grievances and recommendations; (II)

b. Methods to investigate and assess the validity of a grievance or recommendation; (II) and

c. Methods to resolve grievances and take action. (II)

65.25(2) *Informed of rights.* Policies and procedures shall include a provision that residents be fully informed of their rights and responsibilities as residents and of all rules governing resident conduct and responsibilities. This information must be provided upon admission, or when the facility adopts or amends residents' rights policies. It shall be posted in locations accessible to all residents. (II)

a. The facility shall make known to residents what they may expect from the facility and its staff, and what is expected from residents. The facility shall communicate these expectations during a period not more than two weeks before or later than five days after admission. The communication shall be in writing in a separate handout or brochure describing the facility. It shall be interpreted verbally, as part of a preadmission interview, resident counseling, or in individual or group orientation sessions after admission. (II)

b. Residents' rights and responsibilities shall be presented in language understandable to residents. If the facility serves residents who are non-English-speaking or deaf or hard of hearing, steps shall be taken to translate the information into a foreign or sign language. Blind residents shall be provided either Braille or a recording. Residents shall be encouraged to ask questions about their rights and responsibilities. Their questions shall be answered. (II)

c. A statement shall be signed by the resident and legal guardian, if applicable, to indicate the resident understands these rights and responsibilities. The statement shall be maintained in the record. The statement shall be signed no later than five days after admission. A copy of the signed statement shall be given to the resident or legal guardian. (II)

d. All residents, next of kin, or legal guardian shall be advised within 30 days of changes made in the statement of residents' rights and responsibilities. Appropriate means shall be used to inform non-English-speaking, deaf or hard-of-hearing, or blind residents of changes. (II)

65.25(3) *Resident abuse prohibited.* Each resident shall receive kind and considerate care at all times and shall be free from physical, sexual, mental and verbal abuse, exploitation, neglect, and physical injury. (I, II)

65.25(4) *Allegations of dependent adult abuse.* Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III)

65.25(5) *Report of abuse.* Rescinded IAB 12/11/13, effective 1/15/14.

65.25(6) *Informed of health condition.* Each resident or legal guardian shall be fully informed by a physician of the health and medical condition of the resident unless a physician documents reasons not to in the resident's record. (II)

65.25(7) *Research.* The resident or legal guardian shall decide whether a resident participates in experimental research. Participation shall occur only when the resident or guardian is fully informed and signs a consent form. (II, III)

Any clinical investigation involving residents must be sponsored by an institution with a human subjects review board functioning in accordance with the requirement of Public Law 93-348, as implemented by Part 46 of Title 45 of the Code of Federal Regulations, as amended December 1, 1981 (45 CFR 46). (III)

65.25(8) *Resident work.* Services performed by the resident for the facility shall be in accordance with the IPP. (II)

a. Residents shall not be used to provide a source of labor for the facility against the resident's will. Physician's approval is required for all work programs and must be renewed yearly. (II, III)

b. If the individual program plan requires activities for therapeutic or training reasons, the plan for these activities must be professionally developed and implemented. Therapeutic or training goals must be clearly stated and measurable and the plan shall be time limited and reviewed at least quarterly. (II, III)

c. A resident engaged in work programs in the ICF/PMI shall be paid wages commensurate with wage and hour regulations for comparable work and productivity. (II)

d. The resident shall have the right to employment options commensurate with training and skills. (II)

e. Residents performing work shall not be used to replace paid employees to fulfill staff requirements. (II)

65.25(9) *Encouragement to exercise rights.* Residents shall be encouraged and assisted throughout their period of stay to exercise resident and citizen rights. Residents may voice grievances and recommend changes in policies and services to administrative staff or to an outside representative of their choice free from interference, coercion, discrimination, or reprisal. (II)

65.25(10) *Posting of names.* The facility shall post in a prominent area the name, telephone number, and address of the survey agency, local law enforcement agency, administrator, members of the board of directors, corporate headquarters, and the protection and advocacy agency designated pursuant to Iowa Code section 135C.2(4) and the text of Iowa Code section 135C.46 to provide to residents another course of redress. (II)

65.25(11) *Dignity preserved.* Residents shall be treated with consideration, respect, and full recognition of their dignity and individuality, including privacy in treatment and in care of personal needs. (II)

a. Staff shall display respect for residents when speaking with, caring for, or talking about them as constant affirmation of the individuality and dignity of human beings. (II)

b. Schedules of daily activities shall allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, entertainment, sleeping, eating, and times to retire at night and arise in the morning shall be elicited and considered by the facility. The facility shall make every effort to match nonsmokers with other nonsmokers. (II)

c. Residents shall not have their personal lives regulated beyond reasonable adherence to meal schedules, bedtime hours, and other written policies which may be necessary for the orderly management of the facility and as required by these rules; however, residents shall be encouraged to participate in recreational programs. (II)

d. Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door shall shield the resident from passersby. People not involved in the care of a resident shall not be present without the resident's consent during examination or treatment. (II)

e. Privacy for each person shall be maintained when residents are being taken to the toilet or being bathed and while they are being helped with other types of personal hygiene, except as needed for resident safety or assistance. (II)

f. Staff shall knock and be acknowledged before entering a resident's room unless the resident is not capable of response. This does not apply under emergency conditions. (II)

65.25(12) *Communications.* Each resident may communicate, associate, and meet privately with persons of the resident's choice, unless to do so would infringe upon the rights of other residents. Each resident may send and receive personal mail unopened unless prohibited in the IPP which has explicit approval of the resident or legal guardian. Telephones consistent with ANSI standards 42 CFR 405.1134(c) (10-1-86) shall be available and accessible for residents to make and receive calls with privacy. Residents who need help shall be assisted in using the telephone. (II)

Arrangements shall be made to provide assistance to residents who require help in reading or sending mail. (II)

65.25(13) *Visiting policies and procedures.* Subject to reasonable scheduling restrictions, visiting policies and procedures shall permit residents to receive visits from anyone they wish. Visiting hours shall be posted. (II)

a. Reasonable, regular visiting hours shall not be less than 12 hours per day and shall take into consideration the special circumstances of each visitor. A particular visitor(s) may be restricted by the facility for one of the following reasons:

(1) The resident refuses to see the visitor(s). (II)

(2) The visit would not be in accordance with the IPP. (II)

(3) The visitor's behavior is unreasonably disruptive to the functioning of the facility. (II)

Reasons for denial of visitation shall be documented in resident records. (II)

b. Decisions to restrict a visitor shall be reevaluated at least quarterly by the QMHP or at the resident's request. (II)

c. Space shall be provided for residents to receive visitors in comfort and privacy. (II)

65.25(14) *Resident activities.* Each resident may participate in activities of social, religious, and community groups as desired unless contraindicated for reasons documented by the attending physician or qualified mental health professional, as appropriate, in the resident's record. (II)

Residents who wish to meet with or participate in activities of social, religious or community groups in or outside the facility shall be informed, encouraged, and assisted to do so. (II)

Residents shall be permitted to leave the facility and environs at reasonable times unless there are justifiable reasons established in writing by the attending physician, QMHP, or facility administrator for refusing permission. (II)

65.25(15) *Resident property.* Each resident may retain and use personal clothing and possessions as space permits and provided use is not otherwise prohibited in these rules. (II)

a. Residents shall be permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility. The personal property shall be kept in a secure location which is convenient to the resident. (II)

b. Residents shall be advised, prior to or at the time of admission, of the kinds and amounts of clothing and possessions permitted for personal use, and whether the facility will accept responsibility for maintaining these items, e.g., cleaning and laundry. (II)

c. Any personal clothing or possession retained by the facility for the resident shall be identified and recorded on admission and the record placed on the resident's chart. The facility shall be responsible for secure storage of items. They shall be returned to the resident promptly upon request or upon discharge from the facility. (II)

65.25(16) *Sharing rooms.* Residents, including spouses staying in the same facility, shall be permitted to share a room, if available, if requested by both parties, unless reasons to the contrary are in the IPP. Reasons for denial shall be documented in the resident's record. (II)

65.25(17) *Choice of physician and pharmacy.* Each resident shall be permitted free choice of a physician and a pharmacy. The facility may require the pharmacy selected to use a drug distribution system compatible with the system currently used by the facility. (II)

This rule is intended to implement Iowa Code section 135C.14 and Iowa Code chapter 235E.

[**ARC 1205C**, IAB 12/11/13, effective 1/15/14; **ARC 1204C**, IAB 12/11/13, effective 1/15/14; **ARC 5711C**, IAB 6/16/21, effective 7/21/21]

481—65.26(135C) Incompetent residents. Each facility shall provide that all rights and responsibilities of incompetent residents devolve to the legal guardian when a hearing has been held and the resident is judged incompetent in accordance with state law. (II)

A facility is not absolved from advising incompetent residents of their rights to the extent the resident is able to understand them. The facility shall also advise the legal guardian, if any, and acquire a statement indicating an understanding of resident's rights. (II)

This rule is intended to implement Iowa Code sections 135C.14(8) and 135C.24.

481—65.27(135C) County care facilities. In addition to these rules, county care facilities licensed as intermediate care facilities for persons with mental illness must also comply with department of human services rules 441—Chapter 37. Violation of any standard established by the department of human services is a Class II violation pursuant to 481—56.2(135C).

This rule is intended to implement Iowa Code section 227.4.

481—65.28(135C) Violations. Classification of violations is I, II and III, determined by the division using the provisions in 481—Chapter 56, "Fining and Citations," to enforce a fine to cite a facility.

481—65.29(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the same physical structure of the facility, if the other business or activity is under the control of and is directly related to and incidental to the operation of the health care facility, or the business or activity is approved by the department and the state fire marshal.

To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs *"a"* through *"j"* of this rule. (I, II, III)

65.29(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;

b. Compatibility of the proposed business or activity with the facility program;

c. Noise created by the proposed business or activity;

d. Odors created by the proposed business or activity;

e. Use of entrances and exits for the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

f. Use of the facility's corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;

g. Proposed staffing for the business or activity;

h. Sharing of services and staff between the proposed business or activity and the facility;

i. Facility layout and design; and

j. Parking area utilized by the business or activity.

65.29(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

65.29(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 61. (I, II, III)

481—65.30(135C) Respite care services. Respite care services means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person. A facility which chooses to provide respite care services must meet the following requirements related to respite care services and must be licensed as a health care facility.

65.30(1) A facility which chooses to provide respite care services is not required to obtain a separate license or pay a license fee.

65.30(2) Rules regarding involuntary discharge or transfer rights do not apply to residents who are being cared for under a respite care contract.

65.30(3) The facility shall have a contract with each resident in the facility. When the resident is there for respite care services, the contract shall specify the time period during which the resident will be considered to be receiving respite care services. At the end of that period, the contract may be amended to extend that period of time. The contract shall specifically state the resident may be involuntarily discharged while being considered as a respite care resident. The contract shall meet other requirements for contracts between a health care facility and resident, except the requirements concerning the holding and charging for a bed when a resident is hospitalized or leaves the facility temporarily for recreational or therapeutic reasons.

65.30(4) Respite care services shall not be provided by a facility to persons requiring a level of care which is higher than the level of care the facility is licensed to provide.

These rules are intended to implement Iowa Code sections 135C.2(6), 135C.4, 135C.6(2), 135C.6(3), 135C.7, 135C.8, 135C.14, 135C.16(2), 135C.23, 135C.24, 135C.25, 135C.31, and 227.4.

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CHAPTER 66
BOARDING HOMES

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—66.1(135O) Definitions.

"Activities of daily living" means the following self-care tasks: bathing, dressing, grooming, eating, transferring, toileting, and ambulation.

"Affiliated person or entity" means an individual operating as a sole proprietorship who is related within the third degree of consanguinity to the boarding home owner or lessee; or a business entity with common ownership or with 25 percent or more ownership by the boarding home owner or lessee.

"Assistance" means aid or help.

"Assistance with activities of daily living" does not mean routine, total dependence on staff for the performance of activities of daily living or nursing care.

"Boarding home" means the same as defined in Iowa Code section 135O.1(1).

"Commencing operations" means the date on which a premises becomes a boarding home by renting to a third individual who meets the requirements pursuant to the definition of "boarding home."

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing.

"Known" means information that an owner, a lessee, or a manager possesses without seeking additional information from tenants.

"Lessee" means a person who leases the boarding home from its owner.

"Premises" means the same as defined in Iowa Code section 562A.6(7).

"Preponderance of the evidence" means that the evidence, considered and compared with the evidence opposed to it, produces the belief in a reasonable mind that the allegations are more likely true than not true. A "preponderance of the evidence" standard does not require that the investigator personally witnessed the alleged violation.

"Probable cause" means a reasonable suspicion to believe that a boarding home is in violation of Iowa Code chapter 135O or licensing or other regulatory requirements of the department of health and human services or department of inspections, appeals, and licensing; or that dependent adult abuse of any individual living in the boarding home has occurred or is occurring.

"Responsible party" means the individual designated on the registration of a boarding home as the department's primary contact.

"Room" means an apartment, group of rooms, or single room that is occupied as a separate living quarter or, if vacant, that is intended for occupancy as a separate living quarter, in which a tenant can live and sleep separately from any other persons in the building and that has direct access from the outside of the building or through a common hall.

"Supervision" means oversight necessary to prevent accidents or ensure the health, safety, and welfare of the tenant.

"Third degree of consanguinity" means the following relatives of the owner or lessee: spouse, children, parents, siblings or half-siblings, grandchildren, grandparents, uncles, aunts, nephews, nieces, great-grandparents, and great-grandchildren.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

481—66.2(135O) Registration of boarding homes.

66.2(1) A boarding home shall complete and submit the boarding home registration form located on the department's website within 60 days of commencing operations.

66.2(2) The registration form may be submitted electronically via the department's website or by mail to the Department of Inspections, Appeals, and Licensing, Health Facilities Division, 6200 Park Avenue, Des Moines, Iowa 50321.

66.2(3) The registrant shall include the following:

a. Name(s) of the owner, lessee and manager;

b. Number of rooms available for rent and maximum number of tenants for the entire boarding home;

c. Location of the boarding home, including street address, city and ZIP code;

d. Telephone number, mailing address and email address for the owner, lessee and manager;

e. Occupant loads as calculated in accordance with the building and fire codes as adopted by the applicable jurisdictions;

f. Whether the building is equipped with a fire sprinkler system;

g. Whether the building is equipped with a centralized kitchen in which meals are prepared;

h. Name of the responsible party to whom the department will send all notices regarding the boarding home.

66.2(4) The boarding home shall notify the department as provided in subrule 66.2(2) of any changes to the information on the initial statement of registration within 30 days of when the change occurs, including cessation of operation.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

481—66.3(135O) Occupancy reports.

66.3(1) Each boarding home shall update its boarding home registration form with the department annually between January 1 and January 31 as provided in subrule 66.2(2).

66.3(2) The owner or lessee shall include the following information on the occupancy report. If the owner or lessee is unable to answer the question because the owner or lessee does not have such information, the owner or lessee shall indicate such on the report.

a. Current number of rooms occupied;

b. Current number of tenants residing in the boarding home;

c. Date of last fire inspection and any deficiencies noted and how such deficiencies have been corrected;

d. The number of tenants receiving Medicaid;

e. The number of tenants receiving food assistance benefits (EBT cards);

f. The number of tenants receiving other types of state assistance and the types of state assistance received;

g. Types of services provided or arranged by the owner, lessee, manager or an affiliated person or entity; frequency of services by type; and the name and contact information of the person or entity providing or arranging such services;

h. Any assistance or supervision provided to tenants by the owner, lessee or manager;

i. Method of rent payments, such as cash, check, or state assistance;

j. The number of tenants with a power of attorney, guardian or conservator.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

481—66.4(135O) Complaints and investigations.

66.4(1) *Complaints.*

a. Any person with a concern regarding the operation of a boarding home may file a complaint with the department in writing, by use of the complaint hotline at 1.877.686.0027 or through the department's website at dial.iowa.gov.

b. When the nature of the complaint is outside the department's authority, the department will forward the complaint to the appropriate investigatory entity.

c. If other state agencies receive a complaint that relates to boarding homes, the agencies will forward the complaint to the department.

d. The department will act on anonymous complaints unless the department determines that the complaint is intended to harass the boarding home or is without a reasonable basis.

66.4(2) *Content of complaint reports.* The complaint will include as much of the following information as possible: the complainant's name, address and telephone number; the complainant's relationship to the boarding home and tenant; and the reason for the complaint.

66.4(3) *Initiation of investigations and time frames for investigation of complaints.* If the department determines there is probable cause to believe that a boarding home is an unregistered boarding home or that a registered boarding home is not in compliance with applicable law, an investigation will be initiated. The department will evaluate whether other local, state, or federal agencies, including law enforcement, should

be provided a referral or included in the investigation. An investigation of the boarding home will be initiated within 45 working days. If there is the likelihood of immediate danger, the department will initiate an investigation of the boarding home within two working days of receipt of the complaint. If there is an allegation of harm, the department will initiate an investigation of the boarding home within 20 working days of receipt of the complaint.

66.4(4) *Standard for determining whether a complaint is substantiated.* The department will apply a preponderance of the evidence standard in determining whether a complaint is substantiated.

66.4(5) *Notification of the boarding home or alleged boarding home of results of investigation.* The department will notify the boarding home or alleged boarding home, in writing, of the final report of the complaint investigation.

66.4(6) *Notification of the complainant of results of investigation.* The complainant, if known, will be notified of the final findings of a complaint investigation or if the department determines not to investigate a complaint and will receive an explanation of the department's decision.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

481—66.5 Reserved.

481—66.6(135O) Penalties. The director will consider the following when determining whether to assess a penalty for violation of Iowa Code chapter 135O or rules adopted thereunder and the amount of the penalty:

1. The duration of the noncompliance;
2. The nature of the noncompliance;
3. The response of the owner or lessee upon notification of noncompliance;
4. The number of tenants affected;
5. The impact to the tenants.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

481—66.7(135O) Public and confidential information.

66.7(1) *Public disclosure.* The following records are open and available for inspection:

a. Registration forms and accompanying materials;

b. Final findings of investigations, unless otherwise confidential by law, such as investigative findings of the division of criminal investigation of the department of public safety or dependent adult abuse investigations;

c. Official notices of penalties.

66.7(2) *Confidential information.* Confidential information includes the following:

a. Information that does not comprise a final finding;

b. Names and identifying information of all complainants;

c. Names of tenants of a boarding home, identifying personal or medical information, copies of documentation appointing a legal representative, and the address of anyone other than an owner or lessee;

d. Social security or employer identification numbers (EIN).

66.7(3) *Redaction of confidential information.* If a record normally open for inspection contains confidential information, the confidential information will be redacted prior to an agency's providing the record for inspection.

66.7(4) *Searchable database of all registered boarding homes.* The department will maintain a searchable database of all registered boarding homes on the health facilities division's website at dia-hfd.iowa.gov.

[**ARC 0062D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 135O.

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CHAPTER 67
GENERAL PROVISIONS FOR ELDER GROUP HOMES, ASSISTED LIVING PROGRAMS, AND ADULT DAY SERVICES

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—67.1(231B,231C,231D) Definitions. The following definitions apply to this chapter and to 481—Chapters 68, 69, and 70.

"Accredited" means that the program has received accreditation from an accreditation entity.

"Activities of daily living" means the following self-care tasks: bathing, dressing, grooming, eating, transferring, toileting, and ambulation.

"Ambulatory" or *"ambulation"* means physically and cognitively able to walk without aid of another person.

"Applicable requirements" means the requirements in Iowa Code chapters 135C, 231B, 231C, 231D, 235B, 235E, and 562A, this chapter, and 481—Chapters 68, 69, and 70, as applicable, and includes any other applicable administrative rules and provisions of the Iowa Code.

"Assistance" means aid to a tenant who self-directs or participates in a task or activity or who retains the mental or physical ability, or both, to participate in a task or activity. Cueing of the tenant regarding a particular task or activity means the tenant has participated in the task or activity.

"Certified staff" means certified nursing assistants (CNAs) and certified medication assistants (CMAs) employed by the program.

"Change of ownership" means the purchase, transfer, assignment or lease of a program and includes a change in the management company responsible for the day-to-day operation of the program, if the management company is ultimately responsible for any enforcement action taken by the department.

"Dementia" means an illness characterized by multiple cognitive deficits that represent a decline from previous levels of functioning and includes memory impairment and one or more of the following cognitive disturbances: aphasia, apraxia, agnosia and disturbance in executive functioning.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department.

"Direct supervision" means the provision of guidance and oversight of a delegated nursing task through the physical presence of the licensed nurse to observe and direct certified and noncertified staff.

"Elope" means that a tenant who has impaired decision-making ability leaves the program without the knowledge or authorization of staff.

"Global Deterioration Scale" or *"GDS"* means the seven-stage scale for assessment of primary degenerative dementia developed by Dr. Barry Reisberg.

"Health care professional" means a physician, physician associate, registered nurse, licensed practical nurse via RN delegation or advanced registered nurse practitioner licensed in Iowa by the respective licensing board or eligible to practice in Iowa through compact licensure agreements.

"Health-related care" means the same as defined in Iowa Code section 231B.1(5) and includes nurse-delegated assistance.

"Human service professional" means an individual with a bachelor's degree in a human service field, including but not limited to human services, gerontology, social work, sociology, psychology, or family science. Two years of experience in a human service field may be substituted for up to two years of the required education.

"Impaired decision-making ability" means a lack of capacity to make safe and prudent decisions regarding one's own routine safety as determined by the program manager or nurse or means having a GDS score of five or above.

"Independent reviewer" means an attorney licensed in the state of Iowa who is not currently and has not been employed by the department in the past eight years, or has not appeared in front of the department on behalf of a health care facility in the past eight years. Preference shall be given to an attorney with background knowledge, experience or training in long-term care.

"Indirect supervision" means the provision of guidance and oversight of a delegated nursing task through means other than direct supervision, including written and verbal communication.

"Instrumental activities of daily living" means those activities that reflect the tenant's ability to perform household and other tasks necessary to meet the tenant's needs within the community, which may include but are not limited to shopping, housekeeping, chores, and traveling within the community.

"In the proximate area" means an area located within a five-minute or less response time.

"Medication setup" means the same as defined in Iowa Code section 231B.1(6).

"Modification" means any addition to or change in physical dimensions or structure, except as incidental to the customary maintenance of the physical structure of the program's facility.

"Monitoring" means an on-site evaluation of a program, a complaint investigation, or a program-reported incident investigation performed by the department to determine compliance with applicable requirements. A monitor who performs a monitoring for the department shall be a registered nurse, human service professional, or another person with program-related expertise.

"Nonaccredited" means that the program has been certified but has not received accreditation from an accreditation entity.

"Noncertified staff" means unlicensed and uncertified personnel employed by the program.

"Nurse delegation" means the action of a registered nurse, advanced registered nurse practitioner, or licensed practical nurse to direct competent certified and noncertified staff to perform selected nursing tasks in selected situations. The decision of a nurse to delegate is based on the delegation process, including assessment, planning, implementation, supervision, and evaluation of the tenant, nursing tasks, personnel, and the situation. The nurse, as a licensed professional, retains accountability for the delegation process and the decision to delegate. Licensed practical nurses may delegate within the scope of their license with the supervision of a registered nurse.

"Occupancy agreement" or *"contractual agreement"* means the same as defined in Iowa Code sections 231B.1(7) and 231C.2(9).

"Part-time or intermittent care" means licensed nursing services and professional therapies that are provided in combination with nurse-delegated assistance with medications or activities of daily living and do not exceed 28 hours per week or, for adult day services, 4 hours per day.

"Personal care" means the same as defined in Iowa Code section 231B.1(8).

"Preponderance of the evidence" means that the evidence, considered and compared with the evidence opposed to it, produces the belief in a reasonable mind that the allegations are more likely true than not true.

"Program" means one or more of the following, as applicable: an elder group home as defined in Iowa Code section 231B.1 and 481—Chapter 68, an assisted living program as defined in Iowa Code section 231C.1 and 481—Chapter 69, or adult day services as defined in Iowa Code section 231D.1 and 481—Chapter 70.

"Program staff" means all employees of the program, regardless of certification or licensure status.

"Qualified professional" means a facility plant engineer familiar with the type of program being provided, or a licensed plumbing, heating, cooling, or electrical contractor who furnishes regular service to such equipment.

"Recognized accrediting entity" means the same as defined in Iowa Code sections 231C.2(11) and 231D.1(11).

"Regulatory insufficiency" means a violation of an applicable requirement.

"Restraints" means any chemical or manual method that restricts freedom of movement or normal access to one's body or any physical or mechanical device, material or equipment that is attached or adjacent to the tenant's body that the tenant cannot remove easily and that restricts freedom of movement or normal access to one's body.

"Routine" means more often than not or on a regular customary basis.

"Self-administration" means a tenant's taking personal responsibility for all phases of medication except for any component assigned to the program under medication setup, and may include the tenant's use of an automatic pill dispenser.

"Service plan" means the document that defines all services necessary to meet the needs and preferences of a tenant, whether or not the services are provided by the program or other service providers.

"Significant change" means the same as defined in Iowa Code section 231C.2(12).

"Substantial compliance" means the same as defined in Iowa Code section 231C.2(13) regarding a level of compliance with applicable requirements.

"Tenant" means the same as defined in Iowa Code sections 231B.1(9) and 231C.2(14). In the context of adult day services, "tenant" means a "participant" as defined in 481—Chapter 70.

"Tenant advocate" means the same as defined in Iowa Code section 231B.1(10).

"Tenant's legal representative" means the same as defined in Iowa Code section 231B.1(11). In the context of adult day services, "tenant's legal representative" means a "participant's legal representative" as defined in 481—Chapter 70.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 6/10/26]

481—67.2(231B,231C,231D) Program policies and procedures.

67.2(1) A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the following:

a. Reporting of incidents, including allegations of dependent adult abuse on incident report forms to provide a detailed incident report completed at the time of the incident and include statements from individuals, if any, who witnessed the incident. The program will identify in the program's policy who of the program staff is responsible for completion of the initial report. The report will remain accessible for a minimum of three years. All accidents or unusual occurrences within the program's building or on the premises that affect tenants will be reported as incidents.

b. Allegations of dependent adult abuse consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, reporting requirements for staff and employees, and requirements that the victim and alleged abuser be separated.

c. Evaluation of each tenant or participant. A copy of the evaluation tool or tools to be used to identify the functional, cognitive and health status of each tenant or participant will be included.

d. Service plans.

e. Medical needs of tenants or participants.

f. Food service, including policies and procedures related to staffing, nutrition, menu planning, therapeutic diets, and food preparation, service and storage.

g. Transportation.

h. Staffing and training.

i. Emergencies, including policies and procedures related to natural disasters, with an evacuation plan and procedures for notifying legal representatives in emergency situations as applicable.

j. Managing risk and upholding tenant or participant autonomy when decision-making results in poor outcomes for the tenant or participant or others.

k. Accidents and emergency response.

l. Addressing sexual relationships between tenants and staff and between tenants with dementia greater than Stage 5 on the Global Deterioration Scale.

m. Extraordinary lifesaving measures, including policies and procedures related to cardiopulmonary resuscitation (CPR).

n. Narcotics protocol, including policies and procedures related to reconciliation and destruction.

67.2(2) The program shall follow the policies and procedures established by the program.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.3(231B,231C,231D) Tenant rights. All tenants have the following rights:

67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.

67.3(2) To receive care, treatment and services that are adequate and appropriate.

67.3(3) To receive respect and privacy in the tenant's medical care program. Personal and medical records shall be confidential, and the written consent of the tenant obtained for the records' release to any

individual, including family members, except as needed in case of the tenant's transfer to a health care facility or as required by law or a third-party payment contract.

67.3(4) To be free from mental and physical abuse.

67.3(5) To receive from the manager and staff of the program a reasonable response to all requests.

67.3(6) To associate and communicate privately and without restriction with persons and groups of the tenant's choice, including the tenant advocate, on the tenant's initiative or on the initiative of the persons or groups at any reasonable hour.

67.3(7) To manage the tenant's own financial affairs unless a tenant's legal representative has been appointed for the purpose of managing the tenant's financial affairs.

67.3(8) To present grievances and recommend changes in program policies and services, personally or through other persons or in combination with others, to the program's staff or person in charge without fear of reprisal, restraint, interference, coercion, or discrimination.

67.3(9) To be free from restraints.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:

67.4(1) Of any accident causing major injury, including a substantial injury.

a. "Major injury" is defined as any injury that:

(1) Results in death; or

(2) Requires admission to a higher level of care for treatment, other than for observation; or

(3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the tenant, and the tenant's prognosis.

b. The following are not reportable accidents:

(1) An ambulatory tenant who falls when neither the program nor its employees have culpability related to the fall, even if the tenant sustains a major injury;

(2) Spontaneous fractures;

(3) Hairline fractures.

67.4(2) When damage to the program is caused by a natural or other disaster, including physical impairments affecting operating (e.g., failure of a heating or cooling system or water heater failure).

67.4(3) When there is an act that causes major injury to a tenant or when a program has knowledge of a pattern of acts committed by the same tenant on another tenant that results in any physical injury. "Pattern" means two or more times within a 30-day period.

67.4(4) When a tenant elopes from a program.

67.4(5) When a tenant attempts suicide, regardless of injury.

67.4(6) When a fire occurs in a program and the fire requires the notification of emergency services, requires full or partial evacuation of the program, or causes physical injury to a tenant.

67.4(7) When a defect or failure occurs in the fire sprinkler or fire alarm system for more than 4 hours in a 24-hour period.

NOTE: Additional reporting requirements are created by other rules and statutes, including but not limited to Iowa Code chapters 235B and 235E, which require reporting of dependent adult abuse.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.5(231B,231C,231D) Medications.

67.5(1) If a program handles, stores, or administers controlled substances, the program shall be registered with the Iowa board of pharmacy as a care facility in accordance with 481—Chapter 551.

67.5(2) Each program shall follow its own written medication policy, including the following:

a. The program will not prohibit a tenant from self-administering medications.

b. A tenant will self-administer medications unless:

(1) The tenant or the tenant's legal representative delegates in the occupancy agreement or signed service plan any portion of medication setup to the program.

(2) The tenant delegates medication setup to someone other than the program.

(3) The program assumes partial control of medication setup at the direction of the tenant. The medication plan will not be implemented by the program unless the program deems it appropriate under applicable requirements, including those in Iowa Code section 231C.16A and subrule 67.9(4).

c. A tenant will keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the occupancy agreement or signed service plan partial or complete control of medications to the program, including the tenant's choice related to storage.

d. When a tenant has delegated medication administration to the program, the program will maintain a list of the tenant's medications. If the tenant self-administers medications, the tenant may choose to maintain a list of medications in the tenant's apartment or to disclose a current list of medications to the program for the purpose of emergency response, but the tenant remains responsible for the accuracy of the list.

e. When medications are administered traditionally by the program:

(1) The administration of medications will be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician associate (PA) in accordance with 481—Chapter 781. Injectable medications will be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or PA.

(2) The program will maintain a list of each tenant's medications and document the medications administered.

(3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 6/10/26]

481—67.6(231B,231C,231D) Another business or activity located in a program.

67.6(1) A business or activity serving persons other than tenants of a program is allowed in a designated part of the physical structure in which the program is located if the other business or activity meets the requirements of applicable state and federal codes, administrative rules, and federal regulations.

67.6(2) A business or activity conducted in the designated part of the physical structure in which the program is located shall not interfere with the use of the program by tenants or with services provided to tenants or disturb tenants or reduce access, space, services, or staff available to tenants or necessary to meet the needs of tenants.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.7(231B,231C,231D) Waiver of criteria for retention of a tenant in the program.

67.7(1) *Time-limited waiver.* Upon receipt of a program's request for waiver of the criteria for retention of a tenant, the department may grant a waiver of the criteria under applicable requirements for a time-limited basis. Absent extenuating circumstances, a waiver of the criteria for retention of a tenant is limited to a period of six months or less.

67.7(2) *Waiver petition procedures.* The following procedures shall be used to request and to receive approval of a waiver from criteria for the retention of a tenant:

a. A program will submit the waiver request on a form and in a manner designated by the department as soon as it becomes apparent that a tenant exceeds retention criteria pursuant to an evaluation by a health care or human service professional.

b. The department will respond in writing to a waiver request within 15 working days of receipt of all required documentation. In consultation with the program, the department may take an additional 15 working days to report its determination regarding the waiver request.

c. The program will provide to the department within five working days written notification of any changes in the condition of the tenant as described in the approved waiver request.

67.7(3) *Factors for consideration for waiver of criteria for retention of a tenant.* In addition to the criteria established in Iowa Code section 17A.9A(2), the following factors may be demonstrative in determining whether the criteria for issuance of a waiver have been met:

a. It is the informed choice of the tenant or the tenant's legal representative, if applicable, to remain in the program;

b. The program is able to provide the staff necessary to meet the tenant's service needs in addition to the service needs of the other tenants;

c. The waiver will not jeopardize the health, safety, security or welfare of the tenant, program staff, or other tenants;

d. The tenant has been diagnosed with a terminal illness and has been admitted to hospice, and the tenant exceeds the criteria for retention and admission for a temporary period of less than six months. A terminal diagnosis means the tenant is within six months of the end of life.

67.7(4) *Conditional waiver.* A conditional waiver may be granted contingent upon the department's receipt of additional information or performance of monitoring.

a. If a waiver has been in effect for six months, a monitoring may be conducted to determine whether the tenant meets the criteria to continue on a waiver.

b. The department may seek additional information during the period to determine if a waiver should be granted.

67.7(5) *Appeals.* The denial of a waiver request may be appealed by the program pursuant to Iowa Code chapter 17A.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.8(231B,231C,231D) All other waiver requests. Waiver requests relating to topics other than retention of a tenant in a program shall be filed in accordance with 7—Chapter 2504.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—67.9(231B,231C,231D) Staffing.

67.9(1) *Number of staff.* A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.

67.9(2) *Emergency procedures.* All program staff shall be able to implement the accident, fire safety, and emergency procedures.

67.9(3) *Documentation.* The program shall have training records and staffing schedules on file and maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures.

67.9(4) *Nurse delegation procedures.* The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall include the following:

a. The program's newly hired nurse will within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.

b. Within 30 days of beginning employment, all program staff will receive training by the program's nurse(s).

c. Training for noncertified staff will include the provision of activities of daily living and instrumental activities of daily living.

d. Direct care staff will receive training regarding service plan tasks in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.

e. The program's nurse(s) will provide direct or indirect supervision of all direct care staff as necessary in the professional judgment of the program's nurse(s) and in accordance with the needs of the tenants and staff.

f. Services will be provided to tenants in accordance with the training provided.

g. The program will have in place a system by which direct care staff communicate in writing occurrences that differ from the tenant's normal health and functional and cognitive status. The program's nurse or designee will train staff on reporting to the program's nurse(s) or designee(s) and documenting

occurrences that differ from the tenant's normal health and functional and cognitive status. The written communication required by this paragraph will be retained by the program for a period of not less than three years and be accessible to the department upon request.

h. In the absence of the program's nurse(s) due to vacation or other temporary circumstances, the nurse(s) assuming the duties of the program's nurse(s) will have access to staff training in relation to tenant needs.

67.9(5) *Prohibited services.* A program staff member shall not be designated as attorney-in-fact, guardian, conservator, or representative payee for a tenant unless the program staff member is related to the tenant by blood, marriage, or adoption.

67.9(6) *Dependent adult abuse training.* Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.10(17A,231B,231C,231D) Monitoring.

67.10(1) *Frequency of monitoring.* The department will monitor a certified program at least once during a 24-month period.

67.10(2) *Standard for determining whether a regulatory insufficiency exists.* The department will use a preponderance-of-the-evidence standard when determining whether a regulatory insufficiency exists. A preponderance-of-the-evidence standard does not require that the monitor shall have personally witnessed the alleged violation.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.11(231B,231C,231D) Complaint and program-reported incident report investigation procedure.

67.11(1) *Complaints.* The process for filing a complaint is as follows:

a. Any person with concerns regarding the operation or service delivery of a program may file a complaint with the Department of Inspections, Appeals, and Licensing, Complaints Unit, 6200 Park Avenue, Des Moines, Iowa 50321; by use of the complaint hotline, 1.877.686.0027; by facsimile sent to 515.281.7106; or through the website address: dial.iowa.gov.

b. When the nature of the complaint is outside of the department's authority, the department will forward the complaint or refer the complainant, if known, to the appropriate investigatory entity.

c. The complainant will include as much of the following information as possible in the complaint: the complainant's name, address and telephone number; the complainant's relationship to the program or tenant; and the reason for the complaint. The complainant's name shall be confidential information and shall not be released by the department. The department will act on anonymous complaints unless the department determines that the complaint is intended to harass the program. If the department, upon preliminary review, determines that the complaint is intended as harassment or is without reasonable basis, the department may dismiss the complaint.

67.11(2) *Program-reported incident reports.* When the program is required pursuant to applicable requirements to report an incident, the program will make the report to the department via:

a. The web-based reporting tool accessible from the following website, dia-hfd.iowa.gov;

b. Mail by sending the complaint to the Department of Inspections, Appeals, and Licensing, Complaints Unit, 6200 Park Avenue, Des Moines, Iowa 50321;

c. The complaint hotline, 1.877.686.0027; or

d. Facsimile sent to 515.281.7106.

67.11(3) *Time frames for investigation of complaints or program-reported incident reports.* Upon receipt of a complaint or program-reported incident report made in accordance with this rule, the department will conduct a preliminary review of the complaint or report to determine if a potential regulatory insufficiency has occurred. If a potential regulatory insufficiency exists, the department will institute a monitoring of the program within the following time frames: within 2 working days of receipt of the complaint or incident report if there is the possibility of immediate danger, including that the potential regulatory insufficiency has caused or is likely to cause serious injury, harm, impairment, or death to a resident; or within 20 working days of receipt of the complaint or incident report if the potential

regulatory insufficiency has caused or may cause harm that negatively impacts a tenant's mental, physical, or psychosocial status or function and is of such consequence to the tenant's well-being that a rapid response is warranted; or within 45 working days of receipt of the complaint or incident report for any other complaint or incident investigation, including a potential regulatory insufficiency that may have caused harm of limited consequence and does not significantly impair the tenant's mental, physical, or psychosocial status or function.

67.11(4) *Standard for determining whether a complaint is substantiated.* The department will apply a preponderance-of-the-evidence standard in determining whether or not a complaint or program-reported incident report is substantiated.

67.11(5) *Notification of program and complainant.* The department will notify the program and, if known, the complainant of the final report regarding the complaint investigation.

67.11(6) *Notification of accrediting entity.* For any credible report of alleged improper or inappropriate conduct or conditions within an accredited program, the department will notify the accrediting entity by the most expeditious means possible of any actions taken by the department with respect to certification enforcement.

67.11(7) *Notification of complainant when complaint not investigated.* The department will notify the complainant if the department does not investigate a complaint, including the reasons for not investigating the complaint.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.12(17A,231B,231C,231D,85GA,HF2365) Exit interview, final report, plan of correction.

67.12(1) *Exit interview.* The department will provide an exit interview pursuant to Iowa Code sections 231B.8 and 231C.8.

67.12(2) *Final report.* The department will issue the final report pursuant to Iowa Code sections 231B.8(2) and 231C.8(2).

67.12(3) *Plan of correction.* Within ten working days following receipt of the final report, the program shall submit a plan of correction to the department, which shall include:

a. Elements detailing how the program will correct each regulatory insufficiency, including at the system level;

b. The date by which the regulatory insufficiency will be corrected not to exceed 30 days from receipt of the final report without approval of the department;

c. What measures will be taken to ensure the problem does not recur;

d. How the program plans to monitor performance to ensure compliance; and

e. Any other required information.

The department will review the plan of correction and may request additional information or suggest revisions to the plan.

67.12(4) *Monitoring revisit.* The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.13(17A,231B,231C,231D,85GA,HF2365) Response to final report. The program shall respond pursuant to Iowa Code sections 231B.9A, 231C.9A, and 231D.9A in the following manner.

67.13(1) *If not contesting.* If the program does not seek an informal conference or contest the final report and civil penalty, if assessed, the program shall remit to the department the amount of the civil penalty, if assessed. If a program has been assessed a civil penalty, the civil penalty will be reduced by 35 percent if the requirements of subrule 67.16(5) are met.

67.13(2) *Informal conference.*

a. Request for informal conference. The request for an informal conference must be in writing and include the following:

(1) Identification of the regulatory insufficiency(ies) being disputed;

(2) The type of informal conference requested: virtual or telephone conference;

(3) A request for monitor's notes for the regulatory insufficiency(ies) being disputed, if desired.

b. Submission of documentation. The program will submit the following within ten working days from the date of the program's written request for an informal conference:

(1) The names of those who will be attending the informal conference, including legal counsel;

(2) Documentation supporting the program's position. The program will highlight or use some other means to identify written information pertinent to the disputed regulatory insufficiency(ies). Supporting documentation that is not submitted with the request for an informal conference will not be considered, except as otherwise permitted by the independent reviewer upon good cause shown. "Good cause" means substantial or adequate grounds for failing to submit documentation in a timely manner. In determining whether the program has shown good cause, the independent reviewer shall consider what circumstances kept the program from submitting the supporting documentation within the required time frame.

c. Virtual or telephone conference. A virtual or telephone conference, if requested, will be scheduled to occur within ten working days of the receipt of the written request, all supporting documentation and the plan of correction required by subrule 67.12(3).

(1) Failure to submit supporting documentation will not delay scheduling.

(2) The conference will be scheduled for one hour. The program will informally present information and explanation concerning the contested regulatory insufficiency(ies). The department will have time to respond to the program's presentation. Due to the confidential nature of the conference, attendance may be limited.

(3) If additional information is requested by the independent reviewer during the informal conference, the program will have two working days to deliver the additional materials to the independent reviewer.

(4) When extenuating circumstances exist, the program may be given one opportunity to reschedule.

d. Results. The results of the informal conference will generally be sent within ten working days after the date of the informal conference or within ten working days after the receipt of additional information, if requested.

(1) The department will issue an amended (changes in factual content) or corrected (changes in typographical/data errors) final report if changes result from the informal conference.

(2) The program must submit to the department a new plan of correction for the amended or corrected report within ten calendar days from the date of the letter conveying the results of the conference.

(3) If the informal conference results in dismissal of a regulatory insufficiency for which a civil penalty was assessed, the corresponding civil penalty will be rescinded.

67.13(3) *Procedure after informal conference.* After the conclusion of an informal conference:

a. If the program does not desire to further contest an affirmed or modified final report, the program shall, within five working days after receipt of the written decision of the independent reviewer, remit to the department the civil penalty, if assessed.

b. If the program does desire to further contest an affirmed or modified final report, the program shall, within five working days after receipt of the written decision of the independent reviewer, notify the department in writing that it desires to formally contest the final report.

67.13(4) *Contested case hearings.* Contested case hearings shall be conducted by the department's administrative hearings division pursuant to Iowa Code chapter 17A and 7—Chapter 2506.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—67.14(17A,231B,231C,231D) Denial, suspension or revocation of a certificate.

67.14(1) *Notice and request for hearing.* The denial, suspension or revocation of a certificate shall be effected by delivering to the applicant or certificate holder by restricted certified mail or by personal service a notice setting forth the particular reasons for such actions. A denial, suspension or revocation shall be effective 30 days after certified mailing or personal service of the notice, unless the applicant or certificate holder gives the department written notice requesting a hearing within the 30-day period. If a timely request for hearing is made, the notice shall be deemed suspended pending the outcome of the hearing unless subrule 67.14(3) or 67.14(4) applies. If an enforcement action has been implemented immediately in accordance with subrule 67.14(3) or 67.14(4), the enforcement action remains in effect regardless of a request for hearing.

67.14(2) *Hearings.* Hearings shall be conducted by the administrative hearings division of the department pursuant to Iowa Code chapter 17A and 7—Chapter 2506.

67.14(3) *Immediate suspension of a certificate.* When the department finds that an imminent danger to the health or safety of tenants of a program exists that requires action on an emergency basis, the department may direct removal of all tenants from the program and suspend the certificate or require additional remedies to ensure the ongoing safety of the program's tenants prior to a hearing.

67.14(4) *Immediate imposition of enforcement action.* When the department finds that an imminent danger to the health or safety of tenants exists that requires action on an emergency basis, the department may immediately impose a conditional certificate and accompanying conditions upon the program in lieu of immediate suspension of the certificate and removal of the tenants from the program if the department finds that tenants' health and safety would still be protected. The program may request a hearing, but the immediate enforcement action remains in effect regardless of the request for hearing.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—67.15(17A,231B,231C,231D) Conditional certification.

67.15(1) *Conditional certification.* In lieu of denial, suspension or revocation of a certificate, the department may issue a conditional certificate for a period of up to one year. Notwithstanding subrule 67.14(4), a conditional certificate shall be issued only when regulatory insufficiencies pose no greater risk to tenant health or safety than the potential for causing minimal harm.

a. The department will specify the reasons for the conditional certificate in the notice issuing the conditional certificate.

b. The department may place conditions upon a certificate, such as requiring additional training; restriction of the program from accepting additional tenants for a period of time; or any other action or combination of actions deemed appropriate by the department.

c. Failure by the program to adhere to the plan of correction or conditions placed on the certificate may result in suspension or revocation of the conditional certification and further enforcement action as available under applicable requirements.

d. A program must be in substantial compliance with applicable requirements before the removal of a conditional certificate by the department. Prior to lifting a conditional certificate, the department may conduct a monitoring to verify substantial compliance.

67.15(2) *Appeal of conditional certificate.* A written request for hearing must be received by the department within 30 days after the mailing or service of notice. The conditional certificate will not be suspended pending the hearing. Hearings will be conducted by the administrative hearings division of the department pursuant to Iowa Code chapter 17A and 7—Chapter 2506.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—67.16(17A,231B,231C,231D) Civil penalties.

67.16(1) *When civil penalties may be issued.* Civil penalties may be issued when the director finds that any of the following has occurred:

a. A program that does not comply with applicable requirements and the noncompliance results in imminent danger or a substantial probability of resultant death or physical harm to a tenant may be assessed a civil penalty of not more than $10,000.

b. A program that continues to fail or refuses to comply with applicable requirements within prescribed time frames established by the department or approved by the department in the program's plan of correction and the noncompliance has a direct relationship to the health, safety, or security of tenants may be assessed a civil penalty of not more than $5,000.

c. A program that prevents, interferes with or attempts to impede in any way any duly authorized representative of the department in the lawful enforcement of applicable requirements may be assessed a civil penalty of not more than $1,000.

d. A program that discriminates or retaliates in any way against a tenant, tenant's family, or an employee of the program who has initiated or participated in any proceeding authorized by Iowa Code chapter 231B, 231C or 231D and the corresponding administrative rules may be assessed a civil penalty of not more than $5,000.

67.16(2) *Duplicate civil penalties prohibited.* The department shall not impose duplicate civil penalties on a program for the same set of facts and circumstances.

67.16(3) *Factors in determining the amount of a civil penalty.* The department will consider the following factors when determining the amount of a civil penalty:

a. The frequency and length of time the regulatory insufficiency occurred (i.e., whether the regulatory insufficiency was an isolated or a widespread occurrence, practice, or condition);

b. The past history of the program as it relates to the nature of the regulatory insufficiency (the department will not consider more than the current certification period and the immediately previous certification period);

c. The culpability of the program as it relates to the reasons the regulatory insufficiency occurred;

d. The extent of any harm to the tenants or the effect on the health, safety, or security of the tenants that resulted from the regulatory insufficiency;

e. The relationship of the regulatory insufficiency to any other types of regulatory insufficiencies that have occurred in the program;

f. The actions of the program after the occurrence of the regulatory insufficiency, including when corrective measures, if any, were implemented and whether the program notified the director as required;

g. The accuracy and extent of records kept by the program that relate to the regulatory insufficiency, and the availability of such records to the department;

h. The rights of tenants to make informed decisions;

i. Whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

67.16(4) *Civil penalties due.* The civil penalty shall be paid to the department within 30 days following the program's receipt of the final report and demand letter. The program may appeal in accordance with rule 481—67.13(17A,231B,231C,231D,85GA,HF2365). If the program appeals, the civil penalty will be deemed suspended until the appeal is resolved.

67.16(5) *Reduction of civil penalty.* If a program has been assessed a civil penalty, the civil penalty will be reduced by 35 percent if both of the following requirements are met:

a. The program does not request a formal hearing pursuant to rule 481—67.13(17A,231B,231C,231D,85GA,HF2365) or withdraws its request for formal hearing within 30 calendar days of the date that the civil penalty was assessed; and

b. The civil penalty is paid and payment is received by the department within 30 calendar days of receipt of the final report.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.17(17A,231B,231C,231D) Judicial review. Judicial review shall be conducted pursuant to Iowa Code chapter 17A and 7—Chapter 2506.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 8/5/26]

481—67.18(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.

67.18(1) *Definitions.* The following definitions apply for the purposes of this rule.

"Background check" or *"record check"* means criminal history, child abuse and dependent adult abuse record checks.

"Comprehensive preliminary background check" means a criminal history check of all states in which the applicant has worked or resided over the seven-year period immediately prior to applying for employment that is conducted by an approved third-party vendor.

"Direct services" means services provided through person-to-person contact. "Direct services" excludes services provided by individuals such as building contractors, repair workers, or others who are in a program for a very limited purpose, who are not in the program on a regular basis, and who do not provide any treatment or services for residents, patients, tenants, or participants of the provider.

"Employed in a program" or *"employment within a program"* means all of the following, if the provider is regulated by the state or receives any federal or state funding:

1. An employee of an assisted living program certified under Iowa Code chapter 231C, if the employee provides direct services to consumers;

2. An employee of an elder group home certified under Iowa Code chapter 231B, if the employee provides direct services to consumers;

3. An employee of an adult day services program certified under Iowa Code chapter 231D, if the employee provides direct services to consumers.

"Employee" means any individual who is paid, either by the program or any other entity (i.e., temporary agency, private duty, Medicare/Medicaid or independent contractors).

"Evaluation" means review by the department of health and human services (HHS) to determine whether a founded child abuse, dependent adult abuse or criminal conviction warrants the person's being prohibited from employment in a program.

"Indirect services" means services provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance.

"Program," for purposes of this rule, means the following, if the provider is regulated by the state or receives any federal or state funding:

1. An assisted living program certified under Iowa Code chapter 231C;
2. An elder group home certified under Iowa Code chapter 231B;
3. An adult day services program certified under Iowa Code chapter 231D.

67.18(2) *Explanation of "crime."* For purposes of this rule, the term "crime" does not include offenses under Iowa Code chapter 321 classified as simple misdemeanor or equivalent simple misdemeanor offenses from another jurisdiction.

67.18(3) *Requirements for employer prior to employing an individual.* Prior to employment of a person in a program, the program shall complete the background check requirements set forth below.

a. Informing the prospective employee. A program will ask each person seeking employment by the program, "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under Iowa Code chapter 321 or equivalent provisions in this state or any other state?" The person will be informed that a background check will be conducted and sign an acknowledgment.

b. Conducting a background check. The program will either request that the department of public safety perform a criminal history check and that HHS perform child and dependent adult abuse record checks of the person in this state or access the single contact repository (SING) to perform the required background check. If SING is used, the program will submit the person's maiden name, if applicable, with the background check request.

c. If a person considered for employment has been convicted of a crime under the law of any state. The program will request that HHS perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.

d. If a person considered for employment has a record of founded child abuse or dependent adult abuse under the laws of any state. The program will request that HHS perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of employment in the program.

e. Employment pending evaluation. The program may provisionally employ a person prior to completion of the required record check and evaluation by HHS, as applicable, subject to all of the following:

(1) The program shall have accessed SING to perform the required record check and be awaiting results from SING or awaiting evaluation by HHS, as applicable;

(2) If applicable, the program shall request an evaluation by HHS in accordance with paragraph 67.18(3)*"c"* or *"d"* within 30 days of receipt of SING record check results;

(3) The program shall have utilized an approved third-party vendor to perform a comprehensive preliminary background check;

(4) If the comprehensive preliminary background check determines that the person being considered for employment has been convicted of a crime, the crime does not constitute a felony as defined in Iowa Code section 701.7 and is not a crime specified pursuant to Iowa Code chapter 708, 708A, 709, 709A, 710, 710A, 711, or 712 or pursuant to Iowa Code section 726.3, 726.7, or 726.8;

(5) The comprehensive preliminary background check shall have determined that the person being considered for employment does not have a record of founded child abuse or dependent adult abuse, or if the comprehensive preliminary background check determines the person being considered for employment does have a record of founded child abuse or dependent adult abuse, subrule 67.18(8) is applicable;

(6) The provisional employment may continue until such time as the required record check through SING and evaluation by HHS, as applicable, are completed.

67.18(4) *Validity of background check results.* The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.

67.18(5) *Employment prohibition.* Except as provided in paragraph 67.18(3)*"e,"* a person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by HHS.

67.18(6) *Transfer of an employee to another program owned or operated by the same person without a lapse in employment.* The program is not required to request additional criminal and child and dependent adult abuse record checks of that employee.

67.18(7) *Transfer of ownership of a program.* At the time of transfer of ownership of a program, the background check required by this rule will be performed for each employee for whom there is no documentation that such background check has been performed. The program may continue to employ such employee pending the performance of the background check and any related evaluation.

67.18(8) *Change of employment—person with criminal or abuse record—exception to record check evaluation requirements.* A person with a criminal or abuse record who is or was employed by a certified program and is hired by another certified program shall be subject to the background check.

a. A reevaluation of the latest record check is not required, and the person may commence employment with the other certified program if the following requirements are met:

(1) HHS previously performed an evaluation concerning the person's criminal or abuse record and concluded the record did not warrant prohibition of the person's employment;

(2) The latest background check does not indicate a crime was committed or founded abuse record was entered subsequent to the prior evaluation;

(3) The position with the subsequent employer is substantially the same or has the same job responsibilities as the position for which the previous evaluation was performed;

(4) Any restrictions placed on the person's employment in the previous evaluation by HHS and still applicable remain applicable in the person's subsequent employment;

(5) The person subject to the background check has maintained a copy of the previous evaluation and provided it to the subsequent employer, or the previous employer provides the previous evaluation from the person's personnel file pursuant to the person's authorization. If a physical copy of the previous evaluation is not provided to the subsequent employer, a current record check evaluation will be performed.

b. For purposes of this subrule, a position is "substantially the same or has the same job responsibilities" if the position requires the same certification, licensure, or advanced training. For example, a licensed nurse has substantially the same or the same job responsibilities as a director of nursing; a certified nurse aide does not have substantially the same or the same job responsibilities as a licensed nurse.

c. The subsequent employer must maintain the previous evaluation in the employee's personnel file for verification of the exception to the requirement for a record check evaluation.

d. The subsequent employer may request a reevaluation of the background check and may employ the person while the reevaluation is being performed, even though an exemption under paragraph 67.18(8) *"a"* may be authorized.

67.18(9) *Employee notification of criminal convictions or founded abuse after employment.* If a person employed by an employer that is subject to this rule is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person's employment application date, the person shall inform the employer of such information within 48 hours of the criminal conviction or entry of the record of founded child or dependent adult abuse.

a. The employer shall act to verify the information within seven calendar days of notification. "Verify," for purposes of this subrule, means to access SING to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from HHS, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents.

b. If the information is verified, the program shall follow the requirements of paragraphs 67.18(3)*"c"* and *"d."*

c. The employer may continue to employ the person pending the performance of an evaluation by HHS.

d. A person who is required by this subrule to inform the person's employer of a conviction or entry of an abuse record and fails to do so within the required period commits a serious misdemeanor under Iowa Code section 135C.33.

e. The employer may notify the county attorney for the county where the employer is located of any violation or failure by an employee to notify the employer of a criminal conviction or entry of an abuse record within the period required under this subrule.

67.18(10) *Program receipt of credible information that an employee has been convicted of a crime or founded for abuse.* If the program receives credible information, as determined by the program, from someone other than the employee, that the employee has been convicted of a crime or a record of founded child or dependent adult abuse has been entered in the abuse registry after employment, and the employee has not informed the employer of the information within the time required by subrule 67.18(9), the program shall take the following actions:

a. The program will act to verify credible information within seven calendar days of receipt. "Verify," for purposes of this subrule, means to access SING to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from HHS, to conduct an online search through the Iowa Courts Online website, or to contact the county clerk of court office and obtain a copy of relevant court documents.

b. If the information is verified, the program shall follow the requirements of paragraphs 67.18(3)*"c"* and *"d."*

67.18(11) *Proof of background checks for temporary employment agencies and contractors.* Proof of background checks may be kept in the files maintained by temporary employment agencies and contractors. Facilities may require temporary employment agencies and contractors to provide a copy of the result of the background checks. Copies of such results shall be made available to the department upon request.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.19(17A,231C,231D) Emergency removal of tenants. If the department determines that the health or safety of tenants is in jeopardy and the tenants need to be removed from the program, the department will use the following procedures to ensure a safe and orderly transfer.

67.19(1) The department will notify HHS, the tenant advocate, the appropriate area agency on aging, and other agencies as necessary and appropriate:

a. To alert them to the need to transfer tenants from a program;

b. To request assistance in identifying alternative programs or other appropriate settings;

c. To contact the tenants and their legal representatives or family members, if applicable, and others as appropriate, including health care professionals.

67.19(2) The department will notify the program of the immediate need to transfer tenants and of any assistance available, in coordination with the appropriate parties under subrule 67.19(1).

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.20(231C) Nursing assistant work credit.

67.20(1) A program may add an employee to the direct care worker registry by calling 515.281.4077 or by registering through the website at dia-hfd.iowa.gov.

67.20(2) A program shall complete and submit to the department a direct care worker registry application for each certified nursing assistant who works in the program. A registered nurse employed by the program shall supervise the nursing assistant. The application may be obtained by telephone at 515.281.4077 or via the website at dia-hfd.iowa.gov.

67.20(3) A program shall complete and submit to the department a direct care worker registry quarterly employment report whenever a change in the employment of a certified nursing assistant occurs. The report form may be obtained by telephone at 515.281.4077 or via the website at dia-hfd.iowa.gov.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

481—67.21(231B,231C,231D) Public or confidential information.

67.21(1) *Public information.*

a. Public disclosure of findings. The program shall provide copies of the final report resulting from a monitoring in a prominent public place. Copies are available upon request from the Department of Inspections, Appeals, and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50323; by telephone at 515.281.6325; or via the website at dia-hfd.iowa.gov.

b. Open records. The following records are open records available for inspection:

(1) Certification applications, certification status, and accompanying materials;

(2) Final findings of state monitorings, including a monitoring that results from a complaint or program-reported incident;

(3) Reports from the fire safety bureau;

(4) Plans of correction submitted by a program;

(5) Official notices of certification sanctions, including enforcement actions;

(6) Findings of fact, conclusions of law, decisions and orders issued pursuant to rules 481—67.10(17A,231B,231C,231D) and 481—67.12(17A,231B,231C,231D,85GA,HF2365);

(7) Waivers, including the department's approval and denial letter and any letter requesting the waiver.

67.21(2) *Confidential information.* Confidential information includes the following:

a. Information that does not comprise a final report resulting from a monitoring, complaint investigation, or program-reported incident investigation. Information that does not comprise a final report may be made public in a legal proceeding concerning a denial, suspension or revocation of certification;

b. Names of all complainants;

c. Names of tenants of a program, identifying medical information, copies of documentation appointing a legal representative, and the address of anyone other than an owner or operator;

d. Social security numbers or employer identification numbers (EIN).

67.21(3) *Redaction of confidential information.* If a record normally open for inspection contains confidential information, the confidential information shall be redacted before the records are provided for inspection.

[**ARC 0063D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapters 231B, 231C, and 231D.

[Filed ARC 8174B (Notice ARC 7877B, IAB 6/17/09), IAB 9/23/09, effective 1/1/10]
[Filed ARC 0961C (Notice ARC 0809C, IAB 6/26/13), IAB 8/21/13, effective 9/25/13]
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CHAPTER 68
ELDER GROUP HOMES

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—68.1(231B) Definitions. In addition to the definitions in 481—Chapter 67 and Iowa Code chapter 231B, the following definitions apply:

"Applicable requirements" means the requirements in Iowa Code chapter 231B, this chapter and 481—Chapter 67 and any other applicable administrative rules and provisions of the Iowa Code.

"Household occupant" means a tenant and all others who reside in an elder group home (EGH).

"Maximal assistance with activities of daily living" means routine total dependence on staff for the performance of a minimum of four activities of daily living for a period that exceeds 21 days.

"Medically unstable" means that a tenant has a condition or conditions:

1. Indicating physiological frailty as determined by the program's staff in consultation with a physician or physician extender;
2. Resulting in two or more significant hospitalizations within a consecutive three-month period for more than observation; and
3. Requiring supervision by a registered nurse more than once a week of the tenant for more than 21 days.

"On-site manager" means the person on duty responsible for direct supervision or provision of tenant care. The on-site manager may be any household occupant over 18 years of age, except a tenant, who is qualified to perform the necessary duties.

"Personal care provider" means an individual who, in return for remuneration, assists with the essential activities of daily living that the tenant can perform personally only with difficulty.

"Program" means an elder group home.

"Unmanageable incontinence" means a condition that requires staff provision of total care for an incontinent tenant who lacks the ability to assist in bladder or bowel continence care.

"Usable floor space" means open floor space that is not under fixtures, furniture or other barriers and is available for walking or wheelchair use.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.2(231B) Program certification and posting requirements.

68.2(1) *Certification.* A program may obtain certification by meeting all applicable requirements.

68.2(2) *Posting requirements.* A program's current certificate shall be visibly displayed within the designated operation area of the program. The latest monitoring report, fire safety bureau report, and food establishment inspections report issued pursuant to Iowa Code chapter 137F shall be made available to the public by the program upon request.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.3(231B) Certification—application process.

68.3(1) The applicant shall complete an application packet obtained from the department health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals, and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.7272.

68.3(2) The applicant shall submit one copy of the completed application and all supporting documentation to the department at least 30 calendar days prior to the expected date of beginning operation.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.4(231B) Certification—application content. An application for certification or recertification of an EGH shall include the following:

68.4(1) The names, addresses, and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors and trustees, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in each of the following, as applicable:

a. The real estate owner or lessor;

b. The lessee;

c. The management company responsible for the day-to-day operation of the program.

The program will notify the department of any changes in the list no later than ten working days after the effective date of the change.

68.4(2) A statement disclosing whether the individuals listed in subrule 68.4(1) have been convicted of a felony or an aggravated or serious misdemeanor or found to be in violation of the child abuse or dependent adult abuse laws of any state.

68.4(3) A statement disclosing whether any of the individuals listed in subrule 68.4(1) meet the criteria set out in Iowa Code section 231B.10(1)*"g,"* including for a licensed health care facility as defined in Iowa Code section 135C.1 or licensed hospital as defined in Iowa Code section 135B.1.

68.4(4) Reserved.

68.4(5) The tenant occupancy agreement and all attachments.

68.4(6) If the program contracts for personal care or health-related care services from a certified home health agency, a mental health center or a licensed health care facility, a copy of that entity's current license or certification.

68.4(7) A copy of the state license for the entity that provides food service, whether the entity is the program or an outside entity or a combination of both.

68.4(8) The fee set forth in Iowa Code section 231B.17.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.5(231B) Initial certification process.

68.5(1) Upon receipt of all completed documentation, including fire safety bureau approval and structural and evacuation review approval, the department will determine whether or not the proposed program meets applicable requirements.

68.5(2) If the department determines the proposed program meets the requirements for certification, a provisional certification will be issued to the program to begin operation and accept tenants.

68.5(3) Within 180 calendar days following issuance of provisional certification, the department will conduct a monitoring to determine the program's compliance with applicable requirements.

68.5(4) If a regulatory insufficiency is identified as a result of the monitoring, the process in rule 481—67.10(17A,231B,231C,231D) will be followed.

68.5(5) The department will make a final certification decision based on the results of the monitoring and review of an acceptable plan of correction.

68.5(6) The department will notify the program of a final certification decision within ten working days following the finalization of the monitoring report or receipt of an acceptable plan of correction, whichever is applicable.

68.5(7) If the decision is to continue certification, the department will issue a full two-year certification effective from the date of the original provisional certification.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.6(231B) Expiration of program certification. Unless conditionally issued, suspended or revoked, certification of a program will expire at the end of the time period specified on the certificate.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.7(231B) Recertification process. To obtain recertification, a program shall:

68.7(1) Submit one copy of the completed application, including the information from rule 481—68.4(231B), associated documentation, and the recertification fee as listed in Iowa Code section 231B.17 to the department at the address stated in subrule 68.3(1) at least 90 calendar days prior to the expiration of the program's certification.

68.7(2) Submit additional documentation that each of the following has been inspected and found to be maintained in conformance with the manufacturer's recommendations and nationally recognized standards: heating system, cooling system, water heater, electrical system, plumbing, sewage system, artificial lighting, and ventilation system; and, if located on site, garbage disposal, kitchen appliances, washing machines and dryers, and elevators.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.8(231B) Notification of recertification.

68.8(1) The department will review the application and associated documentation and fees. If the application is incomplete, the department will contact the program to request the additional information. After all finalized documentation is received, including fire safety bureau approval, the department will determine the program's compliance with applicable requirements.

68.8(2) If the facility is in good standing, the department will issue the program a two-year certification effective from the date of the expiration of the previous certification.

68.8(3) If the decision is to deny recertification, the department shall issue a notice of denial and provide the program the opportunity for a hearing pursuant to rule 481—67.14(17A,231B,231C,231D).
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.9(231B) Listing of all certified programs. The department will maintain a list of all certified programs, which is available online at dia-hfd.iowa.gov.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.10(231B) Change of ownership—notification to the department.

68.10(1) Certification, unless conditionally issued, suspended or revoked, may be transferable. If the program's certification has been conditionally issued, the department must approve a change of ownership prior to the transfer of the certification.

68.10(2) In order to transfer certification, the applicant must:

a. Meet the requirements of the rules, regulations and standards contained in Iowa Code chapter 231B and 481—Chapter 67 and this chapter;

b. At least 30 days prior to the change of ownership of the program, provide application and supporting documents to the department.

68.10(3) The department may conduct a monitoring within 90 days following a change in the program's ownership to ensure that the program complies with applicable requirements. If a regulatory insufficiency is found, the department will take any necessary enforcement action authorized by applicable requirements.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.11(231B) Cessation of program operation that includes seeking decertification.

68.11(1) The program shall provide, at least 90 days in advance of cessation, unless there is some type of emergency, written notification to the department and the tenant advocate of the date on which the program will cease operation.

68.11(2) At the time a program decides to cease operation, the program shall submit a plan to the department and make arrangements for the safe and orderly transfer or transition of all tenants within the 90-day period specified by subrule 68.11(1).

68.11(3) The department may conduct a monitoring during the 90-day period to ensure the safety of tenants during the transfer process or transition process.

68.11(4) When a program ceases operation, tenant advocates shall be allowed by the program to privately meet with tenants to provide education and service options.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.12(231B) Occupancy agreement.

68.12(1) The occupancy agreement shall be in 12-point type or larger and written in plain language using commonly understood terms that are easy for the tenant or the tenant's legal representative to understand.

68.12(2) In addition to the requirements of Iowa Code section 231B.5, the written occupancy agreement shall include the following information in the body of the agreement or in the supporting documents and attachments:

a. The telephone number for filing a complaint with the department.

b. The telephone number for the office of the tenant advocate.

c. The telephone number for reporting dependent adult abuse.

d. A copy of the program's statement on tenants' rights.

e. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, except in cases of emergency.

f. A copy of the program's admission and transfer criteria.

68.12(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.

68.12(4) A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy kept by the program.

68.12(5) A copy of the most current occupancy agreement shall be made available to the general public upon request.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.13(231B) Evaluation of tenant.

68.13(1) *Evaluation prior to occupancy.* A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and becoming a household occupant to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, human service professional, or a licensed practical nurse via nurse delegation.

68.13(2) *Evaluation within 30 days of occupancy and with significant change.* A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, human service professional, or a licensed practical nurse via nurse delegation.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.14(231B) Criteria for admission and retention of tenants.

68.14(1) *Persons who may not be admitted or retained.* A program shall not knowingly admit or retain a tenant who:

a. Is bed-bound; or

b. Requires routine, one-person assistance with standing, transfer or evacuation; or

c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:

(1) Despite intervention chronically elopes, is sexually, verbally or physically aggressive or abusive; or

(2) Displays behavior that places another tenant at risk; or

d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or

e. Is under the age of 18; or

f. Requires more than part-time or intermittent health-related care; or

g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or

h. Is medically unstable; or

i. Requires maximal assistance with activities of daily living; or

j. Is physically or mentally unable to immediately and without aid of another travel a normal path to safety, including the ascent and descent of stairs from the tenant's bedroom or bathroom.

68.14(2) *Disclosure of additional occupancy and transfer criteria.* A program may have additional occupancy or transfer criteria if the criteria are disclosed in the written occupancy agreement prior to the tenant's occupancy.

68.14(3) *Assistance with transfer from the program.* A program shall assist a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer from the program when the tenant exceeds the program's criteria for admission and retention.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.15(231B) Involuntary transfer from the program.

68.15(1) *Program initiation of transfer.* The program shall comply with Iowa Code section 231B.6 and provide notification to the tenant advocate by certified mail and the tenant's treating physician, if any.

68.15(2) *Transfer pursuant to results of monitoring or complaint or program-reported incident investigation by the department.* If one or more tenants are identified as exceeding the admission and retention criteria for tenants and transferred as a result of a monitoring or a complaint or program-reported incident investigation conducted by the department, the following procedures shall apply:

a. Notification of the program. Within 20 working days of the monitoring or complaint or program-reported incident investigation, the department will notify the program, in writing, of the identification of any tenant who exceeds admission and retention criteria.

b. Notification of others. Each identified tenant, the tenant's legal representative, if applicable, and other providers of services to the tenant will be notified of their opportunity to provide responses within ten days of receipt of the notice, including: specific input, written comment, information, and documentation directly addressing any agreement or disagreement with the identification.

c. Program agreement with the department's finding. If the program agrees with the department's finding and the program begins involuntary transfer proceedings, the program's internal appeal process in subrule 68.15(1) will be utilized for appeals.

d. Program disagreement with the department's finding. If the program does not agree with the department's finding that the tenant exceeds admission and retention criteria, the program may collect and submit all responses to the department, within ten working days of the receipt of the notice, including those from other interested parties. In the program's response, the program will identify the tenant, list the known responses from others, and note the program's agreement or disagreement with the responses from others. Submission of a response does not eliminate the applicable requirements including submission of a plan of correction under 481—subrule 67.13(3). Other persons may also submit information directly to the department.

(1) Consideration of response. Within ten working days of receipt of the program's response for each identified tenant, the department will make a final finding regarding the continued retention of a tenant.

(2) Amending the regulatory insufficiency. If the department's determination is to amend the regulatory insufficiency based on the response, the department will modify the report of findings.

(3) Retaining regulatory insufficiency. If the department retains the regulatory insufficiency, the department will review the plan of correction in accordance with this chapter and 481—Chapter 67. The department will notify the program of the opportunity to appeal the report findings as they relate to the admission and retention decision. The department will provide to the tenant or the tenant's legal representative the contact information for the tenant advocate. A copy of the final report will be sent to the tenant advocate.

(4) Effect of the filing of an appeal. If an appeal is filed, the tenant who exceeds admission and retention criteria will be allowed to continue living in the EGH until all administrative appeals have been exhausted. Appeals filed that relate to the tenant's exceeding admission and retention criteria will be heard within 30 days of receipt, and appropriate services to meet the tenant's needs will be provided during that period of time.

(5) Request for waiver of criteria for retention of a tenant in a program. To allow a tenant to remain in the program, the program may request a waiver of criteria for retention of a tenant pursuant to rule 481—67.7(231B,231C,231D) from the department within ten working days of the receipt of the report.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.16(231B) Tenant documents.

68.16(1) Documentation for each tenant shall be maintained by the program and include:

a. An occupancy record including the tenant's name, birth date, and home address; identification numbers; date of beginning participation; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency;

b. Application forms;

c. The initial evaluations and updates;

d. A nutritional assessment as necessary;

e. The initial individual service plan and updates;

f. Signed authorizations for permission to release medical information, photographs, or other media information as necessary;

g. A signed authorization for the tenant to receive emergency medical care as necessary;

h. A signed managed risk policy and signed managed risk consensus agreements, if any;

i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception;

j. Medication lists, which will be maintained in conformance with 481—paragraph 67.5(2)*"d"*;

k. Advance health care directives as applicable;

l. A complete copy of the tenant's occupancy agreement, including any updates;

m. A written acknowledgment that the tenant or the tenant's legal representative, if applicable, has been fully informed of the tenant's rights;

n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative;

o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record);

p. A copy of waivers of admission or retention criteria, if any;

q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs);

r. Authorizations for the release of information, if any.

68.16(2) The program records relating to a tenant shall be retained for a minimum of three years after termination of service.

68.16(3) All records shall be protected from loss, damage and unauthorized use.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.17(231B) Service plans.

68.17(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 68.13(1) and 68.13(2) and be designed to meet the specific needs of the individual tenant.

68.17(2) Prior to the tenant's signing the occupancy agreement and becoming a household occupant, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.

68.17(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan will be signed by all parties.

a. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.

b. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate to institute the previously written evaluation and service plan.

68.17(4) The service plan shall be individualized and indicate:

a. The tenant's identified needs and preferences for assistance;

b. Any services and care to be provided pursuant to the occupancy agreement;

c. The service provider(s), if other than the program;

d. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the elder group home occupancy.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.18(231B) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:

68.18(1) To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders;

68.18(2) To ensure that health care professionals' orders are current for tenants who receive professional-directed health care from the program;

68.18(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

68.18(4) To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—68.17(231B), showing the time, date and signature.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.19(231B) Staffing. In addition to the general staffing requirements in rule 481—67.9(231B,231C,231D), the following requirements apply to staffing in programs:

68.19(1) The program will be staffed by an on-site manager 24 hours per day, seven days per week.

68.19(2) Personal care providers will have completed a home care aide training program that meets the requirements and criteria established in 441—Chapter 81.

68.19(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.

68.19(4) Personal care providers and nursing staff may be employed by the program or obtained through a contract with a home health agency or other service provider. Regardless of the source, the staff must meet all applicable requirements.

68.19(5) The program will notify the department in writing within ten business days of a change in the program's manager.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.20(231B) Managed risk policy and managed risk consensus agreements. The program shall have a managed risk policy that will be provided to the tenant along with the occupancy agreement and include:

68.20(1) An acknowledgment of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others;

68.20(2) A consensus-based process to address specific risk situations. Program staff and the tenant will participate in the process. The result of the consensus-based process may be a managed risk consensus

agreement that will include the signature of the tenant and all others who participated in the process and be included in the tenant's file.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.21(231B) Transportation. When transportation services are provided directly or under contract with the program the following shall apply:

68.21(1) The vehicle will be accessible and appropriate to the tenants who use it, with consideration for any physical disabilities and impairments.

68.21(2) Every tenant transported will have a seat in the vehicle, except for a tenant who remains in a wheelchair during transport.

68.21(3) Vehicles will have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.

68.21(4) Wheelchairs will be secured when the vehicle is in motion.

68.21(5) During loading and unloading of a tenant, the driver will be in the proximate area of the tenants in a vehicle.

68.21(6) The driver will have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport, or be so licensed in another state. The driver will meet any state or federal requirements for licensure or certification for the vehicle operated.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.22(231B) Identification of veteran's benefit eligibility.

68.22(1) Within 30 days of a tenant's participation in an elder group home that receives reimbursement through the medical assistance program under Iowa Code chapter 249A, the program shall ask the tenant or the tenant's personal representative whether the tenant is a veteran or whether the tenant is the spouse, widow, or dependent of a veteran and document the response.

68.22(2) If the tenant may be a veteran or the spouse, widow, or dependent of a veteran, the program shall report the tenant's name along with the name of the veteran, if applicable, and the name of the contact person for this information, to the Iowa department of veterans affairs. The program may report such information to the Iowa department of health and human services.

68.22(3) If a tenant is eligible for benefits through the U.S. Department of Veterans Affairs or other third-party payor, the program first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.
[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.23 Reserved.

481—68.24(231B) Life safety—emergency policies and procedures and structural safety requirements.

68.24(1) The program shall submit to the department and follow written emergency policies and procedures, including the following:

a. An emergency plan, with procedures for natural disasters that is located for easy reference;
b. Fire safety procedures;
c. Other general or personal emergency procedures, including head injury protocols;
d. Provisions for amending or revising the emergency plan;
e. Provisions for periodic training of all employees;
f. Procedures for fire drills;
g. Regulations regarding smoking;
h. Procedures for monitoring and testing of smoke-control systems;
i. Tenant evacuation procedures;
j. Procedures for reporting and documentation;
k. Procedures for extraordinary lifesaving measures, such as cardiopulmonary resuscitation (CPR).

68.24(2) The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for elder group homes in administrative rules promulgated by the building

code bureau and fire safety bureau. Approval of the bureaus indicating that the building complies with these requirements is necessary for certification of a program.

68.24(3) The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

481—68.25(231B) Structural standards.

68.25(1) The EGH shall be safe, sanitary, well-ventilated, and properly lighted, heated, and cooled; and comply with all applicable state and local housing ordinances for family residences and with fire safety rules promulgated by the fire safety bureau.

68.25(2) In addition to meeting the requirements in subrule 68.25(1), the EGH shall meet the following standards:

a. General.

(1) The home, furnishings and fixtures will be clean, in good repair and appropriate for the tenants.

(2) Stairways will have handrails of a circumference, length, texture, strength and stability that can reasonably be expected to provide tenant support.

(3) A functioning light will be provided in each room, stairway and exit; all light bulbs will be protected from breakage or removal with appropriate covers.

(4) The yard, fire exits and exterior steps will be kept free of obstructions and accessible and appropriate to the condition of the tenants.

(5) There will be at least 150 square feet of common living space and sufficient furniture in the home to accommodate the recreational and socialization needs of all the tenants at one time; common space will not be located in the basement or garage, unless such space was constructed for that purpose. Additional common living space may be required if wheelchairs, walkers or other durable medical equipment is to be accommodated. For an EGH constructed or remodeled after July 1, 2005, there will be 300 square feet of usable floor space.

(6) Interior and exterior doorways used by tenants will be wide enough to accommodate wheelchairs and walkers if tenants with impaired mobility are in residence.

(7) Hot and cold water at each tub, shower, and sink will be in sufficient supply to meet the needs of the tenants and staff.

(8) Grab bars will be present for each toilet, tub and shower. Access to toilet and bathing facilities will be barrier-free and provide individual privacy.

(9) A telephone will be available and accessible for tenants' use in a manner that allows for privacy.

b. Safety.

(1) All combustion appliances will be used and maintained properly and inspected annually by a qualified technician for carbon monoxide emissions and any other hazards to health and safety;

(2) Extension cord wiring will not be used in place of permanent electrical fixtures or outlets.

c. Sanitation requirements.

(1) A public water supply will be utilized if available. If a nonmunicipal water source is used, the owner or on-site manager will show documentation from the state laboratory that the water supply is potable and is tested as required by the rules of the environmental protection commission of the department of natural resources.

(2) Septic tanks or other nonmunicipal wastewater disposal systems will be in good working order and comply with state and local regulations for wastewater treatment.

(3) Garbage and refuse will be suitably stored and disposed of by a sanitation company providing service in the area.

(4) If laundry service is provided, soiled linens and clothing will be stored in containers in an area separate from food storage, kitchen and dining areas.

(5) Sanitation for household pets and other domestic animals will be adequate to prevent health and safety hazards.

(6) There will be adequate control of insects and rodents.

(7) Reasonable and prudent precautions for infection control will be taken, including washing hands and exposed portions of arms with soap and hot water immediately before engaging in food preparation and meal service and before and after providing personal care.

(8) There will be at least one toilet and one sink for every four household occupants. A minimum of one sink and toilet is required on each floor occupied by tenants. A sink will be located near each toilet. For an EGH constructed or remodeled after July 1, 2005, there will be at least one toilet and one sink for every two household occupants, with a minimum of one toilet and one sink on each floor occupied by tenants.

(9) At least one tub or shower is required for each six household occupants. For an EGH constructed or remodeled after July 1, 2005, there will be at least one tub or one shower for every four household occupants.

d. Bedroom requirements.

(1) Each tenant bedroom will:

1. Have a door that opens directly to a hallway or common use area without passage through another bedroom or common bathroom;

2. Be adequately ventilated, heated, cooled and lighted;

3. Have at least 70 square feet of usable floor space, excluding any area where a sloped ceiling does not allow a person to stand upright. For an EGH constructed or remodeled after July 1, 2005, each tenant bedroom will have at least 100 square feet of usable floor space;

4. Provide individual privacy and be occupied by one tenant, unless an alternative arrangement is agreed to in the occupancy agreement by the tenant or the tenant's legal representative;

5. Be on ground level for tenants with impaired mobility;

6. Be in sufficiently close proximity to the on-site manager to ensure that tenants are able to alert the on-site manager to nighttime needs or emergencies, or be equipped with a call system.

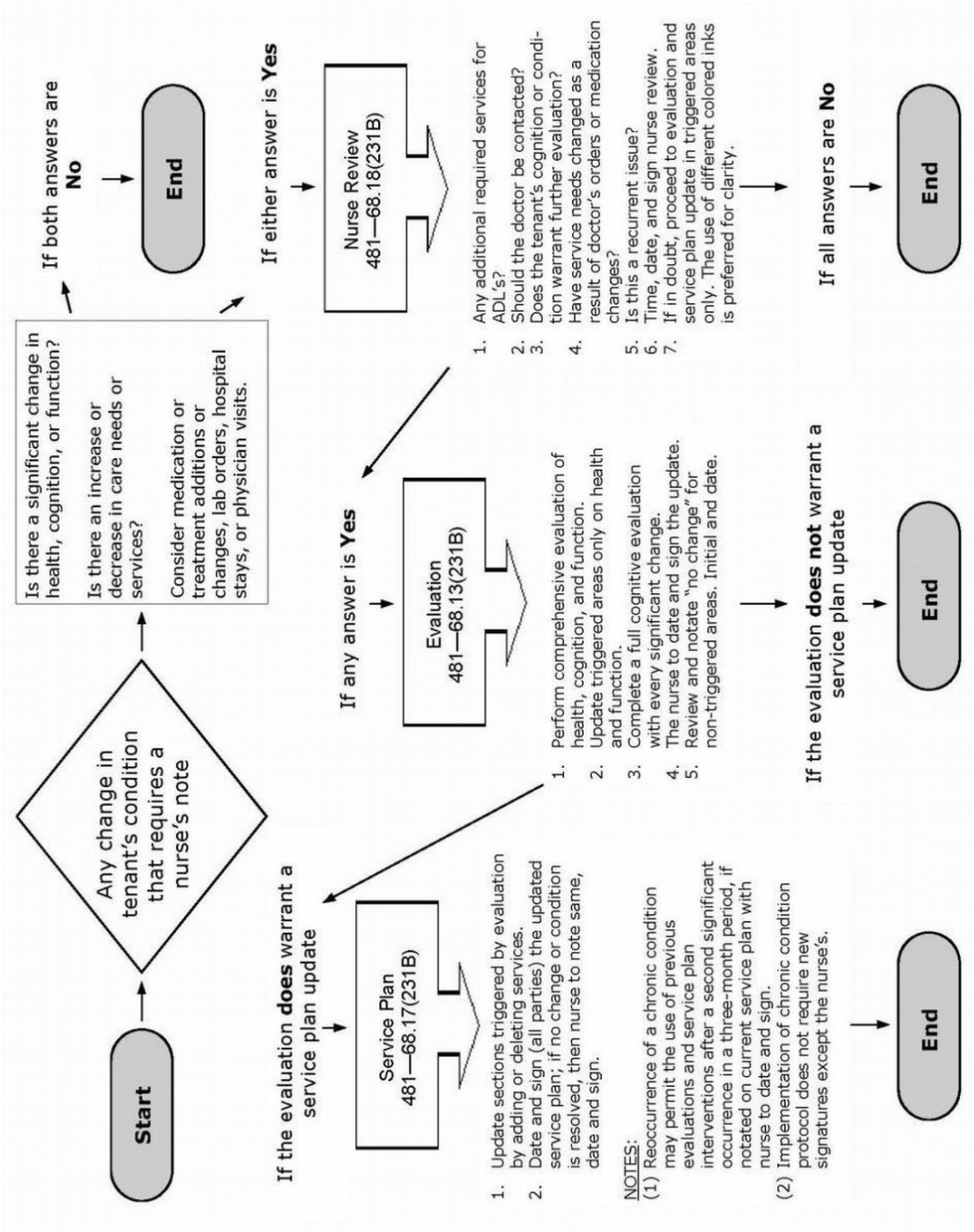
(2) Owners, operators, on-site managers, their family members, and personal care providers will not use as bedrooms areas that are designated as living areas or as tenant bedrooms;

(3) Common living space and tenant bedrooms will not be used for storage areas.

[**ARC 0064D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 231B.

Table A



[Filed ARC 8175B (Notice ARC 7960B, IAB 7/15/09), IAB 9/23/09, effective 1/1/10]
[Filed ARC 1927C (Notice ARC 1860C, IAB 2/4/15), IAB 4/1/15, effective 5/6/15]
[Filed ARC 4976C (Notice ARC 4867C, IAB 1/15/20), IAB 3/11/20, effective 4/15/20]
[Filed ARC 0064D (Notice ARC 9782C, IAB 12/10/25), IAB 2/4/26, effective 3/11/26]

CHAPTER 69
ASSISTED LIVING PROGRAMS

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—69.1(231C) Definitions. In addition to the definitions in 481—Chapter 67 and Iowa Code chapter 231C, the following definitions apply:

"Applicable requirements" means the requirements in Iowa Code chapter 231C, this chapter, and 481—Chapter 67 and includes any other applicable administrative rules and provisions of the Iowa Code.

"CARF" means the Commission on Accreditation of Rehabilitation Facilities.

"Cognitive disorder" means a disorder characterized by cognitive dysfunction presumed to be the result of illness that does not meet the criteria for dementia, delirium, or amnestic disorder.

"Dementia-specific assisted living program" means an assisted living program certified under this chapter that:

1. Serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or
2. Serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or
3. Holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

"Dwelling unit" means a single unit that provides complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping and sanitation, and that may include permanent provisions for eating and cooking. "Sanitation" for purposes of this definition means bathroom fixtures as required by this chapter.

"Maximal assistance with activities of daily living" means routine total dependence on staff for the performance of a minimum of four activities of daily living for a period that exceeds 21 days.

"Medically unstable" means that a tenant has a condition or conditions:

1. Indicating physiological frailty as determined by the program's staff in consultation with a physician or physician extender;
2. Resulting in three or more significant hospitalizations within a consecutive three-month period for more than observation; and
3. Requiring frequent supervision of the tenant for more than 21 days by a registered nurse. For example, a tenant who has a condition such as congestive heart failure that results in three or more significant hospitalizations during a quarter and that requires that the tenant receive frequent supervision may be considered medically unstable.

"Unmanageable incontinence" means a condition that requires staff provision of total care for an incontinent tenant who lacks the ability to assist in bladder or bowel continence care.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.2(231C) Program certification. A program may obtain certification by meeting all applicable requirements or may be voluntarily accredited by a recognized accreditation entity.

69.2(1) *Posting requirements.* A program's current certificate shall be visibly displayed within the designated operation area of the program. The latest monitoring report, fire safety bureau report, and food establishment inspections report issued pursuant to Iowa Code chapter 137F shall be made available to the public by the program upon request.

69.2(2) *Dementia-specific programs.* If a program meets the definition of a dementia-specific assisted living program during two sequential certification monitorings, the program shall meet all requirements for a dementia-specific program, including the requirements set forth in rule 481—69.30(231C); subrules 69.29(2), 69.29(4), 69.32(2), and 69.32(3); and paragraph 69.35(1)*"d,"* within 90 days of receiving the final report from the second sequential certification monitoring. If the number of tenants served who have dementia between Stages 4 and 7 on the GDS goes below that which is required by the definition of dementia-specific program at any time after the program has been deemed dementia-specific by definition

and the program is not holding itself out as providing dementia care in a specialized setting, the program will no longer be considered dementia-specific.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.3(231C) Certification of a nonaccredited program—application process.

69.3(1) The applicant shall complete an application packet obtained from the department's health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals, and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.381.7272.

69.3(2) The applicant shall submit one copy of the completed application and all supporting documentation to the department at least 90 calendar days prior to the expected date of beginning operation.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.4(231C) Nonaccredited program—application content. An application for certification or recertification of a nonaccredited program shall include the following:

69.4(1) The names, addresses, and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors and trustees, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in each of the following, as applicable:

a. The real estate owner or lessor;

b. The lessee;

c. The management company responsible for the day-to-day operation of the program.

The program will notify the department of any changes in the list no later than ten working days after the effective date of the change.

69.4(2) A statement disclosing whether the individuals listed in subrule 69.4(1) have been convicted of a felony or an aggravated or serious misdemeanor or found to be in violation of the child abuse or dependent adult abuse laws of any state.

69.4(3) A statement disclosing whether any of the individuals listed in subrule 69.4(1) meet the criteria set out in Iowa Code section 231C.10(1)*"g,"* including for licensed health care facility as defined in Iowa Code section 135C.1 or licensed hospital as defined in Iowa Code section 135B.1.

69.4(4) The tenant occupancy agreement and all attachments.

69.4(5) If the program contracts for personal care or health-related care services from a certified home health agency, a mental health center or a licensed health care facility, a copy of that entity's current license or certification.

69.4(6) A copy of the state license for the entity that provides food service, whether the entity is the program or an outside entity or a combination of both.

69.4(7) The fee set forth in Iowa Code section 231C.18.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.5(231C) Initial certification process for a nonaccredited program.

69.5(1) Upon receipt of all completed documentation, including building code and fire safety bureau approval and structural and evacuation review approval, the department will determine whether the proposed program meets applicable requirements.

69.5(2) If the department determines the proposed program meets the requirements for certification, a provisional certification will be issued to the program to begin operation and accept tenants.

69.5(3) Within 180 calendar days following issuance of provisional certification, the department will conduct a monitoring to determine the program's compliance with applicable requirements.

69.5(4) If a regulatory insufficiency is identified as a result of the monitoring, the process in rule 481—67.10(17A,231B,231C,231D) will be followed.

69.5(5) The department will make a final certification decision based on the results of the monitoring and review of an acceptable plan of correction.

69.5(6) The department will notify the program of a final certification decision within ten working days following the finalization of the monitoring report or receipt of an acceptable plan of correction, whichever is applicable.

69.5(7) If the decision is to continue certification, the department will issue a full two-year certification effective from the date of the original provisional certification.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.6(231C) Expiration of the certification of a nonaccredited program. Unless conditionally issued, suspended or revoked, certification of a program will expire at the end of the time period specified on the certificate.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.7(231C) Recertification process for a nonaccredited program. To obtain recertification, a program shall:

69.7(1) Submit one copy of the completed application, associated documentation, and the recertification fee as listed in Iowa Code section 231C.18 to the department at least 30 calendar days prior to the expiration of the program's certification.

69.7(2) Submit additional documentation that each of the following has been inspected by a qualified professional and found to be maintained in conformance with the manufacturer's recommendations and nationally recognized standards: heating system, cooling system, water heater, electrical system, plumbing, sewage system, artificial lighting, and ventilation system and, if located on site, garbage disposal, kitchen appliances, washing machines and dryers, and elevators.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.8(231C) Notification of recertification for a nonaccredited program.

69.8(1) The department will review the application and associated documentation and fees. After all finalized documentation is received, including building code and fire safety bureau approval, the department will determine the program's compliance with applicable requirements.

69.8(2) If the facility is in good standing, the department will issue the program a two-year certification effective from the date of the expiration of the previous certification.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.9(231C) Certification or recertification of an accredited program—application process. An applicant for certification or recertification of a program accredited by a recognized accrediting entity shall:

69.9(1) Submit a completed application packet obtained from the department health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals, and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.7272.

69.9(2) Submit a copy of the current accreditation outcome from the recognized accrediting entity.

69.9(3) Maintain compliance with the building code and fire safety bureau's requirements.

69.9(4) Submit the appropriate fees as set forth in Iowa Code section 231C.18.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.10(231C) Certification or recertification of an accredited program—application content. An application for certification or recertification of an accredited program shall comply with rule 481—69.3(231C) and include a copy of the current accreditation outcome from the recognized accrediting entity.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.11(231C) Initial certification process for an accredited program.

69.11(1) Within 20 working days of receiving all finalized documentation, including building code and fire safety bureau approval, the department will notify the accredited program whether the program meets applicable requirements and whether certification will be issued.

69.11(2) If the decision is to certify, a certification will be issued for the term of the accreditation not to exceed three years unless the certification is conditionally issued, suspended or revoked by either the department or the recognized accrediting entity.

69.11(3) If the decision is to deny certification, the department will provide the applicant an opportunity for hearing in accordance with rule 481—67.13(17A,231B,231C,231D).

69.11(4) Unless conditionally issued, suspended or revoked, certification for a program will expire at the end of the time period specified on the certificate.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.12(231C) Recertification process for an accredited program.

69.12(1) To obtain recertification, an accredited program shall comply with rule 481—69.9(231C) at least 30 calendar days prior to the expiration of the program's certification.

69.12(2) If the facility is in good standing, a full certification will be issued for the term of the accreditation not to exceed three years unless the certification is conditionally issued, suspended or revoked by either the department or the recognized accrediting entity.

69.12(3) If the decision is to deny recertification, the department will provide the applicant an opportunity for hearing in accordance with rule 481—67.14(17A,231B,231C,231D).

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.13(231C) Listing of all certified programs. The department will maintain a list of all certified programs, which is available online at dia-hfd.iowa.gov.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.14(231C) Recognized accrediting entity.

69.14(1) The department designates CARF as a recognized accrediting entity for programs.

69.14(2) To apply for designation by the department as a recognized accrediting entity for programs, an entity shall submit a letter of request, and its standards shall meet the applicable requirements for programs.

69.14(3) The designation will remain in effect for as long as the accreditation standards meet the applicable requirements for programs.

69.14(4) An accrediting entity shall provide annually to the department, at no cost, a current edition of the applicable standards manual and survey preparation guide, and training thereon, within 120 working days after the publications are released.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.15(231C) Requirements for an accredited program. Each accredited program that is certified by the department shall:

69.15(1) Provide the department a copy of all survey reports, including outcomes, quality improvement plans and annual conformance to quality reports generated or received, as applicable, within ten working days of receipt of the reports.

69.15(2) Notify the department by the most expeditious means possible of all credible reports of alleged improper or inappropriate conduct or conditions within the program and any actions taken by the accrediting entity with respect thereto.

69.15(3) Notify the department immediately of the expiration, suspension, revocation or other loss of the program's accreditation.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.16(231C) Maintenance of program accreditation.

69.16(1) An accredited program will continue to be recognized for certification by the department if both of the following requirements are met:

a. The program complies with the requirements outlined in rule 481—69.15(231C).

b. The program maintains its voluntary accreditation status for the duration of the time-limited certification period.

69.16(2) A program that does not maintain its voluntary accreditation status must become certified by the department prior to any lapse in accreditation or cease operation as a program.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.17(231C) Change of ownership—notification to the department.

69.17(1) Certification, unless conditionally issued, suspended or revoked, may be transferable. If the program's certification has been conditionally issued, the department must approve a change of ownership prior to the transfer of the certification.

69.17(2) In order to transfer certification, the applicant must:

a. Meet the requirements of the rules, regulations and standards contained in Iowa Code chapter 231C and 481—Chapter 67 and this chapter;

b. At least 30 days prior to the change of ownership of the program, provide application and supporting documentation to the department.

69.17(3) The department may conduct a monitoring within 90 days following a change in the program's ownership to ensure that the program complies with applicable requirements. If a regulatory insufficiency is found, the department will take any necessary enforcement action authorized by applicable requirements.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.18(231C) Plan reviews of a building for a new program.

69.18(1) Before a building is constructed or remodeled for use in a new program, the state building code and fire safety bureau of the department shall review the construction documents and do fire inspections for compliance with requirements pursuant to this chapter. Construction or remodeling includes new construction, remodeling of any part of an existing building, addition of a new wing or floor to an existing building, or conversion of an existing building.

69.18(2) A program applicant shall submit construction documents to the building code bureau's online portal at dial.iowa.gov/licenses/building/plan-review.

69.18(3) The plan review fee must be paid before construction documents are uploaded to the project folder.

69.18(4) The building code bureau of the department will notify the Iowa-licensed architect or Iowa-licensed engineer in writing regarding the status of compliance with requirements.

69.18(5) The Iowa-licensed architect or Iowa-licensed engineer shall respond to the building code bureau regarding how any noncompliance will be resolved.

69.18(6) Upon final notification by the building code bureau that the construction documents meet the bureau's requirements, construction or remodeling of the building may commence.

69.18(7) The fire safety bureau will schedule an on-site visit of the building site with the contractor, or Iowa-licensed architect or Iowa-licensed engineer, during the construction or remodeling process to ensure compliance with the approved construction documents. Any noncompliance must be resolved prior to approval for certification.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.19(231C) Plan review prior to the remodeling of a building for a certified program.

69.19(1) Before a building for a certified program is remodeled as defined in subrule 69.18(1), the building code bureau will review the construction documents for compliance with requirements set forth in rule 481—69.35(231C).

69.19(2) A certified program shall submit construction documents to the building code bureau's online portal at dial.iowa.gov/licenses/building/plan-review.

69.19(3) The plan review fee must be paid before construction documents are uploaded to the project folder.

69.19(4) Upon final notification by the building code bureau that the construction documents meet structural and life safety requirements, remodeling of the building may commence.

69.19(5) The building code and fire safety bureaus shall schedule an on-site visit of the building with the contractor, or Iowa-licensed architect or Iowa-licensed engineer, during the remodeling process to

ensure compliance with the approved construction documents. Any noncompliance must be resolved prior to approval for continued certification or recertification of the program.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.20(231C) Cessation of program operation that includes seeking decertification.

69.20(1) At least 90 days in advance of cessation, the program shall provide to the department and the office of long-term care ombudsman written notification of the date on which the program will cease operation or decertify.

69.20(2) At the time a program decides to cease operation, the program shall submit a plan to the department and make arrangements for the safe and orderly transfer or transition of all tenants within the 90-day period specified by subrule 69.20(1).

69.20(3) The department may conduct a monitoring during the 90-day period to ensure the safety of tenants during the transfer process or transition process.

69.20(4) When a program ceases operation, representatives from the office of long-term care ombudsman shall be allowed by the program to privately meet with tenants to provide education and service options.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.21(231C) Occupancy agreement.

69.21(1) The occupancy agreement shall be in 12-point type or larger, written in plain language using commonly understood terms and be easy for the tenant or the tenant's legal representative to understand.

69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include the following information in the body of the agreement or in the supporting documents and attachments:

a. The telephone number for filing a complaint with the department.

b. The telephone number for the office of long-term care ombudsman.

c. The telephone number for reporting dependent adult abuse.

d. A copy of the program's statement on tenants' rights.

e. A statement that the tenant landlord law applies to assisted living programs.

f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, except in cases of emergency.

69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.

69.21(4) A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy kept by the program.

69.21(5) A copy of the most current occupancy agreement shall be made available to the general public upon request.
[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.22(231C) Evaluation of tenant.

69.22(1) *Evaluation prior to occupancy.* A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the GDS shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation.

69.22(2) *Evaluation within 30 days of occupancy.* A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation.

69.22(3) *Evaluation annually and with significant change.* A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.23(231C) Criteria for admission and retention of tenants.

69.23(1) *Persons who may not be admitted or retained.* A program shall not knowingly admit or retain a tenant who:

a. Is bed-bound; or

b. Requires routine, two-person assistance with standing, transfer or evacuation; or

c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:

(1) Despite intervention, chronically elopes or is sexually, verbally, or physically aggressive or abusive; or

(2) Displays behavior that places another tenant at risk; or

d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or

e. Is under the age of 18; or

f. Requires more than part-time or intermittent health-related care; or

g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or

h. Is medically unstable; or

i. Requires maximal assistance with activities of daily living; or

j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms.

69.23(2) *Disclosure of additional occupancy and transfer criteria.* A program may have additional occupancy or transfer criteria if the criteria are disclosed in the written occupancy agreement prior to the tenant's occupancy.

69.23(3) *Assistance with transfer from the program.* A program shall assist a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer from the program when the tenant exceeds the program's criteria for admission and retention.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.24(231C) Involuntary transfer from the program.

69.24(1) *Program initiation of transfer.* The program shall comply with Iowa Code section 231C.6 and the following:

a. The program will provide the tenant, or the tenant's legal representative, the contact information for the office of long-term care ombudsman.

b. The program will immediately provide to the office of long-term care ombudsman, by mail or email, a copy of the notification and notify the tenant's treating physician, if any.

c. Pursuant to statute, the office of long-term care ombudsman will offer the notified tenant or tenant's legal representative assistance with the program's internal appeal process.

69.24(2) *Transfer pursuant to results of monitoring or complaint or program-reported incident investigation by the department.* If one or more tenants are identified as exceeding the admission and retention criteria for tenants and need to be transferred as a result of a monitoring or a complaint or program-reported incident investigation conducted by the department, the following procedures shall apply.

a. Program agreement with the department's finding. If the program agrees with the department's finding and the program begins involuntary transfer proceedings, the program's internal appeal process in subrule 69.24(1) will be utilized for appeals.

b. Program disagreement with the department's finding. If the program does not agree with the department's finding that the tenant exceeds admission and retention criteria, the program may appeal the department's final report as provided in rule 481—67.14(17A,231B,231C,231D,85GA,HF2365). If an appeal is filed, the tenant who exceeds admission and retention criteria will be allowed to continue living at the program until all administrative appeals have been exhausted. Appeals filed that relate to the tenant's

exceeding admission and retention criteria will be heard within 30 days of receipt, and appropriate services to meet the tenant's needs will be provided during that period of time.

c. Request for waiver of criteria for retention of a tenant in a program. To allow a tenant to remain in the program, the program may request a waiver of criteria for retention of a tenant pursuant to rule 481—67.7(231B,231C,231D) from the department within ten working days of the receipt of the report.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.25(231C) Tenant documents.

69.25(1) Documentation for each tenant shall be maintained by the program and include:

a. An occupancy record, including the tenant's name, birth date, and home address; identification numbers; date of occupancy; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency;

b. Application forms;

c. The initial evaluations and updates;

d. A nutritional assessment as necessary;

e. The initial individual service plan and updates;

f. Signed authorizations for permission to release medical information, photographs, or other media information as necessary;

g. A signed authorization for the tenant to receive emergency medical care as necessary;

h. A signed managed risk policy and signed managed risk consensus agreements, if any;

i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception;

j. Medication lists, which will be maintained in conformance with 481—paragraph 67.5(2)*"d"*;

k. Advance health care directives as applicable;

l. A complete copy of the tenant's occupancy agreement, including any updates;

m. A written acknowledgment that the tenant or the tenant's legal representative, if applicable, has been fully informed of the tenant's rights;

n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative;

o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record);

p. A copy of waivers of admission or retention criteria, if any;

q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs);

r. Authorizations for the release of information, if any.

69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after termination of services.

69.25(3) All records shall be protected from loss, damage and unauthorized use.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.26(231C) Service plans.

69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with rule 481—69.22(231C) and be designed to meet the specific needs of the individual tenant.

69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.

69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative.

a. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.

b. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained.

69.26(4) The service plan shall be individualized and indicate:

a. The tenant's identified needs and preferences for assistance;

b. Any services and care to be provided pursuant to the occupancy agreement;

c. The service provider(s), if other than the program;

d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests;

e. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.27(231C) Nurse review.

69.27(1) If a tenant does not receive personal or health-related care but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted.

69.27(2) If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:

a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders;

b. To ensure that health care professionals' orders are current for tenants who receive professional-directed health care from the program;

c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

d. To provide the program with written documentation of the nurse review, showing the time, date and signature.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.28(231C) Food service.

69.28(1) The program shall provide or coordinate with other community providers to provide a hot or other appropriate meal(s) at least once a day or arrange for the availability of meals.

69.28(2) Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food.

69.28(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:

a. A minimum of 33⅓ percent if the program provides one meal per day;

b. A minimum of 66⅔ percent if the program provides two meals per day; and

c. One hundred percent if the program provides three meals per day.

69.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician associate, advanced registered nurse practitioner or ordered by a licensed dietitian authorized by a qualified medical provider. A therapeutic diet provides food, fluids or nutrients by oral, enteral, or parenteral routes and is used in the treatment of a disease or clinical

condition to modify, eliminate, decrease or increase specific macro- or micronutrients, or to provide mechanically altered food when medically indicated. The thirteenth edition of the Iowa Simplified Diet Manual published by the Iowa dietetic association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets.

69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and have annual in-service training on food protection.

a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by:

(1) Obtaining certification as a dietary manager; or

(2) Obtaining certification as a food protection professional; or

(3) Successfully completing an ANSI-accredited certified food protection manager program meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the program's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling.

b. If the person is in the process of completing a course or certification listed in paragraph 69.28(5) *"a,"* the requirement relating to completion of a state-approved food protection program will be considered to have been met.

69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following:

a. All main meals and planned menu items will be prepared offsite and transferred to the program kitchen for service to tenants.

b. Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast.

c. Ingredients used for food-related activities with tenants may be stored in the program's kitchen. Tenant activities may include the preparation and cooking of food items in the program's kitchen if the activity occurs on an irregular or sporadic basis and the items prepared are not part of the program's menu.

d. Appropriately trained staff may prepare in the program's kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program's kitchen. These food items may not be cooked in the program's kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but there will be no bare-hand contact.

e. Tenants may take food items left over from a meal back to their apartments, but no leftovers will be stored in the program's kitchen.

f. Warewashing may be done in the program's kitchen as long as the program utilizes a commercial dishwasher and documents daily testing of sanitizer chemical ppm and proper water temperatures. Verification by the department of these practices may be conducted during on-site visits.

69.28(7) All perishable or potentially hazardous food shall be cooked to recommended temperatures and held at safe temperatures of 41°F (5°C) or below, or 135°F (57°C) or above.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 6/10/26]

481—69.29(231C) Staffing. In addition to the general staffing requirements in rule 481—67.9(231B,231C,231D), the following requirements apply to staffing in programs.

69.29(1) Each tenant will have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

69.29(2) In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia will follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s).

69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and the target population.

69.29(4) A dementia-specific assisted living program will have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff will be awake and on duty 24 hours a day on site and in the proximate area.

A non-dementia-specific assisted living program will have one or more staff persons who monitor tenants as indicated in each tenant's service plan, be able to respond to a call light or other emergent tenant needs, and be in the proximate area 24 hours a day on site.

69.29(5) All programs employing a new program manager after January 1, 2010, will require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living programs. Managers who have completed a similar training prior to January 1, 2010, will not be required to complete additional training to meet this requirement.

69.29(6) All programs employing a new delegating nurse after January 1, 2010, will require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program will complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training will train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule.

69.29(7) The program will notify the department in writing within ten business days of a change in the program's manager.

69.29(8) The program must develop and implement policy and procedure for addressing sexual relationships between tenants and staff and between tenants with dementia greater than Stage 5 on the GDS.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.30(231C) Dementia-specific education for program personnel.

69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.

69.30(2) The dementia-specific education or training shall include:

a. An explanation of dementia and related disorders;

b. The program's specialized dementia care philosophy and program;

c. Skills for communicating with persons with dementia;

d. Skills for communicating with family and friends of persons with dementia;

e. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics;

f. The importance of planned and spontaneous activities;

g. Skills in assistance with instrumental activities of daily living;

h. The importance of the service plan and social history information;

i. Skills in working with challenging tenants;

j. Techniques for simplifying, cueing, and redirecting;

k. Staff support and stress reduction;

l. Medication management and nonpharmacological interventions.

69.30(3) Dementia-specific continuing education.

a. Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually.

b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually.

c. Contracted personnel who have no contact with tenants (e.g., persons providing lawn maintenance or snow removal) are not required to receive the two hours of training required in paragraph 69.30(3)*"a."*

d. The contracting agency may provide the program with documentation of dementia-specific continuing education that meets the requirements of this subrule.

69.30(4) An employee or contractor who provides documentation of completion of a dementia-specific education or training program within the past 12 months will be exempt from the education and training requirement of subrule 69.30(1).

69.30(5) Dementia-specific training will include hands-on training and any of the following: classroom instruction, web-based training, and case studies of tenants in the program.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.31(231C) Managed risk policy and managed risk consensus agreements. The program shall have a managed risk policy that will be provided to the tenant along with the occupancy agreement and include:

69.31(1) An acknowledgment of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making could result in poor outcomes for the tenant or others;

69.31(2) A consensus-based process to address specific risk situations. Program staff and the tenant will participate in the process. The result of the consensus-based process may be a managed risk consensus agreement that will include the signature of the tenant and all others who participated in the process and be included in the tenant's file.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.32(231C) Life safety—emergency policies and procedures and structural safety requirements.

69.32(1) The program shall submit to the department and follow written emergency policies and procedures, including:

a. An emergency plan with procedures for natural disasters that is located for easy reference;

b. Fire safety procedures;

c. Other general or personal emergency procedures, including head injury protocols;

d. Provisions for amending or revising the emergency plan;

e. Provisions for periodic training of all employees;

f. Procedures for fire drills;

g. Regulations regarding smoking;

h. Monitoring and testing of smoke-control systems;

i. Tenant evacuation procedures;

j. Procedures for reporting and documentation;

k. Extraordinary lifesaving measures, such as cardiopulmonary resuscitation (CPR).

69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.

69.32(3) The program shall obtain approval from the fire safety bureau of the department before the installation of any specialized door locking systems.

69.32(4) A program serving a person(s) with cognitive disorder or dementia shall have written procedures regarding:

a. Alarm systems, if an alarm system is in place.

b. Appropriate staff response when a tenant's service plan indicates a risk of elopement or when a tenant exhibits wandering behavior.

c. Appropriate staff response if a tenant with cognitive disorder or dementia is missing.

69.32(5) The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the building code and fire safety bureaus. Approval of both bureaus indicating that the building complies with these requirements is necessary for certification of a program.

69.32(6) The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.33(231C) Transportation. When transportation services are provided directly or under contract with the program, the following shall apply:

69.33(1) The vehicle will be accessible and appropriate to the tenants who use it, with consideration for any physical disabilities and impairments.

69.33(2) Every tenant transported will have a seat in the vehicle, except for a tenant who remains in a wheelchair during transport.

69.33(3) Vehicles will have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.

69.33(4) Wheelchairs will be secured when the vehicle is in motion.

69.33(5) During loading and unloading of a tenant, the driver will be in the proximate area of the tenants in a vehicle.

69.33(6) The driver will have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport, or be so licensed in another state. The driver will meet any state or federal requirements for licensure or certification for the vehicle operated.

69.33(7) Each vehicle will have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.34(231C) Activities. The program shall have a policy related to activities, including the following:

69.34(1) The program will provide appropriate activities for each tenant reflecting individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.

69.34(2) Activities will be planned to support the tenant's service plan consistent with occupancy policies.

69.34(3) A written schedule of activities will be developed at least monthly and made available to tenants and their legal representatives.

69.34(4) Tenants will be given the opportunity to choose their levels of participation in all activities offered in the program.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.35(231C) Structural requirements.

69.35(1) *General requirements.*

a. The structure of the program will be designed and operated to meet the needs of the tenants.

b. The buildings and grounds will be well-maintained, clean, safe and sanitary.

c. Programs will have private dwelling units with a single-action, lockable entrance door.

d. A program serving persons with cognitive impairment or dementia, whether in a general or dementia-specific setting, will have the means to disable or remove the lock on an entrance door and disable or remove the lock if its presence presents a danger to the health and safety of the tenant.

e. The structure in which a program is housed shall comply with the administrative rules promulgated by the building code and fire safety bureaus.

f. Programs may have individual cooking facilities within the private dwelling units. Any program serving persons with cognitive impairment or dementia, whether in a general or dementia-specific setting, will have the means to disable or easily remove appliances and disable or remove them if their presence presents a danger to the health and safety of the tenant or others.

69.35(2) *Programs certified prior to July 4, 2001.* Facilities for programs certified prior to July 4, 2001, shall meet the following requirements:

a. Each dwelling unit will have at least one room that will have not less than 120 square feet of floor area. Other habitable rooms will have an area of not less than 70 square feet.

b. Each dwelling unit will have not less than 190 square feet of floor area, excluding bathrooms.

c. A dwelling unit used for double occupancy will have not less than 290 square feet of floor area, excluding bathrooms.

d. The program will have a minimum of 15 square feet of common area per tenant.

69.35(3) *New construction built on or after July 4, 2001.* Programs operated in new construction built on or after July 4, 2001, shall meet the following requirements:

a. Each dwelling unit will have at least one room that will have not less than 120 square feet of floor area. Other habitable rooms will have an area of not less than 70 square feet.

b. Each dwelling unit used for single occupancy will have a total square footage of not less than 240 square feet of floor area, excluding bathrooms and door swing.

c. A dwelling unit used for double occupancy will have a total square footage of not less than 340 square feet of floor area, excluding bathrooms and door swing.

d. Each dwelling unit will contain a bathroom, including a toilet, sink and bathing facilities. A program serving persons with cognitive impairment or dementia, whether in a general or dementia-specific setting, will have the means to disable or remove the sink or bathing facility water control and will disable or remove the water control if its presence presents a danger to the health and safety of the tenant.

e. Self-closing doors are not required for individual dwelling units, whether in a general or dementia-specific setting, unless the authority with jurisdiction determines that the level of hazard has increased to require the installation of closure hardware (for example, presence of a stove, range or oven).

69.35(4) *Structure being converted to or remodeled for use by a program on or after July 4, 2001.* A program operating in a structure that was converted or remodeled for use for a program on or after July 4, 2001, shall meet the following requirements:

a. Each dwelling unit will have at least one room that has not less than 120 square feet of floor area. Other habitable rooms will have an area of not less than 70 square feet.

b. Each dwelling unit used for single occupancy will have a total square footage of not less than 190 square feet of floor area, excluding bathrooms and door swing.

c. A dwelling unit used for double occupancy will have a total square footage of not less than 290 square feet of floor area, excluding bathrooms and door swing.

d. Each dwelling unit will have a bathroom, including a toilet, sink and bathing facility.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.36(231C) Dwelling units in dementia-specific programs. Dementia-specific programs are exempt from the requirements in subrules 69.35(2) through 69.35(4) as follows:

69.36(1) For a program built in a family or neighborhood design:

a. Each dwelling unit used for single occupancy will have a total square footage of not less than 150 square feet of floor area, excluding a bathroom; and

b. Each dwelling unit used for double occupancy will have a total square footage of not less than 250 square feet of floor area, excluding a bathroom.

69.36(2) Dementia-specific programs may choose not to provide bathing facilities in the dwelling units.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.37 Reserved.

481—69.38(83GA,SF203) Identification of veteran's benefit eligibility.

69.38(1) Within 30 days of a tenant's admission to an assisted living program that receives reimbursement through the medical assistance program under Iowa Code chapter 249A, the program shall ask the tenant or the tenant's personal representative whether the tenant is a veteran or whether the tenant is the spouse, widow, or dependent of a veteran and document the response.

69.38(2) If the tenant may be a veteran or the spouse, widow, or dependent of a veteran, the program shall report the tenant's name along with the name of the veteran, if applicable, as well as the name of the contact person for this information, to the department of veterans affairs. The program may report such information to the department of health and human services.

69.38(3) If a tenant is eligible for benefits through the U.S. Department of Veterans Affairs or other third-party payor, the program first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

481—69.39(231C) Respite care services. "Respite care services" means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person, or on request of the tenant as a trial of the program. An assisted living program that chooses to provide respite care services must meet the following requirements related to respite care services and be certified as an assisted living program.

69.39(1) *Length of stay.* Respite care services will be provided for no more than 30 consecutive days and for a total of no more than 60 days in a consecutive 12-month period beginning on the first day the individual stays in the program.

69.39(2) *No separate certificate.* An assisted living program that chooses to provide respite care services is not required to obtain a separate certificate or pay a certification fee.

69.39(3) *Assessment.* The program nurse will assess the individual prior to the individual's stay and will document:

a. Safety and supervision needs;

b. Medical needs;

c. Dietary needs;

d. Bowel and bladder function.

69.39(4) *Written direction to staff.* The program nurse will document the care needs of the individual based on the assessment conducted pursuant to subrule 69.39(3) and provide the documentation to staff.

69.39(5) *Involuntary termination of respite care services.* The program may terminate the respite care services for the individual. Rule 481—69.24(231C) will not apply. The program will make proper arrangements for the welfare of the individual prior to involuntary termination of respite care services, including notification of the individual's family or legal representative.

69.39(6) *Contract.* The program will have a contract with each individual, including:

a. The time period during which the individual will be considered to be receiving respite care services, not to exceed 30 consecutive days.

b. A description of all fees, charges, and rates for respite care services, and any additional and optional services and their related costs.

c. A statement that respite care services may be involuntarily terminated. Rule 481—69.24(231C) will not apply.

d. Identification of the party responsible for payment of fees and identification of the respite care individual's legal representative, if any.

e. Identification of emergency contacts, including but not limited to the individual's family member(s) and physician.

f. A statement that all individual information will be maintained in a confidential manner to the extent required under state and federal law.

g. The refund policy, if applicable.

h. A statement regarding billing and payment procedures.

69.39(7) *Admission to program.*

a. Individuals receiving respite care will not be considered an admission to the program.

b. Individuals receiving respite care will be included in the program's census.

c. The program will not enter into multiple 30-day contracts with an individual receiving respite care in order to lengthen the individual's stay in the program.

d. If an individual receiving respite care remains in the program beyond 30 consecutive days and is eligible for admission, the department will consider the individual a tenant in the program. The program will follow all requirements for admission to the program.

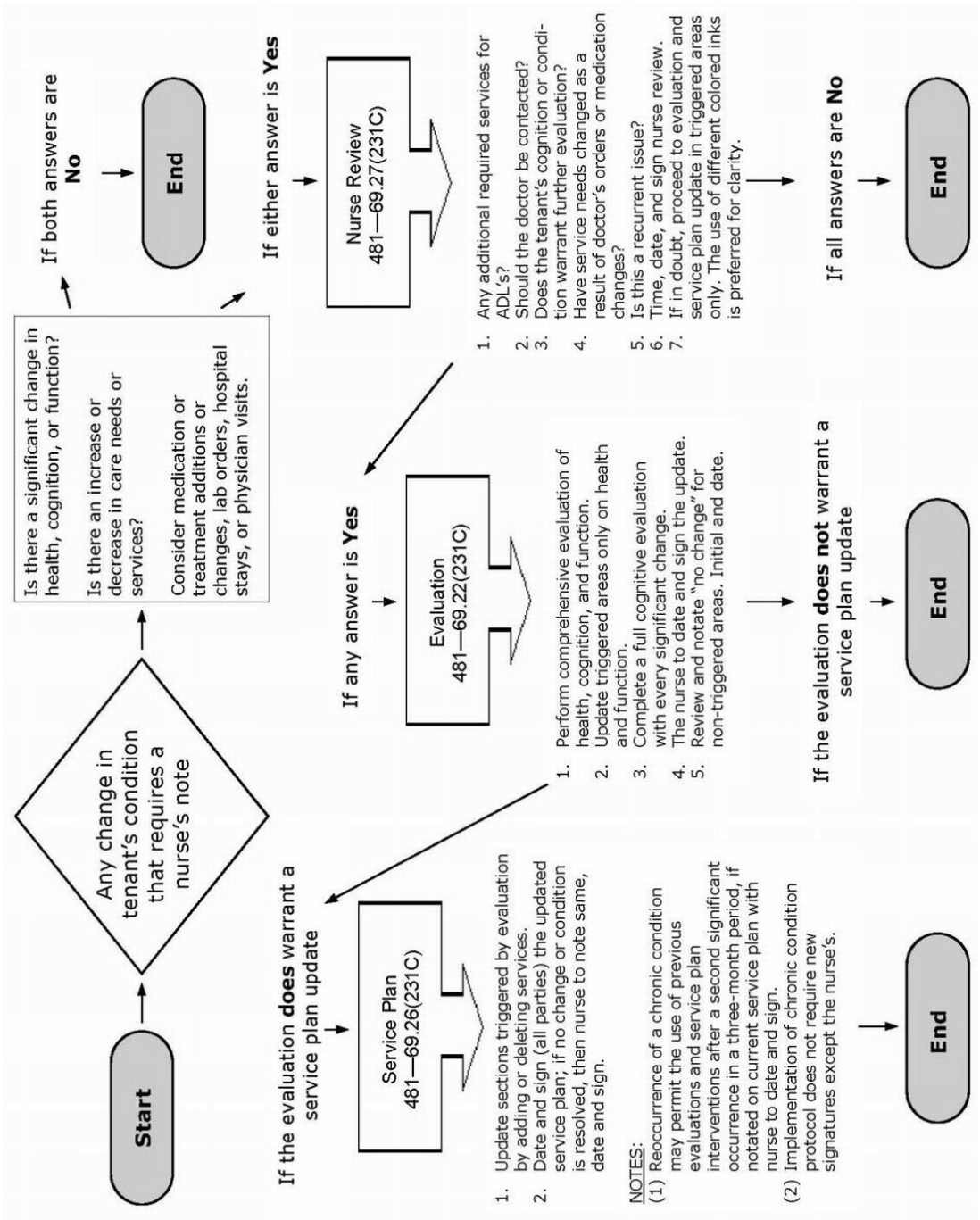
69.39(8) *Level of care criteria.* Individuals receiving respite care must meet the criteria found in subrule 69.23(1) for admission and retention of tenants. Respite care services will not be provided by an assisted living program to persons requiring a level of care that is higher than the level of care the program is certified to provide.

69.39(9) *Accessibility by the department.* The department shall have the same access to respite care services records as provided in 481—subrule 67.10(2).

[**ARC 0065D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 231C.

Table A



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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 70
ADULT DAY SERVICES

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/11/31

481—70.1(231D) Definitions. In addition to the definitions in 481—Chapter 67 and Iowa Code chapter 231D, the following definitions apply:

"Applicable requirements" means the requirements in Iowa Code chapter 231D, this chapter, 481—Chapter 67 and includes any other applicable administrative rules and provisions of the Iowa Code.

"CARF" means the Commission on Accreditation of Rehabilitation Facilities.

"Cognitive disorder" means a disorder characterized by cognitive dysfunction presumed to be the result of illness that does not meet criteria for dementia, delirium, or amnestic disorder.

"Dementia-specific adult day services program" means an adult day services program certified under this chapter that:

1. Serves fewer than 55 participants and has 5 or more participants who have dementia between Stages 4 and 7 on the Global Deterioration Scale, or
2. Serves 55 or more participants and 10 percent or more of the participants have dementia between Stages 4 and 7 on the Global Deterioration Scale, or
3. Holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

"Maximal assistance with activities of daily living" means routine total dependence on staff for the performance of a minimum of four activities of daily living for a period that exceeds 21 days.

"Medically unstable" means that a participant has a condition or conditions:

1. Indicating physiological frailty as determined by the program's staff in consultation with a physician or physician extender;
2. Resulting in three or more significant hospitalizations within a consecutive three-month period for more than observation; and
3. Requiring frequent supervision of the participant for more than 21 days by a registered nurse.

For example, a participant who has a condition such as congestive heart failure that results in three or more significant hospitalizations during a quarter and that requires that the participant receive frequent supervision may be considered medically unstable.

"Unmanageable incontinence" means a condition that requires staff provision of total care for an incontinent participant who lacks the ability to assist in bladder or bowel continence care.

"Visiting day(s)" means up to 16 hours in a two-day period during which a person may visit a program prior to admission for the purpose of assessing eligibility for the program and personal satisfaction.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.2(231D) Program certification. A program may obtain certification by meeting all applicable requirements or being voluntarily accredited by a recognized accreditation entity.

70.2(1) *Posting requirements.* A program's current certificate shall be visibly displayed within the designated operation area of the program. The latest monitoring report, fire safety bureau report, and food establishment inspections report issued pursuant to Iowa Code chapter 137F shall be made available to the public by the program upon request.

70.2(2) *Dementia-specific programs.* If a program meets the definition of a dementia-specific adult day services program during two sequential certification monitorings, the program shall meet all requirements for a dementia-specific program, including the requirements set forth in rule 481—70.30(231D) and in subrule 70.32(2).

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.3(231D) Certification of a nonaccredited program—application process.

70.3(1) The applicant shall complete an application packet obtained from the department health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals,

and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.7272.

70.3(2) The applicant shall submit one copy of the completed application and all supporting documentation to the department at the above address at least 90 calendar days prior to the expected date of beginning operation.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.4(231D) Nonaccredited program—application content. An application for certification or recertification of a nonaccredited program shall include the following:

70.4(1) The names, addresses, and percentage of stock, shares, partnership or other equity interest of all officers, members of the board of directors and trustees, as well as stockholders, partners or any individuals who have greater than a 10 percent equity interest in each of the following, as applicable:

a. The real estate owner or lessor;

b. The lessee;

c. The management company responsible for the day-to-day operation of the program.

The program will notify the department of any changes in the list no later than ten working days after the effective date of the change.

70.4(2) A statement disclosing whether the individuals listed in subrule 70.4(1) have been convicted of a felony or an aggravated or serious misdemeanor or found to be in violation of the child abuse or dependent adult abuse laws of any state.

70.4(3) A statement disclosing whether any of the individuals listed in subrule 70.4(1) fall under the provisions in Iowa Code section 231D.5, including for a licensed health care facility as defined in Iowa Code section 135C.1 or a licensed hospital as defined in Iowa Code section 135B.1.

70.4(4) The contractual agreement and all attachments.

70.4(5) If the program contracts for personal care or health-related care services from a certified home health agency, a mental health center or a licensed health care facility, a copy of that entity's current license or certification.

70.4(6) A copy of the state license for the entity that provides food service, whether the entity is the program or an outside entity or a combination of both.

70.4(7) The fee set forth in Iowa Code section 231D.4.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.5(231D) Initial certification process for a nonaccredited program.

70.5(1) Upon receipt of all completed documentation, including building code and fire safety bureau approval and structural and evacuation review approval, the department will determine whether the proposed program meets applicable requirements.

70.5(2) If the department determines the proposed program meets the requirements for certification, a provisional certification will be issued to the program to begin operation and accept participants.

70.5(3) Within 180 calendar days following issuance of provisional certification, the department will conduct a monitoring to determine the program's compliance with applicable requirements.

70.5(4) If a regulatory insufficiency is identified as a result of the monitoring, the process in rule 481—67.10(17A,231B,231C,231D) will be followed.

70.5(5) The department will make a final certification decision based on the results of the monitoring and review of an acceptable plan of correction.

70.5(6) The department will notify the program of a final certification decision within ten working days following the finalization of the monitoring report or receipt of an acceptable plan of correction, whichever is applicable.

70.5(7) If the decision is to continue certification, the department will issue a full two-year certification effective from the date of the original provisional certification.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.6(231D) Expiration of the certification of a nonaccredited program. Unless conditionally issued, suspended or revoked, certification of a program will expire at the end of the time period specified on the certificate.
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.7(231D) Recertification process for a nonaccredited program. To obtain recertification, a program shall:

70.7(1) Submit one copy of the completed application, associated documentation, and the recertification fee as listed in Iowa Code section 231D.4 to the department at the address stated in subrule 70.3(1) at least 30 calendar days prior to the expiration of the program's certification.

70.7(2) Submit additional documentation that each of the following has been inspected by a qualified professional and found to be maintained in conformance with the manufacturer's recommendations and nationally recognized standards: heating system, cooling system, water heater, electrical system, plumbing, sewage system, artificial lighting, and ventilation system; and, if located on site, garbage disposal, kitchen appliances, washing machines and dryers, and elevators.
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.8(231D) Notification of recertification for a nonaccredited program.

70.8(1) The department will review the application, associated documentation and fees. After all finalized documentation is received, including building code and fire safety bureau approval, the department will determine the program's compliance with applicable requirements.

70.8(2) If the facility is in good standing, the department will issue the program a two-year certification effective from the date of the expiration of the previous certification.
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.9(231D) Certification or recertification of an accredited program—application process. An applicant for certification or recertification of a program accredited by a recognized accrediting entity shall:

70.9(1) Submit a completed application packet obtained from the department health facilities division website at dia-hfd.iowa.gov; by mail from the Department of Inspections, Appeals, and Licensing, Adult Services Bureau, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.7272.

70.9(2) Submit a copy of the current accreditation outcome from the recognized accrediting entity.

70.9(3) Maintain compliance with the requirements of the building code and fire safety bureau of the department pursuant to this chapter.

70.9(4) Submit the appropriate fees as set forth in Iowa Code section 231D.4.
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.10(231D) Certification or recertification of an accredited program—application content. An application for certification or recertification of an accredited program shall comply with rule 481—70.4(231D) and include a copy of the current accreditation outcome from the recognized accrediting entity.
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.11(231D) Initial certification process for an accredited program.

70.11(1) Within 20 working days of receiving all finalized documentation, including building code and fire safety bureau approval, the department will notify the accredited program whether the accredited program meets applicable requirements and whether certification will be issued.

70.11(2) If the decision is to certify, a certification will be issued for the term of the accreditation not to exceed three years, unless the certification is conditionally issued, suspended or revoked by either the department or the recognized accrediting entity.

70.11(3) If the decision is to deny certification, the department will provide the applicant an opportunity for hearing in accordance with rule 481—67.13(17A,231B,231C,231D).
[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.12(231D) Recertification process for an accredited program.

70.12(1) To obtain recertification, an accredited program shall comply with rule 481—70.9(231D) at least 30 calendar days prior to the expiration of the program's certification.

70.12(2) If the facility is in good standing, a full certification shall be issued for the term of the accreditation not to exceed three years, unless the certification is conditionally issued, suspended or revoked by either the department or the recognized accrediting entity. If the decision is to deny recertification, the department will provide the applicant an opportunity for hearing in accordance with rule 481—67.14(17A,231B,231C,231D).

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.13(231D) Listing of all certified programs. The department will maintain a list of all certified programs, which is available online at dia-hfd.iowa.gov/DIA_HFD/Home.do.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.14(231D) Recognized accrediting entity.

70.14(1) The department designates CARF as a recognized accrediting entity for programs.

70.14(2) To apply for designation by the department as a recognized accrediting entity for programs, an accrediting entity shall submit a letter of request and its standards shall meet the applicable requirements for programs.

70.14(3) The designation will remain in effect for as long as the accreditation standards meet the applicable requirements for programs.

70.14(4) An accrediting entity shall provide annually to the department, at no cost, a current edition of the applicable standards manual and survey preparation guide, and training thereon, within 120 working days after the publications are released.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.15(231D) Requirements for an accredited program. Each accredited program that is certified by the department shall:

70.15(1) Provide the department a copy of all survey reports including outcomes, quality improvement plans and annual conformance to quality reports generated or received, as applicable, within ten working days of receipt of the reports.

70.15(2) Notify the department by the most expeditious means possible of all credible reports of alleged improper or inappropriate conduct or conditions within the program and any actions taken by the accrediting entity with respect thereto.

70.15(3) Notify the department immediately of the expiration, suspension, revocation or other loss of the program's accreditation.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.16(231D) Maintenance of program accreditation.

70.16(1) An accredited program will continue to be recognized for certification by the department if both of the following requirements are met:

a. The program complies with the requirements outlined in rule 481—70.15(231D).

b. The program maintains its voluntary accreditation status for the duration of the time-limited certification period.

70.16(2) A program that does not maintain its voluntary accreditation status must become certified by the department prior to any lapse in accreditation or cease operation as a program.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.17(231D) Change of ownership—notification to the department.

70.17(1) Certification, unless conditionally issued, suspended or revoked, may be transferable. If the program's certification has been conditionally issued, the department must approve a change of ownership prior to the transfer of the certification.

70.17(2) In order to transfer certification, the applicant must:

a. Meet the requirements of the rules, regulations and standards contained in Iowa Code chapter 231D and 481—Chapter 67 and this chapter;

b. At least 30 days prior to the change of ownership of the program, provide application and supporting documentation to the department.

70.17(3) The department may conduct a monitoring within 90 days following a change in the program's ownership to ensure that the program complies with applicable requirements. If a regulatory insufficiency is found, the department will take any necessary enforcement action authorized by applicable requirements.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.18(231D) Plan reviews of a building for a new program.

70.18(1) Before a building is constructed or remodeled for use in a new program, the state building code bureau shall review the blueprints for compliance with requirements pursuant to this chapter. Construction or remodeling includes new construction, remodeling of any part of an existing building, addition of a new wing or floor to an existing building, or conversion of an existing building.

70.18(2) A program applicant shall submit construction documents to the building code bureau's online portal at dial.iowa.gov/licenses/building/plan-review.

70.18(3) The plan review fee must be paid before construction documents are uploaded to the project folder.

70.18(4) The building code bureau will notify the Iowa-licensed architect or Iowa-licensed engineer in writing regarding the status of compliance with requirements.

70.18(5) The Iowa-licensed architect or Iowa-licensed engineer shall respond to the building code bureau regarding how any noncompliance will be resolved.

70.18(6) Upon final notification by the building code bureau that the construction documents meet requirements, construction or remodeling of the building may commence.

70.18(7) The building code and fire safety bureaus will schedule an on-site visit of the building site with the contractor, or Iowa-licensed architect or Iowa-licensed engineer, during the construction or remodeling process to ensure compliance with the approved construction documents. Any noncompliance must be resolved prior to approval for certification.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.19(231D) Plan review prior to the remodeling of a building for a certified program.

70.19(1) Before a building for a certified program is remodeled as defined in subrule 70.18(1), the building code bureau shall review the construction documents for compliance with requirements set forth in rule 481—70.35(231D).

70.19(2) A certified program shall submit construction documents to the building code bureau's online portal at dial.iowa.gov/licenses/building/plan-review.

70.19(3) The documents won't be reviewed until the fee is received.

70.19(4) The building code bureau will review the documents within 35 working days of receipt and notify the Iowa-licensed architect or Iowa-licensed engineer in writing regarding the status of compliance with requirements.

70.19(5) The Iowa-licensed architect or Iowa-licensed engineer shall respond to the building code bureau in 20 working days to state how any noncompliance will be resolved.

70.19(6) Upon final notification by the building code bureau that the construction documents meet structural and life safety requirements, remodeling of the building may commence.

70.19(7) The building code and fire safety bureaus will schedule an on-site visit of the building with the contractor, or Iowa-licensed architect or Iowa-licensed engineer, during the remodeling process to ensure compliance with the approved construction documents. Any noncompliance must be resolved prior to approval for continued certification or recertification of the program.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.20(231D) Cessation of program operation that includes seeking decertification.

70.20(1) The program shall provide, at least 90 days in advance of cessation, unless there is some type of emergency, written notification to the department of the date on which the program will cease operation.

70.20(2) At the time a program decides to cease operation, the program shall submit a plan to the department and make arrangements for the safe and orderly discharge or transition of all participants within the 90-day period specified by subrule 70.20(1).

70.20(3) The department may conduct a monitoring during the 90-day period to ensure the safety of participants during the discharge process or transition process.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.21(231D) Contractual agreement.

70.21(1) The contractual agreement shall be in 12-point type or larger, written in plain language using commonly understood terms and easy for the participant or the participant's legal representative to understand.

70.21(2) In addition to the requirements of Iowa Code section 231D.17, the written contractual agreement shall include the following information in the body of the agreement or in the supporting documents and attachments:

a. The telephone number for filing a complaint with the department.

b. The telephone number for reporting dependent adult abuse.

c. A copy of the program's statement on participants' rights.

d. A statement that the program will notify the participant at least 90 days in advance of any planned program cessation, except in cases of emergency.

e. A copy of the program's admission criteria.

70.21(3) The contractual agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.

70.21(4) A copy of the contractual agreement shall be provided to the participant or the participant's legal representative, if any, and a copy shall be kept by the program.

70.21(5) A copy of the most current contractual agreement shall be made available to the general public upon request.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.22(231D) Evaluation of participant.

70.22(1) *Evaluation prior to participation.* A program shall evaluate each prospective participant's functional, cognitive and health status prior to the participant's signing the contractual agreement and participating in the program, with the exception of visiting day(s), to determine the participant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall be appropriate to the population served. When the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the participant subsequently returns to the participant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, human service professional, or licensed practical nurse via nurse delegation.

70.22(2) *Evaluation within 30 days of participation and with significant change.* A program shall evaluate each participant's functional, cognitive and health status within 30 days of the participant's beginning participation in the program. A program shall evaluate each participant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the participant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, human service professional, or licensed practical nurse via nurse delegation.

70.22(3) *Requirements for visiting day(s).* Evaluation of the participant is not required during visiting day(s), but the program shall provide the participant or the participant's legal representative with a written explanation of the expectations for the visiting day(s).

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.23(231D) Criteria for admission and retention of participants.

70.23(1) *Persons who may not be admitted or retained.* Criteria are set forth in Iowa Code section 231D.19.

70.23(2) *Disclosure of additional participation and discharge criteria.* A program may have additional participation or discharge criteria if the criteria are disclosed in the written contractual agreement prior to the participant's participation in the program.

70.23(3) *Assistance with discharge from the program.* A program shall assist a participant and the participant's legal representative, if applicable, to ensure a safe and orderly discharge from the program when the participant exceeds the program's criteria for admission and retention.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.24(231D) Involuntary discharge from the program.

70.24(1) *Program initiation of discharge.* If a program initiates the involuntary discharge of a participant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the participant or participant's legal representative contests the discharge, the procedures in Iowa Code section 231D.18 shall apply.

70.24(2) *Discharge pursuant to results of monitoring or complaint or program-reported incident investigation by the department.* If one or more participants are identified as exceeding the admission and retention criteria for participants and need to be discharged as a result of a monitoring or a complaint or program-reported incident investigation conducted by the department, the following procedures shall apply.

a. Notification of the program. Within 20 working days of the monitoring or complaint or program-reported incident investigation, the department will notify the program, in writing, of the identification of any participant who exceeds admission and retention criteria.

b. Notification of others. Each identified participant, the participant's legal representative, if applicable, and other providers of services to the participant will be notified of their opportunity to provide responses within ten days of receipt of the notice, including specific input, written comment, information, and documentation directly addressing any agreement or disagreement with the identification.

c. Program agreement with the department's finding. If the program agrees with the department's finding and the program begins involuntary discharge proceedings, the program's internal appeal process in subrule 70.24(1) shall be utilized for appeals.

d. Program disagreement with the department's finding. If the program does not agree with the department's finding that the participant exceeds admission and retention criteria, the program may collect and submit all responses to the department, including those from other interested parties, within ten working days of receipt of the notice. In the program's response, the program will identify the participant, list the known responses from others, and note the program's agreement or disagreement with the responses from others. Submission of a response does not eliminate the applicable requirements, including submission of a plan of correction under 481—subrule 67.13(3). Other persons may also submit information directly to the department.

(1) Consideration of response. Within ten working days of receipt of the program's response for each identified participant, the department will consider the response and make a final finding regarding the continued retention of a participant.

(2) Amending the regulatory insufficiency. If the department's determination is to amend the regulatory insufficiency based on the response, the department will modify the report of findings.

(3) Retaining regulatory insufficiency. If the department retains the regulatory insufficiency, the department will review the plan of correction in accordance with this chapter and 481—Chapter 67. The department will notify the program of the opportunity to appeal the report findings as they relate to the admission and retention decision.

(4) Effect of the filing of an appeal. If an appeal is filed, the participant who exceeds admission and retention criteria will be allowed to continue to participate in the program until all administrative appeals have been exhausted. Appeals filed that relate to the participant's exceeding admission and retention criteria will be heard within 30 days of receipt, and appropriate services to meet the participant's needs will be provided during that period of time.

(5) Request for waiver of criteria for retention of a participant in a program. To allow a participant to continue to participate in the program, the program may request a waiver of criteria for retention of a participant pursuant to rule 481—67.7(231B,231C,231D) from the department within ten working days of the receipt of the report.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.25(231D) Participant documents.

70.25(1) Documentation for each participant shall be maintained by the program and include:

a. A participation record including the participant's name, birth date, and home address; identification numbers; date of beginning participation; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency;

b. Application forms;

c. The initial evaluations and updates;

d. A nutritional assessment as necessary;

e. The initial individual service plan and updates;

f. Signed authorizations for permission to release medical information, photographs, or other media information as necessary;

g. A signed authorization for the participant to receive emergency medical care as necessary;

h. A signed managed risk policy and signed managed risk consensus agreements, if any;

i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception;

j. Medication lists, which will be maintained in conformance with 481—paragraph 67.5(2)*"d"*;

k. Advance health care directives as applicable;

l. A complete copy of the participant's contractual agreement, including any updates;

m. A written acknowledgment that the participant or the participant's legal representative, if applicable, has been fully informed of the participant's rights;

n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative;

o. Incident reports involving the participant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the participant's medical record);

p. A copy of waivers of admission or retention criteria, if any;

q. When the participant is unable to advocate on the participant's own behalf or the participant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs);

r. Authorizations for the release of information, if any.

70.25(2) The program records relating to a participant shall be retained for a minimum of three years after termination of service.

70.25(3) All records shall be protected from loss, damage and unauthorized use.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.26(231D) Service plans.

70.26(1) A service plan shall be developed for each participant based on the evaluations conducted in accordance with rule 481—70.22(231D) and designed to meet the specific service needs of the individual participant.

70.26(2) Prior to the participant's signing the contractual agreement and participating in the program, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the participant and, at the participant's request, with other individuals identified by the participant, and, if applicable, with the participant's legal representative. All persons who develop the plan and the participant or the participant's legal representative shall sign the plan.

70.26(3) When a participant needs personal care or health-related care, the service plan shall be updated within 30 days of the participant's participation and as needed with significant change, but not less than annually. The updated service plan shall be signed and dated by all parties.

a. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.

b. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained.

70.26(4) The service plan shall be individualized and indicate:

a. The participant's identified needs and preferences for assistance;

b. Any services and care to be provided pursuant to the contractual agreement;

c. The service provider(s), if other than the program;

d. For participants who are unable to plan their own activities, including participants with dementia, planned and spontaneous activities based on the participant's abilities and personal interests.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.27(231D) Nurse review. If a participant does not receive personal or health-related care, but an observed significant change in the participant's condition occurs, a nurse review shall be conducted. If a participant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:

70.27(1) To monitor, at least every 90 days, or after a significant change in the participant's condition, any participant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders;

70.27(2) To ensure that health care professionals' orders are current for participants who receive health care professional-directed care from the program;

70.27(3) To assess and document the health status of each participant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the participant's health status;

70.27(4) To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—70.26(231D), showing the time, date and signature.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.28(231D) Food service.

70.28(1) The program shall provide or coordinate with other community providers to provide a hot or other appropriate meal(s) at least once a day or arrange for the availability of meals, unless otherwise noted in the contractual agreement.

70.28(2) Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food.

70.28(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:

a. A minimum of 33⅓ percent if the program provides one meal per day;

b. A minimum of 66⅔ percent if the program provides two meals per day; and

c. One hundred percent if the program provides three meals per day.

70.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician associate, or advanced registered nurse practitioner, or ordered by a licensed dietitian authorized by a qualified medical provider. A therapeutic diet provides food, fluids, or nutrients by oral, enteral, or parenteral routes and is used in the treatment of a disease or clinical condition to modify, eliminate, decrease, or increase specific macro- or micronutrients, or to provide mechanically altered food when medically indicated. A copy of the Iowa Simplified Diet Manual, Thirteenth Edition,

published by the Iowa Academy of Nutrition and Dietetics shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets.

70.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.

a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by:

(1) Obtaining certification as a dietary manager; or

(2) Obtaining certification as a food protection professional; or

(3) Successfully completing an ANSI-accredited certified food protection manager program meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the program's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling.

b. If the person is in the process of completing a course or certification listed in paragraph 70.28(5) *"a,"* the requirement relating to completion of a state-approved food protection program will be considered to have been met.

70.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following:

a. All main meals and planned menu items will be prepared offsite and transferred to the program kitchen for service to participants.

b. Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast.

c. Ingredients used for food-related activities with participants may be stored in the program's kitchen. Participant activities may include the preparation and cooking of food items in the program's kitchen if the activity occurs on an irregular or sporadic basis and the items prepared are not part of the program's menu.

d. Appropriately trained staff may prepare in the program's kitchen individual quantities of participant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program's kitchen. These food items may not be cooked in the program's kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for participant-requested menu-substitution items, but no bare-hand contact.

e. Warewashing may be done in the program's kitchen as long as the program utilizes a commercial dishwasher and documents daily testing of sanitizer chemical ppm and proper water temperatures. Verification by the department of these practices may be conducted during on-site visits.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26; Editorial change: IAC Supplement 6/10/26]

481—70.29(231D) Staffing. In addition to the general staffing requirements in rule 481—67.9(231B,231C,231D), the following requirements apply to staffing in programs.

70.29(1) No fewer than two staff persons who monitor participants will be awake and on duty during all hours of operation when two or more participants are participating in the program.

70.29(2) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.

70.29(3) A program that serves one or more participants with cognitive disorders or dementia will follow written procedures that address how the program will respond to the emergency needs of the participants.

70.29(4) The program will notify the department in writing within ten business days of a change in the program's manager.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.30(231D) Dementia-specific education for program personnel.

70.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.

70.30(2) The dementia-specific education or training shall include the following:

a. An explanation of Alzheimer's disease and related disorders;

b. The program's specialized dementia care philosophy and program;

c. Skills for communicating with persons with dementia;

d. Skills for communicating with family and friends of persons with dementia;

e. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics;

f. The importance of planned and spontaneous activities;

g. Skills in assistance with instrumental activities of daily living;

h. The importance of the service plan and social history information;

i. Skills in working with challenging participants;

j. Techniques for simplifying, cueing, and redirecting;

k. Staff support and stress reduction;

l. Medication management and nonpharmacological interventions.

70.30(3) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually.

70.30(4) An employee or contractor who provides documentation of completion of a dementia-specific education or training program within the past 12 months will be exempt from the education and training requirement of subrule 70.30(1).

70.30(5) Dementia-specific training will include hands-on training and include: classroom instruction, web-based training, and case studies of participants in the program.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.31(231D) Managed risk policy and managed risk consensus agreements. The program shall have a managed risk policy that will be provided to the participant along with the contractual agreement and include:

70.31(1) An acknowledgment of the shared responsibility for identifying and meeting the needs of the participant and the process for managing risk and for upholding participant autonomy when participant decision making results in poor outcomes for the participant or others;

70.31(2) A consensus-based process to address specific risk situations. Program staff and the participant will participate in the process. The result of the consensus-based process may be a managed risk consensus agreement that will include the signature of the participant and the signatures of all others who participated in the process and be included in the participant's file.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.32(231D) Life safety—emergency policies and procedures and structural safety requirements.

70.32(1) The program shall submit to the department and follow written emergency policies and procedures, including:

a. An emergency plan, with procedures for natural disasters that is located for easy reference;

b. Fire safety procedures;

c. Other general or personal emergency procedures, including head injury protocols;

d. Provisions for amending or revising the emergency plan;

e. Provisions for periodic training of all employees;

f. Procedures for fire drills;
g. Regulations regarding smoking;
h. Monitoring and testing of smoke-control systems;
i. Participant evacuation procedures;
j. Procedures for reporting and documentation;
k. Extraordinary lifesaving measures, such as cardiopulmonary resuscitation (CPR).

70.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have written procedures regarding:

a. Alarm systems and appropriate staff response when a participant's service plan indicates a risk of elopement or a participant exhibits wandering behavior.

b. Appropriate staff response if a participant with cognitive disorder or dementia is missing.

The program shall obtain approval from the fire safety bureau before the installation of any specialized door locking systems.

70.32(3) The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for adult day services programs in administrative rules promulgated by the building code and fire safety bureaus. Approval of both bureaus indicating that the building complies with these requirements is necessary for certification of a program.

70.32(4) The program shall have the means to control the maximum temperature of water at sources accessible by a participant to prevent scalding and control the maximum water temperature for participants with cognitive impairment or dementia or at a participant's request.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.33(231D) Transportation. When transportation services are provided directly or under contract with the program the following shall apply:

70.33(1) The vehicle will be accessible and appropriate to the participants who use it, with consideration for any physical disabilities and impairments.

70.33(2) Every participant transported will have a seat in the vehicle, except for a participant who remains in a wheelchair during transport.

70.33(3) Vehicles will have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.

70.33(4) Wheelchairs will be secured when the vehicle is in motion.

70.33(5) During loading and unloading of a participant, the driver will be in the proximate area of the participants in a vehicle.

70.33(6) The driver will have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport, or be so licensed in another state. The driver will meet any state or federal requirements for licensure or certification for the vehicle operated.

70.33(7) Each vehicle will have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.34(231D) Activities.

70.34(1) The program shall provide appropriate activities for each participant reflecting individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.

70.34(2) Activities shall be planned to support the participant's service plan and be consistent with the program statement and participation policies.

70.34(3) A written schedule of activities shall be developed at least monthly and made available to participants and their legal representatives.

70.34(4) Participants shall be given the opportunity to choose their levels of participation in all activities offered in the program.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.35(231D) Structural requirements.

70.35(1) The structure, equipment and physical environment of the program will be designed and operated to meet the needs of the participants. The building, grounds and equipment will be well-maintained, clean, safe and sanitary.

70.35(2) There will be at least one toilet for every ten participants and staff members.

70.35(3) Toilets and bathing and toileting appliances will be equipped for use by participants with multiple disabilities.

70.35(4) There will be a ratio of at least one hand-washing sink for every two toilets. The sink(s) will be proximate to the toilets. Hand-washing facilities will be readily accessible to participants and staff.

70.35(5) Shower and tub areas, if provided, will be equipped with grab bars and slip-resistant surfaces.

70.35(6) Signaling emergency call devices will be installed or placed in all bathroom areas, restroom stalls and showers.

70.35(7) A telephone will be available to participants to make and receive calls in a private manner and for emergency purposes.

70.35(8) A storage area(s) will be provided for storage of program supplies and participants' possessions, which will be stored in such a manner that, when not in use, will prevent personal injury to participants and staff.

70.35(9) The program will provide a separate area to permit privacy for evaluations and to isolate participants who become ill.

70.35(10) The program will meet other building and public safety codes, including rules pertaining to accessibility contained in the state building code and provisions of the state building code relating to persons with disabilities.

70.35(11) The program will meet the requirements in subrule 70.32(4).

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

481—70.36(231D) Identification of veteran's benefit eligibility.

70.36(1) Within 30 days of a participant's participation in an adult day services program that receives reimbursement through the medical assistance program under Iowa Code chapter 249A, the program shall ask the participant or the participant's personal representative whether the participant is a veteran or whether the participant is the spouse, widow or dependent of a veteran and document the response.

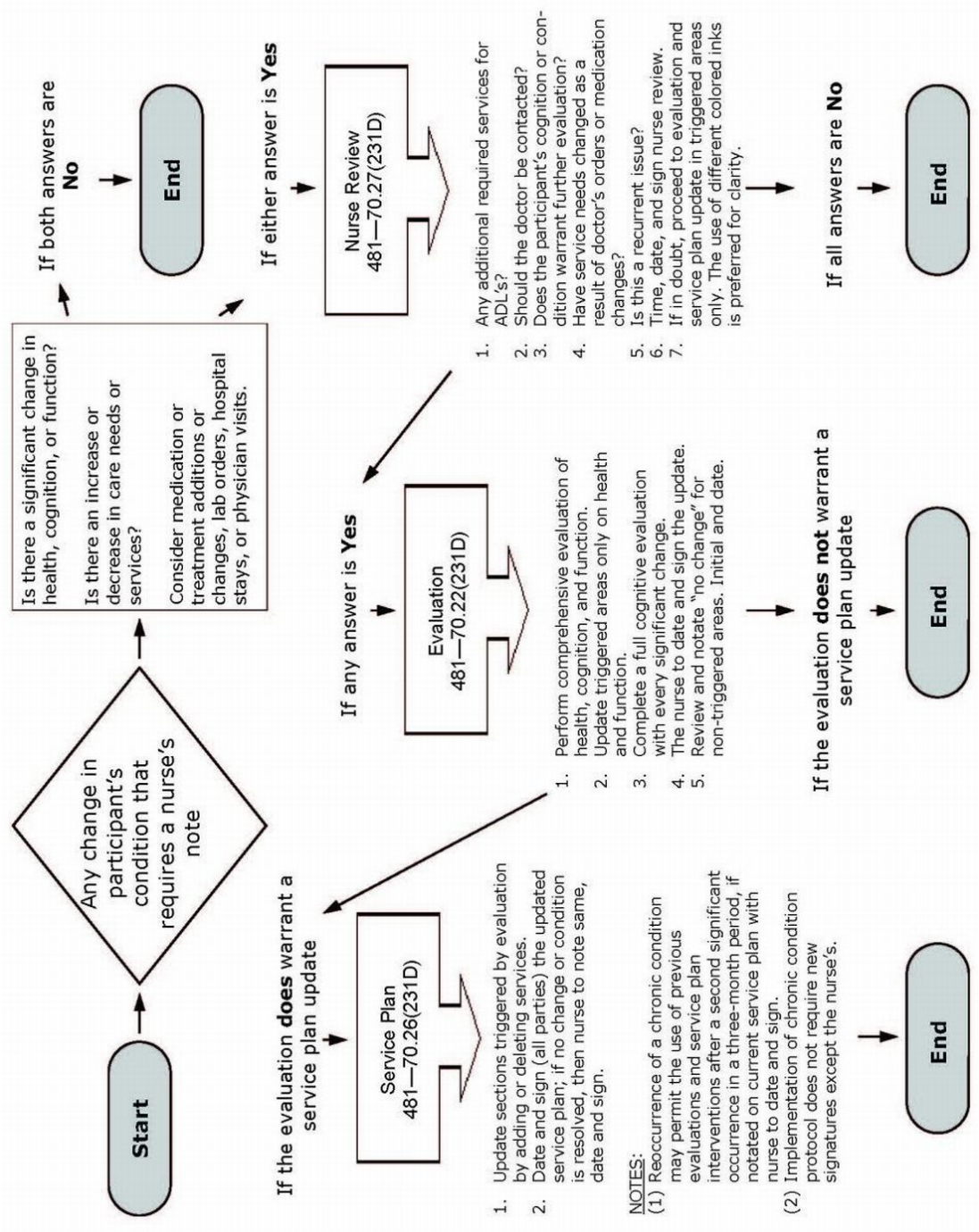
70.36(2) If the participant may be a veteran or the spouse, widow, or dependent of a veteran, the program shall report the participant's name along with the name of the veteran, if applicable, as well as the name of the contact person for this information, to the Iowa department of veterans affairs. The program may also report such information to the Iowa department of health and human services.

70.36(3) If a participant is eligible for benefits through the U.S. Department of Veterans Affairs or other third-party payor, the program first shall seek reimbursement from the identified payor source before seeking reimbursement from the medical assistance program established under Iowa Code chapter 249A.

[**ARC 0066D**, IAB 2/4/26, effective 3/11/26]

These rules are intended to implement Iowa Code chapter 231D.

Table A



[Filed ARC 8177B (Notice ARC 7959B, IAB 7/15/09), IAB 9/23/09, effective 1/1/10]
[Filed ARC 1376C (Notice ARC 1291C, IAB 1/22/14), IAB 3/19/14, effective 4/23/14]
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[Filed ARC 0066D (Notice ARC 9784C, IAB 12/10/25), IAB 2/4/26, effective 3/11/26]

[Editorial change: IAC Supplement 6/10/26]

CHAPTER 71
SUBACUTE MENTAL HEALTH CARE FACILITIES

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—71.1(135G) Purpose—subacute mental health services. Subacute mental health services are intended to be short-term, intensive, recovery-oriented services designed to stabilize an individual who is experiencing a decreased level of functioning due to a mental health condition.
[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.2(135G) Definitions. For the purpose of these rules, the following terms shall have the meanings indicated in this chapter. The definitions set out in Iowa Code section 135G.1 are adopted by reference in the rules.

"Administrator" means an individual who administers, manages, supervises, and is in general administrative charge of a subacute care facility, whether or not such individual has an ownership interest in the facility and whether or not the functions and duties are shared with one or more individuals.

"Assessment" means the evaluation of a person in psychiatric crisis in order to ascertain the person's current and previous level of functioning, psychiatric and medical history, potential for dangerousness, current psychiatric and medical condition factors contributing to the crisis and support systems that are available.

"Distinct part" means a clearly identifiable area or section within a health care facility, consisting of at least a residential unit, wing, floor, or building containing contiguous rooms.

"Incident" means an unusual occurrence within a facility or on its premises affecting residents, visitors, or employees whether or not there is apparent injury or where hidden injury may have occurred.

"Medication" means any drug including over-the-counter substances ordered and administered under the direction of a physician, physician associate or advanced registered nurse practitioner.

"Peer support" means services that are provided by individuals in recovery from serious mental illness and delivered to others who also have mental illness.

"Psychiatric care" means the provision of care to patients in a psychiatric unit of an acute care hospital; a freestanding psychiatric hospital; or a mental health clinic.

"Recovery" means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

"Recovery principles" means the ten guiding principles of recovery outlined by the federal Substance Abuse and Mental Health Services Administration (www.samhsa.gov): hope, person-driven, many pathways, holistic, peer support, relational, culture, addresses trauma, strengths/responsibility, and respect.

"Responsible party" means the person who signs or cosigns the admission agreement required in rule 481—71.13(135G) or the resident's guardian or conservator if one has been appointed. In the event that a resident does not have a guardian, conservator or other person signing the admission agreement, the term "responsible party" shall include the resident's sponsoring agency, e.g., the department of human services, the U.S. Department of Veterans Affairs, a religious group, fraternal organization, or foundation that assumes responsibility and advocates for its client patients and pays for their health care.

"Restraint" means the application of physical force, use of a chemical agent, or a mechanical device for the purpose of restraining the free movement of an individual's body to protect the individual or others from immediate harm. Restraint does not include briefly holding without undue force an individual to calm or comfort the individual or holding an individual's hand to safely escort the individual from one area to another.

"Restricted means of egress" means an exit door alarm system for safety of the residents and the public.

"Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.
[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; Editorial change: IAC Supplement 6/10/26]

481—71.3(135G) Application for licensure.

71.3(1) *Initial application and licensing.* In order to obtain an initial license for a subacute care facility, the applicant must meet all the requirements of the rules, regulations, and standards contained in Iowa Code chapter 135G and in this chapter and must make application at least 30 days prior to the proposed licensure date of the subacute care facility on forms provided by the department. The applicant must:

a. Submit a résumé of care with a narrative which includes the following information:

(1) The purpose of the facility.

(2) A description of the target population and limitations on resident eligibility.

(3) Identification and description of the services the facility will provide, which shall minimally include specific and measurable goals and objectives for each of the services to be made available by the facility and a description of the resources needed to provide each of the services, including staff, physical facilities and funds.

(4) A description of the human services system available in the area including, but not limited to, social, public health, visiting nurse, vocational training, and employment services, residential living arrangements, and services of private agencies.

(5) A description of working relationships with human services agencies when applicable, which shall include at a minimum:

1. A description of how the facility will coordinate with human services agencies to facilitate continuity of care and coordination of services to residents; and

2. A description of how the facility will coordinate with human services agencies to identify unnecessary duplication of services and plan for development and coordination of needed services;

b. Submit a floor plan of each floor of the facility drawn on 8½- × 11-inch paper showing room areas in proportion, room dimensions, room numbers for all rooms, including bathrooms, the designation of the use to which each room will be put, and window and door location;

c. Submit a photograph of the front and side elevation of the facility;

d. Submit the statutory fee for a subacute care facility license;

e. Show evidence of a certificate signed by the state fire marshal or deputy state fire marshal, or the designee of either, certifying compliance with fire safety rules.

71.3(2) *Conversion from an intermediate care facility for persons with mental illness.* An intermediate care facility for persons with mental illness may be converted to a subacute care facility pursuant to Iowa Code section 135G.4(2) if the facility:

a. Provides written notice to the department that the facility has employed a full-time psychiatrist and desires to make the conversion; and

b. Submits an application to the department.

71.3(3) *Renewal application or change of ownership.* In order to obtain a renewal or change of the subacute care facility license, the applicant must:

a. Submit to the department the completed application form 30 days prior to the annual license renewal or change of ownership date;

b. Submit the statutory license fee for a subacute care facility with the application for renewal or change of ownership;

c. Have an approved, current certificate signed by the state fire marshal or deputy state fire marshal, or the designee of either, certifying compliance with fire safety rules and regulations; and

d. Submit appropriate changes in the résumé of care to reflect any changes in the resident care program or other services.

71.3(4) *Issuance of license.* Licenses are issued to the person or governmental unit with responsibility for the operation of the facility and authority to comply with all applicable statutes, rules or regulations. The person or governmental unit must be the owner of the facility or, if the facility is leased, the lessee.

71.3(5) *Beds per facility.* A single facility shall not be licensed for more than 16 beds.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 2068C**, IAB 7/22/15, effective 8/26/15; **ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.4(135G) Licenses for distinct parts.

71.4(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, include specifically designated rooms within the facility, and provide separate categories of care and services.

71.4(2) The following requirements shall be met for a separate licensing of a distinct part:

a. The distinct part shall serve only residents who require the category of care and services immediately available to the residents within that part;

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought;

c. A distinct part must be operationally and financially feasible.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.5(135G) Waivers.

71.5(1) Waivers from these rules may be granted by the director of the department if, in addition to the requirements of 7—Chapter 2504:

a. The need for a waiver has been established consistent with the résumé of care or the resident's individual program plan; and

b. There is no danger to the health, safety, welfare, or rights of any resident.

71.5(2) The waiver will apply only to a subacute care facility.

71.5(3) Waivers shall be reviewed by the department at the time of each licensure survey to verify whether the facility is still eligible for the waiver.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 5719C**, IAB 6/16/21, effective 7/21/21; Editorial change: IAC Supplement 8/5/26]

481—71.6(135G) Provisional license.

71.6(1) *Provisional license procedure.* The department may issue a provisional license to a subacute care facility pursuant to Iowa Code section 135G.8. The procedure for issuance of a provisional license shall be as follows:

a. The department shall first issue to the facility a report which identifies the deficiency.

b. Within 10 working days after receipt of the report, the facility shall provide the department with a written plan of correction.

c. The department shall review the written plan of correction within 10 working days of receipt. The department may request additional information or revision to the plan, which shall be provided as requested.

d. After accepting the written plan of correction, the department shall then issue a provisional license to the facility, which shall not exceed one year in duration.

71.6(2) *Written plan of correction.* The written plan of correction shall contain:

a. How the facility will correct the deficient practice;

b. How the facility will act to protect residents;

c. The measures the facility will take or the systems it will alter to ensure that the deficient practice does not recur; and

d. The date when the plan of correction will be completed, not to exceed 30 days from the date of the department's report.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.7(135G) General requirements.

71.7(1) The license shall be displayed in the facility in a conspicuous place which is viewed by the public.

71.7(2) The license shall be valid only for the premises and person named on the license and is not transferable.

71.7(3) The posted license shall accurately reflect the current status of the subacute care facility's license.

71.7(4) A license shall expire one year after the date of issuance or as indicated on the license.

71.7(5) There shall be no more beds added than are stipulated on the license.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.8(135G) Required notifications to the department.

71.8(1) The department shall be notified:

a. Thirty days in advance of any proposed change in the subacute care facility's functional operation or the addition or deletion of required services;

b. Thirty days before any addition, alteration, or new construction is begun in the subacute care facility or on the premises;

c. Thirty days in advance of any closure of the subacute care facility;

d. Within two weeks of any change in administrator;

e. Within 30 days of the date on which any change in the category of license is sought;

f. Within 30 days of any proposed change in the résumé of care for the subacute care facility.

71.8(2) Prior to the purchase, transfer, assignment, or lease of a subacute care facility, the licensee shall:

a. Inform the department of the pending sale, transfer, assignment, or lease of the facility; and

b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee at least 30 days before the sale, transfer, assignment, or lease is completed.

71.8(3) Within 24 hours, or the next business day, by the most expeditious means available, the department shall be notified:

a. Of any accident causing major injury. "Major injury" shall be defined as any injury which:

(1) Results in death; or

(2) Requires admission to a higher level of care for treatment, other than for observation; or

(3) Requires consultation with the attending physician, designee of the physician, physician associate, or advanced registered nurse practitioner who determines, in writing, on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis;

b. When a resident attempts suicide, regardless of injury;

c. When damage to the facility is caused by a natural or other disaster;

d. When a fire occurs in a facility and the fire requires the notification of emergency services, requires full or partial evacuation of the facility, or causes physical injury to a resident;

e. When a defect or failure occurs in the fire sprinkler system for more than 10 hours or fire alarm system for more than 4 hours in a 24-hour period. (This reporting requirement is in addition to the requirement to notify the state fire marshal or the state fire marshal's designee.)

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; **ARC 6974C**, IAB 4/5/23, effective 5/10/23; Editorial change: IAC Supplement 6/10/26]

481—71.9(135G) Reports of dependent adult abuse. Reports of suspected dependent adult abuse shall be made to the department of human services.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.10(135G) Administrator.

71.10(1) *Administrator required.* Each subacute care facility shall have one person in charge who is duly approved by the department or acting in a provisional capacity in accordance with these rules.

71.10(2) *Qualifications of an administrator.* The administrator shall be at least 21 years of age and shall have a high school diploma or equivalent. In addition, the person shall meet at least one of the following conditions:

a. Be a mental health professional, as defined in Iowa Code section 228.1(7), with at least one year of experience in an administrative capacity; or

b. Have a four-year degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field and have a minimum of one year of experience in the field; or

c. Have a master's degree in human services, psychology, sociology, nursing, health care administration, public administration, or a related field; or

d. Be a licensed nursing home administrator.

71.10(3) *Administrator—distinct part.* If a subacute care facility is a distinct part of a licensed health care facility, the administrator of the facility as a whole may serve as the administrator of the subacute care facility.

71.10(4) *Provisional administrator.* A provisional administrator may be appointed on a temporary basis by the subacute care facility licensee to assume the administrative responsibilities of the facility for a period not to exceed 12 months when the facility has, through no fault of its own, lost its administrator and has not been able to replace the administrator, provided the department has been notified and has approved the provisional administrator prior to the date of the administrator's appointment. The provisional administrator must meet the requirements of subrule 71.10(2).

71.10(5) *Administrator—initial licensing of facility.* A facility applying for an initial license shall not have a provisional administrator.

71.10(6) *Duties of administrator.* An administrator shall:

a. Be responsible for the implementation of procedures to support the policies established by the licensee;

b. Select and direct competent personnel who provide services for the subacute care facility;

c. Make a policies and procedures manual available to all staff;

d. Be responsible for a monthly in-service educational program for all employees and maintain records of programs and participants;

e. Make staff payroll records available for departmental review as needed;

f. Furnish to the department within 30 days of the department's request statistical information concerning the operation of the facility.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.11(135G) Administration.

71.11(1) The licensee shall:

a. Assume the responsibility for the overall operation of the subacute care facility;

b. Be responsible for compliance with all applicable laws and with the rules of the department;

c. Establish written policies, which shall be available for review, for the operation of the subacute care facility.

71.11(2) The policy and procedures shall include:

a. Personnel;

b. Admission;

c. Evaluation services;

d. Treatment and discharge plan;

e. Crisis intervention, including restraint and seclusion;

f. Involuntary discharge or transfer;

g. Medication management;

h. Records;

i. Resident rights.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.12(135G) Personnel.

71.12(1) Staffing requirements. Availability of personnel must be sufficient to meet psychiatric and medical treatment needs of the residents served.

71.12(2) Staffing shall include at minimum:

a. Twenty-four-hour-per-day, seven-day-per-week availability of on-call psychiatrist or advanced registered nurse practitioner with at least one year of experience in psychiatric care;

b. Twenty-four-hour-per-day, seven-day-per-week availability of on-call registered nurse with at least two years of experience in psychiatric care or a registered nurse with a bachelor of science in nursing (BSN) and at least one year of experience in psychiatric care;

c. A mental health professional as defined in Iowa Code section 228.1(7);

d. Direct care staff with at least one year of experience in a mental health care setting; and

e. Social service staff at the bachelor level with at least one year of experience in a mental health care setting.

71.12(3) Personnel policies and procedures shall include the following requirements:

a. Written job descriptions for all employees or agreements for all consultants, which include duties and responsibilities, education, experience, or other requirements, and supervisory relationships.

b. Annual performance evaluations of all employees and consultants which are dated and signed by the employee or consultant and the supervisor.

c. Personnel records which are current, accurate, complete, and confidential to the extent allowed by law.

(1) The record shall contain documentation of how the employee's or consultant's education and experience are relevant to the position for which the employee or consultant was hired.

(2) The record shall contain documentation of criminal history, child abuse and dependent adult abuse record checks, which shall be conducted prior to employment.

d. Roles, responsibilities, and limitations of student interns and volunteers.

e. An orientation program for all newly hired employees and consultants that includes an introduction to the facility's personnel policies and procedures and a discussion of the facility's safety plan.

f. Equal opportunity and affirmative action employment practices.

g. Procedures to be used when disciplining an employee.

h. Appropriate dress and personal hygiene for staff.

i. An overview of recovery principles, person-centered planning and residents' rights.

71.12(4) The facility shall require regular health examinations for all personnel. Employees shall have a health examination within 12 months prior to beginning employment and regular examinations thereafter at least every four years. The examination shall include, at a minimum, the health status of the employee, including screening and testing for tuberculosis as described in 481—Chapter 59.

a. No person shall be allowed to provide services in a facility if the person has a disease:

(1) Which is transmissible through required workplace contact;

(2) Which presents a significant risk of infecting others;

(3) Which presents a substantial possibility of harming others; and

(4) For which no reasonable accommodation can eliminate the risk.

b. There shall be written policies for emergency medical care for employees in case of sudden illness or accident. These policies shall include the administrative individuals to be contacted.

c. Health certificates for all employees shall be available for review by the department.

71.12(5) Personnel record.

a. A personnel record shall be kept for each employee.

b. The record shall include the employee's:

(1) Name and address,

(2) Social security number,

(3) Date of birth,

(4) Date of employment,

(5) References,

(6) Position in the facility,

(7) Job description,

(8) Documentation of experience and education,

(9) Criminal history, child abuse and dependent adult abuse background checks,

(10) Staff training records,

(11) Annual performance evaluation,

(12) Documentation of disciplinary action,

(13) Date and reason for discharge or resignation,

(14) Current physical examination.

71.12(6) Orders for medications and treatments shall be correctly implemented by qualified personnel.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.13(135G) Admission, transfer, and discharge.

71.13(1) *General admission policies.*

a. A subacute care facility shall not admit or retain a resident who is in need of greater services than the facility can provide.

b. Prior to admission of an applicant, the facility shall obtain sufficient information to determine if its program is appropriate and adequate to meet the individual's needs.

c. A subacute care facility shall admit only as many residents as indicated by the number of beds for which the facility is licensed.

d. A subacute care facility shall adopt policies regarding the admission requirements outlined in subrule 71.13(2).

71.13(2) *Admission requirements.*

a. Eligibility for individualized subacute mental health services will be determined by the standardized preadmission screening utilized by the facility. The screening shall be conducted by a mental health professional as defined in Iowa Code section 228.1(7), a physician, a physician associate, or an advanced registered nurse practitioner.

b. In order to be admitted, the individual must:

(1) Be 18 years or older;

(2) During the past year, have had a diagnosable mental, behavioral or emotional disorder that meets the diagnostic criteria specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);

(3) Demonstrate a high degree of impairment through significantly impaired mental, social, or educational functioning arising from the psychiatric condition or serious emotional disturbance;

(4) Demonstrate an impairment that severely limits the skills necessary to maintain an adequate level of functioning outside a treatment program and requires active treatment to obtain an adequate level of functioning;

(5) Demonstrate a low level of stability through any two of the following conditions:

1. The individual presents moderate to high risk of danger to self or others.
2. The individual lacks adequate skills or social support to address mental health symptoms.
3. The individual is medically stable but requires observation and care for stabilization of a mental health condition or impairment.

71.13(3) *Admission agreement.* A subacute care facility shall provide an admission agreement to each resident upon admission to the facility. Each admission agreement shall include:

a. Method of payment;

b. Schedule of services and any additional fees;

c. The facility's policies regarding length of stay, discharge and transfer.

71.13(4) *Exclusion criteria.*

a. A subacute care facility shall not admit an individual into the facility if:

(1) The individual manifests behavioral or psychiatric symptoms that require acute care;

(2) The individual can be safely maintained and effectively treated with less intensive services in a community setting; or

(3) The symptoms of the individual do not meet admission criteria in subrule 71.13(2).

b. An individual's lack of adequate place of residence, placement, or housing is not reason to receive subacute mental health services.

71.13(5) *Continued stay criteria policies.* By the tenth day following admission and every ten calendar days thereafter, the mental health professional shall conduct and document an assessment of the resident and determine if:

a. The severity of the behavioral and emotional symptoms continues to require the subacute level of intervention and the DSM diagnosis remains the principal diagnosis.

b. The prescribed interventions remain consistent with the intended treatment plan outcomes.

c. There is documented evidence of active, individualized discharge planning.

d. There is a reasonable likelihood of substantial benefit in the resident's mental health condition as a result of active intervention of the 24-hour supervised program.

e. Symptoms and behaviors that required admission are continuing.

f. A less intensive level of care would be insufficient to stabilize the resident's condition.

g. New issues that meet the admission guidelines in subrule 71.13(2) have appeared.

h. The resident requires further stabilization subsequent to acute care to treat active mental health symptoms such as psychosis, depression or mood disorder.

71.13(6) *Discharge criteria policies.* A resident may be discharged from subacute level of care if:

a. The resident's treatment plan goals and objectives for subacute services have been met and a discharge plan to outpatient or other community-based services is in place.

b. The resident's physical condition necessitates transfer to a more intensive level of care.

c. The resident is not making progress toward treatment goals and there is no reasonable expectation of progress at the subacute level of care.

d. The resident becomes a danger to self, others, or facility structure and requires an emergency transfer to a higher level of care.

e. The resident repeatedly refuses to participate in the resident's treatment plan.

71.13(7) *Discharge or transfer.*

a. The facility shall give prior notification to the resident, as well as the resident's next of kin, legal representative, attending physician or advanced registered nurse practitioner, and sponsoring agency, if any, prior to transfer or discharge of any resident.

b. The subacute care facility shall make proper arrangements for the welfare of the resident prior to transfer or discharge in the event of an emergency or inability to reach the next of kin or legal representative.

c. The facility shall make advance notification to the receiving facility prior to the transfer of any resident if the resident is to be transferred to another facility.

(1) Notification shall be made no less than 24 hours prior to transfer unless paragraph 71.13(6)*"d"* applies.

(2) Prior to the transfer or discharge of a resident to another health care facility, arrangements to provide for continuity of care shall be made with the facility to which the resident is being transferred.

d. The appropriate record as set forth in subrule 71.20(1) shall accompany the resident when the resident is transferred or discharged.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 2068C**, IAB 7/22/15, effective 8/26/15; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; Editorial change: IAC Supplement 6/10/26]

481—71.14(135G) Treatment plan.

71.14(1) A treatment plan must be developed with each resident. The plan must be based on initial and ongoing assessment of need, be designed to resolve the acute or crisis mental health symptoms or the imminent risk of acute or crisis mental health symptoms, and be completed within six hours of admission, or no later than 12 noon following admission if the resident is admitted between 8 p.m. and 6 a.m.

71.14(2) The treatment plan must be documented in the resident's record and must include the following:

a. The resident's name.

b. The date the plan is developed.

c. Standardized diagnostic formulations, including but not limited to the current Diagnostic and Statistical Manual (DSM) or the current International Statistical Classification of Diseases and Related Health Problems (ICD).

d. Problems and strengths of the resident that are to be addressed.

e. Observable and measurable individual objectives that relate to the specific problems identified.

f. Interventions that address specific objectives, identification of staff responsible for interventions, and planned frequency of interventions.

g. Signatures of mental health professionals responsible for developing the plan, including the qualified prescriber.

h. Signatures of the resident and any parent, guardian, conservator, or legal custodian. Reasons for refusal to sign or inability to participate in treatment plan development must be documented.

i. A projected discharge date and anticipated postdischarge needs, including documentation of resources needed in the community.

j. Review of the treatment plan by the appropriate treatment staff at least daily and upon completion of the stated goals or objectives and documentation of the following:

(1) Progress toward each treatment objective, with revisions as indicated; and

(2) Status of discharge plans, including availability of resources needed by the resident in the community, with revisions as indicated.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.15(135G) Crisis intervention.

71.15(1) There shall be written policies and procedures concerning crisis intervention. These policies and procedures shall be:

a. Directed to maximizing the growth and development of the individual by incorporating a hierarchy of available alternative methods that emphasize positive approaches;

b. Available in each program area and living unit;

c. Available to individuals and their families; and

d. Developed with the participation, as appropriate, of individuals served.

71.15(2) An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior and to the individual's chronological and developmental age, size, gender, physical, medical, and psychiatric condition and personal history, including any history of physical or sexual abuse.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14]

481—71.16(135G) Seclusion and restraint.

71.16(1) *Use of a seclusion room.* Pursuant to Iowa Code section 135G.3(2), a seclusion room used by a subacute care facility must meet the conditions of 42 CFR § 483.364(b).

a. A subacute care facility utilizing a seclusion room shall have written policies regarding its use. The policy shall:

(1) Specify the types of behavior that may result in seclusion room placement.

(2) Delineate the licensed personnel who may authorize use of the seclusion room.

(3) Require documentation of the time in the seclusion room, the reasons for use of the seclusion room, and the reasons for any extension of time beyond one hour. Under no circumstances shall the use of the seclusion room exceed four hours.

(4) Require notice to residents of the types of behavior that may result in seclusion room placement.

b. A staff member shall always be in hearing distance of the seclusion room, and the resident shall be visually checked by the staff at least every 15 minutes. Every check shall be documented in writing.

c. A seclusion room shall not be used for punishment, for the convenience of staff, or as a substitution for supervision. A seclusion room shall only be used when a less restrictive alternative has failed and:

(1) In an emergency to prevent injury to the resident or to others; or

(2) For crisis intervention.

71.16(2) *Use of restraints.* There shall be written policies that define the use of restraint, designate the staff member who may authorize its use, and establish a mechanism for monitoring and controlling its use.

a. Restraint shall not be used for punishment, for the convenience of staff, or as a substitution for supervision. Restraint shall only be used:

(1) In an emergency to prevent injury to the resident or to others; or

(2) For crisis intervention.

b. Restraint must not result in harm or injury to the resident and must be used only to ensure the safety of the resident or others during an emergency situation until the emergency situation has ceased, even if the restraint order has not expired.

c. The use of restraint should be selected only when other less restrictive measures have been found to be ineffective to protect the resident or others. The staff shall demonstrate effective treatment approaches and alternatives to the use of restraint.

d. Under no circumstances shall a resident be allowed to actively or passively assist in the restraint of another resident.

e. Staff trained in the use of emergency safety interventions must be physically present and continually assessing and monitoring the well-being of the resident and the safe use of restraint throughout the duration of the emergency situation.

71.16(3) *Orders for restraint or seclusion.* An order for restraint or seclusion shall not be written as a standing order or on an as-needed basis.

a. Each order for restraint or seclusion shall include:

(1) The name of the ordering physician, physician associate or advanced registered nurse practitioner.

(2) The date and time the order is obtained.

(3) The emergency safety intervention ordered, including the length of time for which restraint or seclusion is authorized.

b. Orders for restraint or seclusion must be by a physician, physician associate or advanced registered nurse practitioner.

(1) Verbal orders must be received while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends and must be verified in writing in the resident's record by the physician, physician associate or advanced registered nurse practitioner.

(2) Once the one-time order for the specific resident in an emergency safety situation has expired, it may not be renewed on a planned, anticipated, or as-needed basis.

71.16(4) *Simultaneous use prohibited.* Restraint and seclusion shall not be used simultaneously.

71.16(5) *Documentation of use of restraint or seclusion.* Staff must document in the resident's record and in a centralized tracking system any use of restraint or seclusion.

a. Documentation must be completed by the end of the shift in which the intervention occurs or during the shift in which it ends.

b. Documentation shall include:

(1) The order for restraint or seclusion.

(2) The time the emergency safety intervention began and ended.

(3) The emergency safety situation that required restraint or seclusion.

(4) The name of staff involved in the emergency safety intervention.

(5) The interventions used and their outcomes.

(6) The signature of the physician, physician associate or advanced registered nurse practitioner.

71.16(6) *Meeting to process restraint or seclusion.* As soon as reasonably possible after the restraint or seclusion of a resident has terminated, staff must meet to process the restraint or seclusion occurrence and document in writing the meeting.

71.16(7) *Multiple occasions of restraint or seclusion.* A resident who requires restraint or seclusion on multiple occasions should be considered for a higher level of care.

71.16(8) *Staff training.* The facility shall provide to the staff training by qualified professionals on physical restraint and seclusion theory and techniques.

a. The facility shall keep a record of the training, including attendance, for review by the department.

b. Only staff who have documented training in physical restraint and seclusion theory and techniques shall be authorized to assist with the seclusion or physical restraint of a resident.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; Editorial change: IAC Supplement 6/10/26]

481—71.17(135G) Medication management.

71.17(1) Medications must be ordered by qualified prescribers and administered by qualified personnel. For purposes of this subrule, "qualified personnel" means, at a minimum, a certified medication aide.

71.17(2) Prescription medication must be legally dispensed and labeled according to state law.

71.17(3) All medication errors, drug reactions and suspected drug overmedication must be documented and reported to the practitioner who prescribed the medication.

71.17(4) All medications and other preparations intended for internal or external human use must be stored in medicine cabinets or drug rooms. When preservation of the medication or other preparation

requires refrigeration, the facility must provide a means of securely refrigerating these items. Such cabinets or drug rooms must be kept securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized person.

71.17(5) Schedule II drugs must be stored within two separately locked compartments at all times and accessible only to qualified personnel in charge of administering medication.

71.17(6) Any unused portions of program-prescribed medication(s) must be either turned over to the resident with written authorization and directions by the qualified prescriber or returned to a pharmacy for proper disposition by the pharmacist.

71.17(7) Whenever a resident brings the resident's own prescribed medications into the facility, such medications must not be administered unless identified by a qualified prescriber or pharmacist and ordered by a qualified prescriber. If such medications cannot be administered, they must be packaged, sealed, and returned to an adult member of the resident's immediate family or the legal guardian or securely stored and returned to the resident upon discharge. However, if previously prescribed medication would prove harmful to the resident, the medication may be withheld from the resident and disposed of in accordance with subrule 71.17(6). There must be documentation by the qualified prescriber in the resident's clinical record citing the dangers or contraindications of the medication being withheld.

71.17(8) All potent, poisonous, or caustic materials shall be stored separately from medications. All potent, poisonous, or caustic materials shall be plainly labeled and stored in a specific, well-illuminated cabinet, closet or storeroom and made accessible only to authorized personnel.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.18(135G) Dietary.

71.18(1) *Nutrition and menu planning.*

a. Menus shall be planned and followed to meet the nutritional needs of residents.

b. Menus shall be planned and served to include foods and amounts necessary to meet federal dietary guidelines.

c. At least three meals or their equivalent shall be served daily, at regular hours.

71.18(2) *Dietary storage, food preparation, and service.* All food shall be handled, prepared, served and stored in compliance with the Food Code adopted pursuant to Iowa Code section 137F.2.

[**ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.19(135G) Buildings, furnishings, and equipment.

71.19(1) *Buildings—general requirements.*

a. All windows shall be supplied with window treatments that are kept clean and in good repair.

b. Whenever glass sliding doors or transparent panels are used, they shall be marked conspicuously.

c. The facility shall meet the equivalent requirements of the appropriate group occupancy of the state fire code.

71.19(2) *Furnishings and equipment.*

a. All furnishings and equipment shall be durable, cleanable, and appropriate to their function.

b. Upholstery materials shall be moisture- and soil-resistant as needed, except on furniture provided by the resident and the property of the resident.

71.19(3) *Dining area and common area.* Every facility shall have a dining area and a common area easily accessible to all residents.

a. A common area shall be maintained for the use of residents and their visitors and may be used for recreational activities. Common areas shall be suitably furnished.

b. Dining areas shall be furnished with dining tables and chairs appropriate to the size and function of the facility. Dining areas and furnishings shall be kept clean and sanitary.

71.19(4) *Bedrooms.*

a. Each resident shall be provided with a twin-sized or larger bed, substantially constructed and in good repair. Rollaway beds, metal cots, or folding beds are not acceptable.

b. Each bed shall be equipped with the following: casters or glides; clean springs in good repair; a clean, comfortable, well-constructed mattress approximately five inches thick and standard in size for the bed; and clean, comfortable pillows of average bed size.

c. Each resident shall have a bedside table with a drawer to accommodate personal possessions.

d. There shall be a comfortable chair, either a rocking chair or armchair, per resident bed. The resident's personal wishes shall be considered.

e. There shall be drawer space for each resident's clothing. In a bedroom in which more than one resident resides, drawer space shall be assigned to each resident.

f. Beds and other furnishings shall not obstruct free passage to and through doorways.

g. Beds shall not be placed in such a manner that the side of the bed is against the radiator or in close proximity to it unless the radiator is covered so as to protect the resident from contact with it or from excessive heat.

h. There shall be no more than two residents per room.

71.19(5) *Bath and toilet facilities.*

a. There shall be a minimum of one toilet and one sink for each four residents and one shower for each eight residents. For example, a facility with the maximum of 16 beds shall have four toilets and sinks and two showers.

b. All sinks shall have paper towel dispensers and an available supply of soap.

c. Toilet paper shall be readily available to residents.

71.19(6) *Heating.* A centralized heating system shall be maintained in good working order and capable of maintaining a comfortable temperature for residents of the facility. Portable units or space heaters are prohibited from being used in the facility except in an emergency.

71.19(7) *Water supply.*

a. Private sources of water supply shall be tested annually and the report made available for review by the department upon request.

b. A bacterially unsafe source of water supply shall be grounds for denial, suspension, or revocation of license.

c. The department may require testing of private sources of water supply at its discretion in addition to the annual test. The facility shall supply reports of such tests as directed by the department.

d. Hot and cold running water under pressure shall be available in the facility.

e. Prior to construction of a new facility or new water source, private sources of water supply shall be surveyed and shall comply with the requirements of the department.

[**ARC 4431C**, IAB 5/8/19, effective 6/12/19]

481—71.20(135G) Records.

71.20(1) *Resident record.* The licensee shall keep a permanent record about each resident with all entries current, dated, and signed. The record shall include:

a. Name and previous address of resident;

b. Birth date, sex, and marital status of resident;

c. Provisional or admitting diagnosis;

d. A biopsychosocial history sufficient to provide data on the resident's relevant past history, present situation, social support system, community resource contacts, and other information relevant to appropriate treatment and discharge planning;

e. The name, telephone number and address of the licensed mental health professional completing the biopsychosocial history;

f. Name, address and telephone number of next of kin or legal representative;

g. Name, address and telephone number of the person to be notified in case of emergency;

h. Pharmacy name, telephone number, and address;

i. Written orders for treatment and medications, signed by a physician, physician associate or advanced registered nurse practitioner;

j. Any change in the resident's condition;

k. Notations describing the resident's condition on admission, transfer, and discharge;

l. A copy of instructions given to the resident, legal representative, or facility in the event of discharge or transfer;

m. Individualized treatment and discharge or transfer plan pursuant to rule 481—71.14(135G);

n. Progress notes, including any use of seclusion or restraint pursuant to rule 481—71.16(135G), recorded by the physician, physician associate, advanced registered nurse practitioner or mental health professional and, when appropriate, others significantly involved in active treatment modalities. Progress notes must contain a concise assessment of the resident's progress and recommendations for revising the treatment plan as indicated by the resident's condition;

o. The discharge summary, including a recapitulation of the resident's hospitalization, recommendations for appropriate services concerning follow-up, and a brief summary of the resident's condition on discharge.

71.20(2) *Confidentiality of resident records.* The facility shall have policies and procedures providing that each resident shall be assured confidential treatment of all information, including information contained in electronic records.

a. The facility shall limit access to any resident records to staff and consultants providing professional services to the resident. Information shall be made available to staff only to the extent that the information is relevant to the staff person's responsibilities and duties. This restriction shall not preclude access by representatives of state or federal regulatory agencies.

b. The resident, or the resident's legal guardian, shall be entitled to examine all information and shall have the right to secure full copies of the record at reasonable cost upon request, unless the physician, physician associate, advanced registered nurse practitioner or mental health professional determines the disclosure of the record or a section thereof is contraindicated, in which case the designated information will be redacted prior to making the record available to the resident. This determination and the reasons for it must be documented in the resident's record.

71.20(3) *Incident records.*

a. Each subacute care facility shall maintain an incident record report and shall have available incident report forms.

b. A report of every unusual occurrence shall be detailed on the printed incident report form.

c. The person in charge at the time of the unusual occurrence shall oversee the preparation of and sign the incident report.

d. A copy of the incident report shall be kept on file in the facility and shall be available for review and a part of administrative records.

71.20(4) *Retention of records.*

a. Records shall be retained in the facility for five years following termination of services to the resident, even when there is a change of ownership.

b. When the facility ceases to operate, the resident's record shall be released to the facility to which the resident is transferred. If no transfer occurs, the record shall be released to the individual's physician or advanced registered nurse practitioner.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; Editorial change: IAC Supplement 6/10/26]

481—71.21(135G) Residents' rights in general.

71.21(1) *Policies and procedures.* Each facility shall ensure that policies and procedures are written and implemented, include all of the following subrules, and govern all areas of service provided to staff and residents, their families or legal representatives. The policies and procedures shall be available to the public and shall be reviewed annually by the facility.

71.21(2) *Grievances.* Written policies and procedures shall include a method for submission of grievances and recommendations by residents or their responsible parties and a method to ensure a response and disposition by the facility. The written grievance procedure shall ensure protection of the resident from any form of reprisal or intimidation and shall include:

a. The name of an employee or an alternate staff person designated to be responsible for handling grievances and recommendations; and

b. Methods to investigate and assess the validity of a grievance or recommendation, resolve grievances, and take action.

71.21(3) *Informed of rights and responsibilities.* Policies and procedures shall include a provision that each resident shall be fully informed of the resident's rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. This information must be provided upon admission.

a. The facility shall inform residents about what they may expect from the facility and its staff and what is expected from residents.

b. Residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English-speaking or deaf or hard of hearing, steps shall be taken to translate the information into the person's native language or sign language. In the case of visually impaired residents, either Braille or a recording shall be provided.

c. A statement shall be signed by the resident and legal guardian, if applicable, indicating an understanding of these rights and responsibilities, and the statement shall be maintained in the record. A copy of the signed statement shall be given to the resident or legal guardian.

71.21(4) *Informed of health condition.* Each resident or legal guardian shall be fully informed by a physician, physician associate, advanced registered nurse practitioner or mental health professional of the resident's health and medical condition unless medically contraindicated as documented by a physician, physician associate, advanced registered nurse practitioner or mental health professional in the resident's record.

71.21(5) *Posting of names.* The facility shall post in a prominent area the name, telephone number, and address of the survey agency, the local law enforcement agency and the protection and advocacy agency designated to provide to residents another course of redress.

71.21(6) *Dignity preserved.* Each resident shall be treated with consideration, respect, and full recognition of the resident's dignity and individuality, including privacy in treatment and in care of personal needs.

a. Corporal punishment, verbal abuse, or any other activity that would be damaging to an individual's self-respect shall be prohibited by written policy.

b. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for a program.

c. Staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of the individuality and dignity of human beings.

d. Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door shall shield the resident from passersby. People not involved in the care of the residents shall not be present without the resident's consent while the resident is being examined or treated.

e. Staff shall knock and be acknowledged before entering a resident's room unless the resident is not capable of a response. This requirement does not apply under emergency conditions.

71.21(7) *Communications.* Each resident may communicate, associate, and meet privately with persons of the resident's choice, unless to do so would infringe upon the rights of other residents. Each resident may send and receive personal mail unopened unless prohibited in the treatment plan, which requires explicit approval of the resident or legal guardian.

71.21(8) *Visiting hours.* Subject to reasonable scheduling restrictions, visiting policies and procedures shall permit residents to receive visits from anyone they wish. Visiting hours shall be posted.

a. Reasonable, regular visiting hours shall not be less than 12 hours per day and shall take into consideration the special circumstances of each visitor. A particular visitor(s) may be restricted by the facility for one of the following reasons:

(1) The resident refuses to see the visitor(s).

(2) The visit would not be in accordance with the treatment plan.

(3) The visitor's behavior is unreasonably disruptive to the functioning of the facility.

b. Reasons for denial of visitation shall be documented in the resident's records.

71.21(9) *Privacy.* Space shall be provided for residents to receive visitors in comfort and privacy.

71.21(10) *Telephone calls.* Telephones shall be available and accessible for residents to make and receive calls with privacy. Residents who need help shall be assisted in using the telephone.

71.21(11) *Mail.* Arrangements shall be made to provide assistance to residents who require help in reading or sending mail.

71.21(12) *Permission to leave premises.* Residents shall be permitted to leave the facility and environs at reasonable times if permitted in writing by the physician, physician associate, advanced registered nurse practitioner, mental health professional, or administrator.

71.21(13) *Resident activities.* Each resident may participate in recreational activities as desired unless contraindicated for reasons documented in the resident's record.

71.21(14) *Resident property.* Each resident may retain and use personal clothing and possessions, as space permits, and cash and other financial instruments, provided that the use of such items is not otherwise prohibited.

a. The personal property shall be kept in a secure location which is convenient to the resident.

b. Residents shall be advised, prior to or at the time of admission, of the kinds and amounts of clothing and possessions permitted for personal use and whether the facility will accept responsibility for maintaining these items, e.g., cleaning and laundry.

c. Any personal clothing or possessions retained by the facility for the resident shall be identified and recorded on admission and the record placed on the resident's chart. The facility shall be responsible for secure storage of items, and the items shall be returned to the resident promptly upon request or upon discharge from the facility.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; **ARC 5711C**, IAB 6/16/21, effective 7/21/21; Editorial change: IAC Supplement 6/10/26]

481—71.22(135G) Health and safety.

71.22(1) *Emergency care.* Each facility shall have written policies and procedures for emergency medical and psychiatric treatment, which shall include immediate notification by the person in charge to the physician, physician associate, advanced registered nurse practitioner or mental health professional of any accident, injury or adverse change in the resident's condition. "Immediate" for purposes of this subrule means within 24 hours.

71.22(2) *First-aid kit.* A first-aid emergency kit shall be available on each floor.

71.22(3) *Infection control.* Each facility shall have a written and implemented infection control program.

71.22(4) *Safe environment.* The licensee of a subacute care facility is responsible for the provision and maintenance of a safe environment for residents and personnel. The subacute care facility shall meet the fire and safety rules as promulgated by the state fire marshal or the state fire marshal's designee.

71.22(5) *Disaster.* The licensee shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency.

a. The plan shall be posted.

b. Training shall be provided to ensure that all employees are knowledgeable of the emergency plan. The training shall be documented.

71.22(6) *Smoking.* A subacute care facility shall follow the smokefree air Act, Iowa Code chapter 142D.

[**ARC 1740C**, IAB 11/26/14, effective 12/31/14; **ARC 4431C**, IAB 5/8/19, effective 6/12/19; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapter 135G.

[Filed ARC 1740C (Notice ARC 1615C, IAB 9/3/14), IAB 11/26/14, effective 12/31/14]
[Filed ARC 2068C (Notice ARC 1996C, IAB 5/27/15), IAB 7/22/15, effective 8/26/15]
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[Filed ARC 5719C (Notice ARC 5560C, IAB 4/21/21), IAB 6/16/21, effective 7/21/21]
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[Editorial change: IAC Supplement 6/10/26]
[Editorial change: IAC Supplement 8/5/26]

INVESTIGATIONS DIVISION

CHAPTER 72
ECONOMIC FRAUD CONTROL BUREAU
Rescinded **ARC 0011D**, IAB 1/21/26, effective 2/25/26

CHAPTER 73
MEDICAID FRAUD CONTROL UNIT
[Prior to 10/7/87, 481—Chapter 6, "Medicaid Provider Audits"]
Rescinded **ARC 0012D**, IAB 1/21/26, effective 2/25/26

CHAPTER 74
ECONOMIC ASSISTANCE FRAUD BUREAU
Rescinded **ARC 3875C**, IAB 7/4/18, effective 8/8/18; see 481—Chapter 72

CHAPTER 75
DIVESTITURE UNIT
Rescinded **ARC 6518C**, IAB 9/7/22, effective 10/12/22

CHAPTERS 76 to 81
Reserved

CHAPTER 82
ECONOMIC FRAUD BUREAU

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—82.1(10A) Definitions.

"Client" means any person who has made an application for or is receiving state or federal public assistance from any state or federal agency.

"Collateral contact" means a reliable source other than the client who is knowledgeable about information relative to pertinent public assistance case factors.

"Department" means the department of inspections, appeals, and licensing.

"HHS" means the Iowa department of health and human services.

"Division" means the investigations division of the department.

"EBT" or *"electronic benefit transfer"* means the electronic process that allows a client to authorize the transfer of the client's benefits from a financial account to a retailer to pay for eligible items received. Clients are issued an EBT card similar to a bank ATM or debit card to receive and use their Supplemental Nutrition Assistance Program (SNAP) benefits.

"EBT trafficking" means the same as defined in 7 CFR 271.2.

"Intentional program violation" or *"IPV"* means the same as defined in 7 CFR 273.16(c)(1) and (2).

"Pertinent public assistance case factors" means information considered necessary to verify household composition, income, resources or any other potential program violation.

"Program violation" means action that is contrary to the rules of eligibility for any state or federal public assistance program.

"Public assistance" means the same as defined in rule 441—11.1(217), or any other state or federal assistance program.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

481—82.2(10A) Economic fraud bureau (EFB or bureau). Generally, the EFB conducts investigations of public assistance fraud, if a written agreement has been entered into between the department and an entity of the executive branch of the federal, state or local government, in order to maintain integrity and accountability in the administration of public assistance benefits.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

481—82.3(10A) Investigation procedures.

82.3(1) *Client contact.* The bureau may but does not have to contact the client during the course of an investigation. If the bureau contacts the client and the client does not respond, the client's nonresponse will be included in the bureau's investigation findings.

82.3(2) *Evidence gathered.* The bureau may conduct record reviews and gather evidence to verify a client's employment, wages, residence, household composition, income versus expenses, property ownership or other relevant facts.

82.3(3) *Subpoenas.* Subpoenas may be issued pursuant to Iowa Code section 10A.104 and 481—subrule 1.1(4) to obtain information necessary to an investigation. Subpoenas may be served upon the respondent of the subpoena or the respondent's registered agent as follows:

a. Personally by division personnel,

b. Via USPS mail, or

c. Via facsimile or email.

Division personnel determine the appropriate method by which the respondent is to deliver information in response to a subpoena duces tecum.

82.3(4) *Collateral contacts.* The division may use collateral contacts to collect information pertinent to an investigation or verify information provided by the client.

82.3(5) *Cooperation.* The division may cooperate with local, state or federal law enforcement agencies during investigations.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

481—82.4(10A) EBT trafficking investigations. In addition to the procedures outlined in rule 481—82.3(10A), the following apply to EBT trafficking investigations.

82.4(1) *Probable cause.* Probable cause must be established before an EBT trafficking investigation may be conducted.

82.4(2) *Referrals.* Referrals to the division may come from HHS, retailers, law enforcement agencies or the general public or following the identification of questionable EBT card transactions through federal or state databases. The bureau may open an investigation without an outside referral.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

481—82.5(10A) Findings. At the completion of an investigation, the bureau will transmit its findings in writing to the appropriate state or federal agency and make recommendations based on the evidence obtained or provided during the investigation.

82.5(1) *Decisions about public assistance eligibility.* The appropriate state or federal agency makes all decisions about public assistance eligibility. HHS will report the case action taken and any determination of overpayment, cost avoidance, or intentional program violation to the division.

82.5(2) *Testimony and hearings.* Staff of the division may be called to testify in administrative and legal proceedings related to an investigation, in addition to conducting EBT intentional program violation hearings.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

481—82.6(10A) Confidentiality. The EFB will maintain confidentiality of investigative case information in accordance with Iowa Code sections 10A.105 and 22.7(5) and any other applicable state or federal law.

[**ARC 0011D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code sections 10A.105, 10A.402, and 10A.403.

[Filed ARC 0011D (Notice ARC 9749C, IAB 11/26/25), IAB 1/21/26, effective 2/25/26]

CHAPTER 83
MEDICAID FRAUD CONTROL UNIT

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—83.1(10A) Definitions.

"Abuse" or *"neglect"* means the same as "abuse of patients or residents" and "neglect of patients or residents" as defined in 42 CFR §1007.1 committed against:

1. A patient or resident of a health care facility as defined by 42 CFR §1007.1.
2. A resident in a board and care facility as defined by 42 CFR §1007.1.
3. A Medicaid beneficiary in a noninstitutional or other setting.

Such conduct may include but is not limited to violations under Iowa Code chapters 235B, 235E, 708, 709, 714, and 726.

"Director" means the same as defined in Iowa Code chapter 10A.

"Fraud" means the same as defined in 42 CFR §1007.1.

"Medicaid," "medical assistance program" or *"medical assistance"* means the same as defined in Iowa Code chapter 249A.

"Provider" means the same as defined in 42 CFR §1007.1.

"Unit" means the Iowa Medicaid fraud control unit.

[**ARC 0012D**, IAB 1/21/26, effective 2/25/26]

481—83.2(10A) Investigative authority. The unit's investigative authority is found in Iowa Code chapter 10A, 42 CFR §1007.11, and 45 CFR §164.512(d).

[**ARC 0012D**, IAB 1/21/26, effective 2/25/26]

481—83.3(10A) Access to records. The unit is authorized to request, review, and retain information and records necessary to investigate allegations within its state and federal authority. The unit is also a health oversight agency as defined by 45 CFR §164.501 and can receive protected health information pursuant to 45 CFR §164.512(d).

[**ARC 0012D**, IAB 1/21/26, effective 2/25/26]

481—83.4(10A) Subpoenas. In addition to any subpoena provisions set forth in 481—Chapter 1, the following apply:

83.4(1) The unit may serve subpoenas during the course of an open investigation upon an individual, entity, or the individual's or entity's registered agent by:

a. Personal service.

b. U.S. mail.

c. Electronic transmission via facsimile or email.

83.4(2) The unit is authorized to determine the appropriate format and method by which the individual or entity is to provide the information in response to a subpoena duces tecum.

[**ARC 0012D**, IAB 1/21/26, effective 2/25/26]

481—83.5(10A) Confidentiality. The unit will maintain the confidentiality of all investigative case information in accordance with Iowa Code chapters 22 and 685, 42 CFR §1007.11(f), 42 CFR Part 2, and any other applicable state or federal law.

[**ARC 0012D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code sections 10A.104(6), 10A.105, 10A.402(5), and 10A.403.

[Filed ARC 0012D (Notice ARC 9750C, IAB 11/26/25), IAB 1/21/26, effective 2/25/26]

CHAPTER 84
AUDITS UNIT

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—84.1(10A) Audit occurrence. The department, acting as an agent for the Iowa department of health and human services (HHS), audits financial records of intermediate care facilities, residential care facilities, and intermediate care facilities for the intellectually disabled on a rotating basis or upon request of HHS. Audits are intended to ensure compliance with the following Iowa Administrative Code chapters:

1. 441—Chapter 52, "Payment."
2. 441—Chapter 54, "Facility Participation."
3. 441—Chapter 81, "Nursing Facilities."
4. 441—Chapter 82, "Intermediate Care Facilities for Persons with an Intellectual Disability."

If a chapter not listed is used in an audit, the auditor will notify the facility.

[**ARC 0010D**, IAB 1/21/26, effective 2/25/26]

481—84.2(10A) Confidentiality. All information compiled during an audit is confidential according to Iowa Code sections 10A.105 and 217.30. All inquiries to release information that is confidential under Iowa Code section 217.30 will be addressed to HHS.

84.2(1) Information may be added to an audit file by the subject of the audit when the subject notifies the Audits Unit, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Des Moines, Iowa 50321.

84.2(2) At the conclusion of the audit, when material is returned to HHS, HHS rules regarding fair information practices prevail.

[**ARC 0010D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code sections 10A.402 and 22.11.

[Filed ARC 0010D (Notice ARC 9748C, IAB 11/26/25), IAB 1/21/26, effective 2/25/26]

CHAPTERS 85 to 89
Reserved

CHAPTER 90
PUBLIC ASSISTANCE DEBT RECOVERY UNIT (PADRU)
[Prior to 4/7/10, see 481—Ch 71]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

PREAMBLE

More information related to this chapter can be found in 441—Chapter 11.
[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.1(10A) Definitions. The following definitions apply:

"Active case" means a household that is receiving public assistance.

"Allotment reduction" means an amount withheld from a financial or SNAP benefit.

"Benefit reduction" refers to SNAP.

"Debt" means the dollar amount of public assistance, by program, received by or on behalf of a person or provider in excess of that allowed by law, rules, or regulations for any given month(s); or the dollar amount of public assistance unlawfully transferred or obtained in violation of program rules; or the dollar amount of unpaid IowaCare personal financial responsibility obligations.

"Debtor" means any person who has been determined by HHS or by the department to be responsible for the repayment of a particular public assistance debt.

"Department" means the department of inspections, appeals, and licensing.

"Economic fraud bureau" means the economic fraud bureau of the investigations division of the department.

"FIP" means the family investment program described in 441—Chapters 40, 41, 45 and 46.

"Grant reduction" refers to the FIP and to RCA.

"HHS" means the Iowa department of health and human services.

"Notice of debt" means a notice that informs the debtor that a debt in a public assistance program has occurred and identifies the debt amount, the dates on which the debt was incurred, the cause of the debt, and the options the debtor has to repay the debt (more information can be found in 441—Chapter 11).

"Public assistance" means any program that HHS administers that confers a financial, medical, or SNAP benefit.

"RCA" means refugee cash assistance as described in 441—Chapter 60.

"Recovery" means the repayment of a debt by direct cash or credit card payment from the debtor, by allotment reduction, by setoffs, or by garnishment of wages or assets.

"Repayment agreement" means the same as defined in rule 441—11.1(217).

"Setoffs" means the practice described in Iowa Code section 421.65 and 701—Chapter 26.

"SNAP" means the Supplemental Nutrition Assistance Program as defined in rule 441—65.1(234).

"Title XIX divestiture" means a debt against a person who receives transferred assets from a Medicaid applicant or recipient within five years prior to an application for medical assistance if the applicant is approved for medical assistance (Medicaid) or a transfer impacting the recovery or payment of a medical assistance (Medicaid) debt.
[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.2(10A) Recovery process. The recovery process begins when data specifying which public assistance program(s) owed a debt is successfully entered on the designated overpayment recovery system and a notice of debt is issued to the debtor.
[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.3(10A) Records. PADRU maintains an account for each debt that has occurred for a debtor filed under the debtor's name, including information maintained pursuant to rule 441—11.2(217).
[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.4(10A) Debt repayment. A notice of debt pursuant to 441—subrule 11.2(2) or Form 470-0495, Agreement to Pay a Debt, is used to initiate payments of a debt. The minimum rate of payment is determined by each program unless set by a court order or otherwise negotiated by HHS. All recoveries are transmitted to the HHS cashier. Payments are made directly by cash, check, or money order or through an online payment portal by the debtor except as otherwise provided in this rule. The amount of allotment reduction for a FIP overpayment caused by an agency error will be different from the amount of allotment reduction for a client error, as determined by HHS.

90.4(1) *Active cases—PROMISE JOBS program.* For payment reduction for the PROMISE JOBS program, the debtor has to provide written permission to effectuate a FIP reduction.

90.4(2) *Active cases—FIP, RCA, SNAP.* Allotment reduction will be used, except that cash payment pursuant to a repayment agreement may be used when the repayment amount exceeds the amount that may be collected by allotment reduction.

90.4(3) *SNAP with electronic benefit balances.* SNAP payments may be made by returning electronic benefits to pay the debt.

[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.5(10A) Further collection action. If complete repayment has not been received by the methods described in rule 481—90.4(10A), or if the repayment agreement is not returned, further collection action may be taken. This action includes but is not limited to the following:

90.5(1) *For all debts.*

a. Debts of $6,500 or less, small claims court action.

b. Debts of more than $6,500, referral to the attorney general for district court action.

c. State income tax refund setoffs in accordance with 441—Chapter 11 and Iowa Code section 421.65.

d. The filing of a claim in a debtor's estate or bankruptcy proceedings.

e. Garnishment of wages or assets.

f. Setoffs of a state warrant.

g. Distress warrants.

h. Liens.

90.5(2) *For SNAP debts.* In addition to the above actions, federal offsets may be used for the collection of SNAP debts in accordance with rule 441—11.5(234).

[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.6(10A) Appeal rights. If a notice of debt or other notice of adverse action is received by the debtor and the debtor wishes to contest the debt, an appeal is submitted to the recovery unit or to HHS. If an appeal is submitted, the recovery process is suspended until conclusion of the appeal process outlined in 7—Chapter 2506 and 441—Chapter 7.

[**ARC 0013D**, IAB 1/21/26, effective 2/25/26; Editorial change: IAC Supplement 8/5/26]

481—90.7(10A) Data processing systems matches. The recovery unit compares information with other data processing systems to identify the location, resources, or income of a debtor. Part or all of a data processing system is used. The recovery unit uses but is not limited to using the data processing systems of the following entities:

1. Social Security Administration,
2. Department of workforce development,
3. Department of revenue,
4. Department of administrative services,
5. Department of transportation (driver's license and motor vehicle registration), and
6. Department of health and human services.

[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

481—90.8(10A) Confidentiality. The confidentiality of records is in accordance with 441—Chapter 9.

[**ARC 0013D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code section 10A.402.

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[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 91 to 99
Reserved

GAMES OF SKILL, CHANCE, BINGO AND RAFFLES

CHAPTER 100
GENERAL PROVISIONS FOR SOCIAL AND CHARITABLE GAMBLING

[Prior to 12/17/86, Revenue Department[730], Ch 91]
[Prior to 11/18/87, Racing and Gaming Division[195]]
[Prior to 6/14/89, Racing and Gaming Division[491], Ch 20]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—100.1(99B) Definitions. In addition to the definitions found in Iowa Code chapter 99B, and unless specifically defined in 481—Chapters 101 through 106, the following definitions apply to all social and charitable gambling rules:

"Bingo supplies and equipment" means a machine, display board, monitor, card, bingo paper, or any other implement or provision used in the conduct of the game of bingo licensed pursuant to Iowa Code chapter 99B.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing.

"QO" means the same as "qualified organization" as defined in Iowa Code section 99B.1(29).

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.2(99B) Licensure. Gambling shall only occur upon receipt of a license issued by the department that shall be prominently displayed at the gambling location.

100.2(1) *Types of gambling licenses—QOs.* A QO may apply for the six following license types, each of which permits the activities listed. A QO with a one-year or two-year license may apply for a very large raffle license.

License type/ Activity type	Two-year QO	One-year QO	180-day QO	90-day QO	14-day QO	Bingo at a fair or festival
Bingo	Three occasions per week; 15 occasions per month	No	No	No	Two occasions	One occasion per day for length of fair or festival
Games of skill and chance	Unlimited carnival-style games	No	No	No	Unlimited carnival-style games	No
Game night	One per calendar month	One per calendar month	One per calendar month	One per calendar month	One per calendar month	No
Very small and small raffles	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	No
Large raffles	One per calendar year	Eight per license period, each conducted in a different county	One per calendar year	One per calendar year	One per calendar year	No
Very large raffles	One per calendar year, requires additional very large raffle license	One per calendar year, requires additional very large raffle license	No	No	No	No
Electronic raffles	One small raffle per day; one large raffle per calendar year	No	No	No	No	No

100.2(2) *Other types of gambling licenses.* There are four other types of gambling licenses:

a. One-year license for an amusement concession.

b. Two-year license for social gambling in beer and liquor establishments.

c. Two-year license for social gambling in public places.

d. Annual license for manufacturers and distributors of bingo equipment and supplies or electronic raffle systems.

100.2(3) *Unlicensed very small raffle.* Iowa Code section 99B.24(3) allows one unlicensed very small raffle per calendar year for an organization that meets the definition of a QO. The QO shall obtain permission from the department to conduct this raffle.

100.2(4) *Political action committees.* Political action committees are not QOs and are not eligible for gambling licenses.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.3(99B) License application. In addition to requirements for licensure found in Iowa Code chapter 99B, the following standards apply to gambling licenses.

100.3(1) *Applications.* Applications may be completed online by visiting dial.iowa.gov and clicking on the link for "Social and Charitable Gambling." A paper application may be requested from the Social and Charitable Gambling Unit, Iowa Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Des Moines, Iowa 50321; or by calling 515.281.6848.

100.3(2) *Receipt of application.* An application shall be submitted at least 30 days before the beginning date requested.

100.3(3) *Fees.* License fees are not refundable.

100.3(4) *Documentation.* QOs applying for a charitable gambling license must submit documentation to prove tax-exempt status with the application.

100.3(5) *Application for incorrect license.* If the applicant does not apply for the appropriate license, the license fee may be applied to the appropriate license within 30 days of notification to the applicant by the department.

100.3(6) *Incomplete application submitted.* If the applicant submits an incomplete application, the application may be completed and submitted within 30 days of notification to the applicant by the department without forfeiting the fee submitted with the incomplete application.

100.3(7) *Responsible party.* The responsible party identified on the application shall sign the application or submit the online application and be a person who is authorized to make decisions on behalf of the QO.

100.3(8) *Sales tax permit.* QOs and amusement concessions licensees shall possess a sales tax permit at the time the license application is submitted. The following gambling activities are exempt from sales and local option taxes:

a. Gambling activities conducted by county and city governments.

b. Gambling activities held by the Iowa state fair, Iowa state fair authority, or Iowa state fair foundation (organized under Iowa Code chapter 173), including gambling activities that occur outside of the annual scheduled fair event.

c. Gambling activities held by a fair (as defined in Iowa Code section 174.1(2)), including gambling activities that occur outside of scheduled fair events.

d. Raffles held by a licensed QO at a fair as defined in Iowa Code section 99B.1 and pursuant to the requirements specified in Iowa Code section 99B.24.

e. Raffles, whether or not they are conducted at a fair event, where the proceeds are used to provide educational scholarships by a qualifying organization representing veterans as defined in Iowa Code section 99B.27(1)*"b."*

100.3(9) *State tax liabilities.* The applicant must have no outstanding state tax liabilities or submit with the application a copy of a negotiated repayment plan with the department of revenue and be current in all payments.

100.3(10) *Revocation—no license issued.*

a. No one involved in an organization with a gambling license revocation action pending will be granted a license similar to the license revoked.

b. No one with a gambling license currently under revocation may be issued any gambling license during the period of revocation.

c. A license will not be issued if there is a current revocation of either a gambling or a retail alcohol license for the location named on the license application.

100.3(11) *Criminal violations.* No applicant shall have been convicted of or pled guilty to a criminal violation of Iowa gambling law. No applicant shall have been convicted of a felony, federal or state, within five years of the date of the application. For felony convictions more than five years prior to the date of the application, citizenship rights must have been restored in order for the application to be considered. The applicant may have no more than two convictions of or guilty pleas to serious or aggravated misdemeanors in the last two years.

100.3(12) *Violations of gambling law or Iowa alcoholic beverage control Act (Iowa Code chapter 123).*

a. No applicant shall have been convicted of or pled guilty to a criminal violation of Iowa gambling law.

b. No retail alcohol license shall have been suspended within the last 12 months or revoked because of a conviction of or guilty plea to a criminal violation of the Iowa alcoholic beverage control Act.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.4 Reserved.

481—100.5(99B) Returned checks. If a check intended to pay for any license provided for under Iowa Code chapter 99B is not honored for payment by the bank on which the check is drafted, the department will notify the applicant of the need to provide sufficient payment before the license will be issued. An additional fee of $25 will be assessed for each dishonored check.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.6(99B) Payment systems. Payment systems are authorized by Iowa Code section 99B.5 and shall comply with all applicable federal and state laws regarding payment card processing and the protection of personal information.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.7(99B) Participation—game of skill, game of chance or raffle. No one who conducts a game of skill, game of chance, or raffle may participate in the game or raffle. An individual "conducts" a raffle if the individual directly participates in the mechanism of selection of the prize, such as drawing the winning entry. An individual "conducts" a game of skill or game of chance if the person is a dealer or a croupier or otherwise operates the game.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.8(99B) Posted rules—games other than bingo and raffles. Rules established by the licensee shall be posted on a sign near the front of the playing area in large, easily readable print or made available electronically at each player's location before the player forfeits money to play the game and include:

1. The name and mailing address of the licensee;
2. Prices to play;
3. How winners will be determined;
4. Prize(s) or categories of prizes for each game; and
5. Description of each game, including the cost per game. For example, a game might be one opportunity to shoot and make one basket or three opportunities to shoot and make one basket.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.9 Reserved.

481—100.10(99B) Rules—raffles.

100.10(1) A copy of the rules for a raffle shall be available upon request and include the following:

a. Methods of awarding a prize, including the date the prize is won;

b. Prices to play, including discounts; and

c. Whether a sufficient number of entries must be sold in order for the raffle to occur, or if an alternate prize is offered when sales of entries are insufficient.

100.10(2) A licensed QO may also include in its rules items such as the policy for nonpayment of prizes.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26; **ARC 0593D**, IAB 9/16/26, effective 10/21/26]

481—100.11(99B) Prizes. Prizes are governed by the following standards.

100.11(1) *Amusement concession licensees.* The maximum prize limit for games of skill and games of chance is $950 in merchandise.

100.11(2) *QOs.* The following table provides prize limits for types of gambling conducted by QOs.

Type of gambling	Prize limits
Games of skill and games of chance	$10,000 in merchandise
Very small raffle	Cumulative value of cash prizes is $1,000 or less; or purchased merchandise is $1,000 or less; or donated merchandise is $5,000 or less
Small raffle	Cumulative value of all cash and prizes is more than $1,000 but not more than $10,000
Large raffle	Cumulative value of cash and prizes is more than $10,000 but not more than $100,000
Very large raffle	Cumulative value of cash and prizes is more than $100,000 but not more than $200,000; or the prize is real property
Single bingo game	Up to $250 cash or merchandise
Bingo jackpot	$1,000 cash or merchandise maximum on first jackpot in 24-hour period; $2,500 cash or merchandise maximum on second jackpot in 24-hour period (see Iowa Code section 99B.21(2)*"d"*)

100.11(3) *Game night.* An individual shall not spend more than $250 for entrance fees and wagers. Cash and merchandise may be awarded in an aggregate amount not to exceed $10,000. No participant shall win more than a total of $5,000.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.12(99B) Games of chance—prohibited games. Slot machines and pull-tabs are unlawful for all licenses issued under Iowa Code chapter 99B. Other than during a game night, games in the following list are unlawful:

1. Punchboard,
2. Pushcard,
3. Craps,
4. Chuck-a-luck,
5. Roulette,
6. Klondike,
7. Blackjack,
8. Baccarat,
9. Equality, or
10. Three-card monte.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.13(99B) Records. In addition to requirements found in Iowa Code section 99B.16, the following requirements apply.

100.13(1) *Disbursement journal.* Records of expenses and dedicated and distributed money are as follows:

a. The date of expenditure, the name of the payee, a description of the purpose of payment, the amount of payment, and the method of payment.

b. The purpose for expenditure of dedicated funds.

100.13(2) *Supporting documentation—time requirements.* Supporting documentation such as invoices or bills shall be kept for three years.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.14(99B) Reports. The requirements are set forth in Iowa Code section 99B.16 and as follows.

100.14(1) A report will be submitted even if no gambling activity occurred during the reporting period.

100.14(2) Reports may be completed online by visiting dial.iowa.gov and clicking on the link for "Social and Charitable Gambling." A paper version of the annual gambling report may be obtained from the Social and Charitable Gambling Unit, Iowa Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.6848.

100.14(3) When the due date is on Saturday, Sunday, or a legal holiday, the report is due the next business day.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.15(10A,17A,99B) Appeal rights. Any decision of the department may be appealed in accordance with procedures set out in 481—Chapter 10 and Iowa Code chapter 17A. When an appeal is received, the status of the license is governed by the following.

100.15(1) *Denial of untimely or insufficient renewal application.* If a renewal application is not timely or sufficient, a license may not be issued until a final decision is issued and all appeal rights have been exhausted.

100.15(2) *Denial of timely and sufficient renewal application.* If a renewal application is timely and sufficient but is denied by the department, a license remains effective until a final decision is issued and all appeal rights have been exhausted.

100.15(3) *Denial of new application.* If a new application is denied, no license may be issued until a final decision is issued and all appeal rights have been exhausted.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.16(99B) Raffles. The following apply to all raffles, including electronic raffles.

100.16(1) *Timing.* The license must be in effect before promotions for the raffle can begin. The gambling event begins when the first entry is sold and ends when winning numbers are drawn. If an organization obtains a temporary license to conduct a raffle, the entirety of the raffle, including promotion, sale of entries and drawing, must fall within the time period for the temporary license.

100.16(2) *Raffle entries—sales.* Any price may be charged for a raffle entry, and the price, including any discounts, shall be the same for every purchaser. Raffle entries shall not be purchased by credit card nor be sold outside the state of Iowa. Organizations shall comply with United States Postal Service regulations restricting the sale of raffle entries through the mail. The purchaser of a raffle entry shall be provided the location, date, and time of the corresponding raffle drawing at the time of purchase.

100.16(3) *Raffle entries—discount.* A licensee may offer raffle entries for sale at a discounted rate if the discount is applied in a nondiscriminatory manner. The amount paid for entries shall not be determined by any variable characteristic, such as height, weight, or wingspan. The discount must be available to all persons throughout the duration of the raffle and posted on all promotional material.

100.16(4) *Winners.* The drawing of the winning entry shall be done in a manner that allows the purchasers to observe the drawing.

a. The raffle shall clearly describe the date the prize will be considered to be won. If no specific winning date is specified, the prize will be considered to be won on the date of the drawing.

b. The date by which the prize shall be claimed will be no fewer than 14 days following the notification of the winner.

c. Notification will be considered to be as soon as practical so long as it is within one year of the prize being awarded.

d. If the prize is not claimed, the licensed QO may do one of the following:

(1) Continue to draw until a winner claims the prize. Each drawing will allow the time period specified in paragraph 100.16(4)*"b"* for claiming the prize.

(2) Donate the unclaimed prize to another QO to be used for an educational, civic, public, charitable, patriotic, or religious use.

100.16(5) *Prizes.* If a prize is merchandise, its value shall be determined by the purchase price paid by the organization or donor. The prize may be a single item or several items.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26; **ARC 0593D**, IAB 9/16/26, effective 10/21/26]

481—100.17(99B) Expenses. Requirements are set forth in Iowa Code section 99B.14(1).

100.17(1) *Proof of expense.* No expense item shall be allowed without a proper receipt, paid invoice, or canceled check or be paid from an outside source. The burden of proof is on the licensee to show that all expenses were incurred exclusively and directly as a result of the gambling activity. An expense will not be considered reasonable if the amount charged significantly exceeds the prevailing rate or average retail cost of the item or service purchased.

100.17(2) *Allowed expenses.* Expenses allowed within the 40 percent limit are:

a. The license fee;
b. Rent of building or equipment;
c. Taxes (other than state and local sales tax paid on gross receipts);
d. Promotion expense;
e. Major equipment purchases;
f. Overhead expenses;
g. Worker compensation; and
h. Other expenses incurred exclusively and directly as a result of the gambling activity.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.18(99B) Net receipts. Requirements are set forth in Iowa Code section 99B.14.

100.18(1) *Examples.* The following examples illustrate methods to determine net receipts, allowable expenses, and the amount requested to be dedicated and distributed.

a. Example 1. When sales tax is not included in gross receipts, sales tax need not be deducted to arrive at net receipts.

Gross receipts (excluding sales tax)	$100,000
Amount awarded as prizes	$20,000
Net receipts	$80,000
Minimum dedicated and distributed (60% of net receipts)	$48,000
Maximum expenses (40% of net receipts)	$32,000

b. Example 2. When sales tax is included in gross receipts, it is deducted to arrive at net receipts.

Gross receipts (including sales tax)	$107,000
Amount awarded as prizes	$20,000
Sales tax (7%)	$7,000
Net receipts	$80,000
Minimum dedicated and distributed (60% of net receipts)	$48,000
Maximum expenses (40% of net receipts)	$32,000

100.18(2) *Time for distribution.* Net receipts received during the calendar year shall be distributed no later than 30 days following the end of each calendar year, except as pursuant to Iowa Code section 99B.14(2)*"a."*

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.19(99B) Licensure of manufacturers and distributors of bingo equipment and supplies and electronic raffle systems. Requirements are set forth in Iowa Code section 99B.32.

100.19(1) Reserved.

100.19(2) *Application.* The applicant shall comply with the requirements of Iowa Code chapter 99B, administrative rules of the department, and other applicable state or federal laws. The department may require detailed information concerning the business structure and operation of the applicant, including but not limited to the following:

a. All owners, officers, and board members of the business.
b. All names under which the applicant will conduct business in the state of Iowa.

100.19(3) *Manufacturers and distributors of electronic raffle systems—additional requirements.* A manufacturer or distributor of electronic raffle systems must meet the following additional requirements in order to obtain a license.

a. Approval of certifying entity by the department. In addition to licensure, manufacturers and distributors of electronic raffle systems will be certified by an entity approved by the department. "Approved by the department" means that the entity has submitted its qualifications in writing to the director for review and has received approval in writing by the director or the director's designee.

b. Certification—requirements. Entities approved by the department to certify manufacturers and distributors of electronic raffle systems will ensure all electronic raffle systems meet the requirements of Iowa Code section 99B.25 and rule 481—100.20(99B).

c. Review of contracts—notification. The applicant will submit to the department for review at the time of application the base contract intended for use with QOs. For the duration of the license, the licensee will notify the department each time the licensee enters into a contract with a QO by submitting in writing the name of the QO and the duration of the contract. The required notification will allow the department to verify that the QO holds a valid two-year QO license, which permits the conduct of an electronic raffle.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.20(99B) Bingo supplies and equipment. Products sold within this state to a gambling license holder shall meet the following requirements:

100.20(1) Products will be manufactured and sold by an Iowa-licensed manufacturer or distributor.

100.20(2) Products will be supplies and equipment used in connection with the game of bingo as defined in Iowa Code section 99B.1. The following are noninclusive characteristics of the game of bingo to which products must conform:

a. Cards or playing faces will have spaces marked in horizontal and vertical rows. Each space will be designated by number, letter, symbol, or picture or a combination of numbers, letters, symbols, or pictures.

b. Balls or objects used to select spaces that are to be covered on the card or playing face will bear numbers, letters, symbols, or pictures or a combination of numbers, letters, symbols, or pictures corresponding to the system used for designating the spaces.

c. The bingo machine will contain a receptacle where objects or balls are placed and from which the objects or balls representing the space to be covered are selected. The selection of the balls or objects by the bingo machine will be by chance and may be either manual or mechanical.

100.20(3) Bingo cards sold in Iowa will have the manufacturer's name imprinted on the cards.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

481—100.21(99B) Electronic raffles. In addition to the requirements found in Iowa Code section 99B.25, the following requirements apply to electronic raffles:

100.21(1) Reserved.

100.21(2) All entries will be included in the drawing.

100.21(3) The sale of raffle entries and the drawing of the winning entry will take place within the same calendar day.

[**ARC 0014D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code chapter 99B.

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1 This history transferred in IAC 9/5/90 from 481—Chapter 103, applicable to "Qualified Organization."

2 This history transferred in IAC 9/5/90 from 481—Chapter 105, applicable to "Annual Game Night."

CHAPTER 101
AMUSEMENT CONCESSIONS

[Prior to 12/17/86, Revenue Department[730], Ch 92]
[Prior to 11/18/87, Racing and Gaming Division[195]]
[Prior to 6/14/89, Racing and Gaming Division[490], Ch 21]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—101.1(99B) License requirements. No games shall be conducted until an application is approved and a license is issued in accordance with 481—Chapter 100.

101.1(1) A gambling license is required for each amusement concession game, with the name and description of the game attached to the application.

101.1(2) The person conducting an amusement concession, for the purposes of licensure, is the owner of the amusement concession.

[**ARC 0015D**, IAB 1/21/26, effective 2/25/26]

481—101.2(99B) Prizes. All prizes shall be merchandise.

[**ARC 0015D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code section 99B.31.

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CHAPTER 102
SOCIAL GAMBLING

[Prior to 12/17/86, Revenue Department[730], Ch 93]
[Prior to 11/18/87, Racing and Gaming Division[195]]
[Prior to 6/14/89, Racing and Gaming Division[490], Ch 22]
[Prior to 9/5/90, see 481—Chapters 102 and 104]
Rescinded **ARC 3190C**, IAB 7/5/17, effective 8/9/17

CHAPTER 103
BINGO

[Prior to 12/17/86, Revenue Department[730], Ch 94]
[Prior to 11/18/87, Racing and Gaming Division[195]]
[Prior to 6/14/89, Racing and Gaming Division[491], Ch 23]
[Prior to 9/5/90, this chapter was entitled "Qualified Organization"]

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

481—103.1(99B) Definitions. In addition to definitions found in Iowa Code chapter 99B and in rule 481—100.1(99B), the following definitions apply to all qualified organizations where bingo is played:

"Cash" means any legal tender of the United States.

"Category" means the name given to a particular type of playing face to distinguish one from another.

"Playing face" means the grid on which a player marks numbers and letters called as the game progresses.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.2(99B) License.

103.2(1) A license is required to conduct a bingo occasion unless the requirements of Iowa Code section 99B.23 are met.

103.2(2) Bingo occasions are restricted to the location for which application is made by the qualified organization and approved by the department. For good cause, a license may be transferred to a different location after written notice by the licensee and approval by the department. "Good cause," for purposes of this subrule, may include flood, fire or other natural disasters; sale of the building; or nonrenewal of lease.

103.2(3) Before any organization may conduct bingo, a license application must be approved by the department. Application and license requirements are found in rules 481—100.3(99B), 481—100.4(99B), and 481—100.5(99B).

103.2(4) Bingo occasions may be held as frequently as set forth in Iowa Code section 99B.12. A week starts on Sunday and ends on Saturday. At the end of each occasion, the person conducting the games shall announce both the gross receipts and the use to which the net receipts will be dedicated and distributed.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.3 Reserved.

481—103.4(99B) Game of bingo. Each game shall meet the requirements of "bingo" as defined in Iowa Code section 99B.1(6) to be a legal game of bingo.

103.4(1) A fair and legal game shall meet all of the following criteria:

a. There will be no concealed numbers on a playing face.

b. There will be an announcer or caller.

c. Numbers will be announced so all players can hear clearly.

d. A free space or spaces are allowed.

e. The caller selects and announces the numbers. If a caller miscalls a number or misreads a ball, only the number on the ball may be used. Miscalled numbers are invalid.

f. The licensee may require that a player have the last number called for a bingo if posted in the rules established by the licensee.

g. Each game ends when it is determined that a player has covered the announced pattern of spaces. The caller or another worker verifies the numbers on winning cards. The caller checks for additional bingos and officially closes the game.

h. Wild numbers are allowed if chosen using a random selection method.

103.4(2) Any player may request that balls drawn and not drawn be inventoried when the winning card or cards are verified in the presence of the responsible party or the responsible party's designee and the caller. The player who requested verification may observe the count.

103.4(3) The cost to play shall be in accordance with the following:

a. The cost of each game will not exceed $50;

b. Cards or games may only be sold within the premises of the bingo occasion and will have a posted price;

c. The cost of each packet, playing face, or tear sheet will be the same for each participant;

d. Payment will be made in a form provided in Iowa Code section 99B.5(2);

e. Free games will not be given, including gift cards redeemable for games. Free concession items, such as food, beverages or daubers, are permitted.

103.4(4) Cards for each category shall be distinctly marked and easy to distinguish from all others.

a. Bingo games or cards may only be printed on one side.

b. In each game, the bingo operator must ensure that duplicate playing faces are not sold.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.5(99B) State rules and rules established by the licensee. This chapter and house rules established by the licensee must be readily available to every bingo player during every bingo occasion, with rules established by the licensee posted on a sign near the front of the playing area.

103.5(1) Posted rules shall be in large, easily readable print and include:

a. The name and mailing address of the licensee;

b. Prices to play; and

c. How to indicate "bingo" to halt the game and collect a prize.

103.5(2) Rules related to reserved seating and age restrictions for children to play may be included.

103.5(3) The following information shall be posted before the beginning of each bingo occasion and not be changed after the bingo occasion begins:

a. Description of each game to be played, including an example of the winning pattern;

b. Price of each game;

c. Prize for each game or method for determining the prize for each game; and

d. Jackpot rules if jackpot games will be played.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.6(99B) Prizes. Cash and merchandise prizes are subject to the limits set forth in Iowa Code section 99B.21. The exact amount of the prize shall be announced before the beginning of each game.

103.6(1) Prizes shall be recorded each occasion on the daily bingo summary (Table A—end of this chapter) as they are paid by listing the number of the game; the winning pattern; the type, color, and series of cards used in the game; the amount of the prize; and the name, address, and social security number of each winner of any prize over $600. Cash prizes over $600 require the deduction of 5 percent withholding taxes as set forth in Iowa Code section 99B.8.

103.6(2) Cash prizes awarded in games with more than one winner shall be shared equally.

a. It is permissible to round up or down, provided doing so does not exceed the maximum payout for that particular game.

b. Examples of prizes awarded in games with more than one winner:

(1) Two winners with a total of three bingos: Player 1 has two bingos in separate squares, and Player 2 has one bingo in one square. Player 1 receives two-thirds of the prize, and Player 2 receives one-third of the prize.

(2) Multiple winners equally splitting a prize with rounding to the nearest dollar: Six players all win the single $250 prize. The appropriate payout is $41.66 each, but rounding to the nearest dollar ($42) for each winner would result in a payout of $252, in violation of the maximum payout for a nonjackpot bingo game.

103.6(3) A licensed qualified organization shall have rules governing how a merchandise prize is awarded when there is more than one winner, posted in accordance with rule 481—103.5(99B). The organization must:

a. Split the cash equivalent of the merchandise prize equally among the winners so long as the retail value of the merchandise prize is $250 or less;

b. Provide a substitute merchandise prize with an aggregate retail value approximately equal to that of the designated prize so long as the aggregate retail value of all prizes is $950 or less; or

c. Conduct a continuous or separate playoff bingo game consisting of only the winning players.

103.6(4) An animal shall not be awarded as a prize for persons participating in a game or fair event.

103.6(5) A player shall not be required to return cash or a merchandise prize won in one game in order to play a subsequent game.

103.6(6) Jackpot games shall be conducted in accordance with Iowa Code section 99B.21(2)*"d"* and the following:

a. The jackpot prize will not decrease until it is won;

b. If a jackpot game is not won in accordance with the rules for the jackpot game, the game may transition to a consolation game with a prize of $250 or less.

This rule is intended to implement Iowa Code sections 99B.21, 422.16, and 717D.2.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.7(99B) Workers.

103.7(1) Each organization must have a responsible party listed on the application who is an active member of the organization, familiar with the requirements of the Iowa law and aware of the bingo activities of the organization.

103.7(2) Volunteers must be actively participating members of the licensed organization or participate in an organization to which money will be dedicated.

103.7(3) Paid workers shall not play during a bingo occasion in which they work. Persons conducting bingo shall not play during any bingo occasion conducted by the qualified organization for which they work. A person conducting bingo includes: persons overseeing the bingo games, persons controlling and accounting for the bingo occasion's net receipts, persons directing the work of bingo workers, and any persons having management or oversight responsibilities.

103.7(4) A person receiving rent for a bingo location, either directly or indirectly, shall not be involved in, participate in, or be associated with the operation of bingo games.

103.7(5) Anyone who sells bingo equipment or supplies to a bingo licensee shall not work for that licensee during a bingo occasion.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.8(99B) Expenses.

103.8(1) The licensee shall be able to prove expenses were incurred exclusively and directly as a result of bingo and not exceed 40 percent of net receipts. Reasonable expenses within the 40 percent limit are:

a. The license fee;

b. Withholding, unemployment, or social security taxes;

c. Promotion cost;

d. Equipment and supply purchases;

e. Rent for bingo occasion;

f. Utilities for bingo occasion; and

g. Wages paid for bingo workers.

103.8(2) Expense items are allowed only when receipts or a paid invoice and canceled check are available for review by the department.

103.8(3) When the annual gross exceeds $10,000, expenses shall be paid from a bingo checking account.

103.8(4) Expenses are not reasonable if the amount charged substantially exceeds the current rate or average retail cost of items or services purchased.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.9(99B) Location. Bingo occasions may be conducted on premises as provided in Iowa Code section 99B.13 and shall meet the following criteria:

1. All buildings in which bingo occasions are conducted will meet state or local standards for occupancy and safety.

2. The name of the licensee will be posted on the sign of each building or location where bingo occasions are held. A name that is closely associated with the licensee and clearly identifies the lawful uses of the proceeds may also be used. Generic names, such as "Nelson Street Bingo" or "Uncle Bob's Bingo," will not be used.

3. Only one licensed qualified organization may conduct bingo occasions within the same structure or building.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25; **ARC 0088D**, IAB 3/4/26, effective 2/12/26]

481—103.10(10A,725) Advertising. An organization may advertise bingo or any gambling activities legal under Iowa law.

This rule is intended to implement Iowa Code section 725.12.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.11(10A,99B) Equipment. Equipment shall be used as it is intended by the manufacturer and meet the following criteria:

103.11(1) Equipment will be owned by the licensed organization or borrowed from another qualified organization. Use of equipment for which the licensed organization pays consideration directly or indirectly under the guise of a service charge is not allowed. No licensed organization may loan or borrow equipment, goods, or services in exchange for supplies. Equipment should not be rented or leased, but the purchase of equipment on contract is allowed.

103.11(2) Equipment used to conduct bingo will be maintained in good repair and sound working condition. No equipment will be altered to create an advantage for anyone. Play will progress so all players have an equal opportunity to win. Balls will be the same size, shape, weight, and balance. Balls will tumble and circulate freely within the container during bingo games. All 75 balls will be in the container before each game begins.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.12(99B) Records. Accurate records shall be retained for a period of three years and provided to the department for review upon request. The following records are required:

103.12(1) The daily bingo summary (Table A—end of chapter), including:

a. The name of each worker;

b. The social security number of paid workers;

c. Compensation of any worker;

d. The number of players present;

e. A list of all games played, including a description of each game, the cost to play each game, the number and category of bingo cards used for each game, and the prize or prizes paid in each game. The summary will include the totals for the occasion of the gross receipts, prizes awarded, and jackpot prize amounts; and

f. The signature of a caller and another member of the organization.

103.12(2) An organization having $100,000 or more in bingo gross receipts per year must also comply with the following for each bingo occasion:

a. Daily Bingo Summary—CASH CONTROL (Table B—end of chapter):

(1) Gross receipts, adjustments, prize payouts, and net receipts for each game played;

(2) Total net receipts, total cash counted, overage or shortage, and total amount to be deposited for the occasion; and

(3) Signed and dated by two members of the organization.

This form should correspond with the Daily Bingo Inventory Usage Form (Table B—end of chapter).

b. Daily Bingo Inventory Usage (Table C—end of chapter).

(1) For each loose sheet of bingo paper sold, the color, paper size, game(s) played, daily count start, purchases, voids, number of sheets sold, and daily count end.

(2) If packets are purchased preassembled, the color of the top sheet, paper size, daily count start, purchases, voids, number of packets sold, and daily count end.

(3) If packets are assembled by the organization, the color of the top sheet, paper size, daily count start, purchases, voids, number of packets sold, and daily count end. Each loose sheet of bingo paper used to assemble the packet will be accounted for by decreasing the applicable loose sheet bingo paper inventory under subparagraph 103.12(2)*"b"*(1) at the time of assembly.

103.12(3) Records of expenses and dedicated and distributed money are required as follows.

a. The following information will be retained for all payments:

(1) Date of payment.

(2) Payee.

(3) Amount of payment.

(4) Purpose of payment.

b. For checks, the purpose of payment will be recorded on the memo line of the check.

103.12(4) An employee record of people compensated for work at a bingo occasion shall be maintained that shows:

a. Name, address, and social security number;

b. Dates of employment;

c. Times and number of hours worked;

d. Wages paid;

e. Amounts withheld;

f. Check number.

The records must specifically identify for which bingo occasion an employee was compensated, whether or monetarily or otherwise.

103.12(5) An inventory list of the number of playing faces owned by the licensed organization is required to be updated each month.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.13(99B) Bingo checking account. A qualified organization shall maintain a separate bingo checking account established within one day of attaining $10,000 and as provided in Iowa Code section 99B.21(4).

103.13(1) Bingo receipts shall be deposited as provided in Iowa Code section 99B.21(4). Interest earned on deposits in a bingo checking or savings account shall be treated the same as proceeds of bingo occasions. Limited funds as described in Iowa Code section 99B.21(4)*"a"*(1) shall not exceed $7,500. Records shall be kept that identify this money.

103.13(2) Payments shall be paid from the bingo account in accordance with the requirements of Iowa Code section 99B.21. Wages shall not be paid by cash.

103.13(3) The bingo account shall be used for both of the following events:

a. One qualified organization satisfies the dedication requirement by donating funds to another organization over which the licensed organization has no control; or

b. A qualified organization licensee is satisfying the dedication requirement by spending funds to further the charitable, educational, religious, public, patriotic, or civic purposes of its own organization.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.14(10A,99B) Bingo savings account and bingo change fund.

103.14(1) *Bingo savings account.* When an organization places bingo receipts in any savings account, bingo funds shall be separate and recognizable from all other funds of the same organization. All funds in a bingo savings account shall be transferred into that account from a bingo checking account and transferred back to the bingo checking account before they are spent.

103.14(2) *Bingo change fund.* Moneys used as a change fund, if necessary, should be provided by the organization for each bingo occasion. The change fund can increase or decrease as appropriate for the anticipated participation in the bingo occasion. The balance of the change fund at the end of the fiscal year must be dedicated by July 30 and reported as set forth in rule 481—103.15(10A,99B). The fiscal year

begins July 1 and ends June 30 of the following year. The change fund should be maintained in a secure manner.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.15(99B) Annual gambling reports.

103.15(1) Each organization conducting bingo shall submit a report to the department as set forth in Iowa Code section 99B.16(3). When the due date is on Saturday, Sunday, or a legal holiday, the report is due the next business day.

103.15(2) Annual gambling reports may be completed online at dial.iowa.gov. A paper version of the annual gambling report may be obtained from the Social and Charitable Gambling Unit, Iowa Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.6848.

103.15(3) The department may require a qualified organization to submit records of specific occasions with the annual report.

103.15(4) All transactions of any school group or parent support group using a schoolwide license shall be on the annual report.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.16(10A,99B) Inspections and audits. Licensed organizations may be inspected or audited by a representative of the department at any reasonable time.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.17(99B) Electronic bingo.

103.17(1) A qualified organization may lease electronic bingo equipment, as defined in Iowa Code section 99B.11(1), from a manufacturer or distributor licensed by the department.

103.17(2) Electronic bingo equipment shall be used only by disabled individuals. For purposes of this rule, "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

103.17(3) Electronic bingo devices shall be used in the following manner:

a. Each player may input into the device each number called, or the device may automatically daub each number as the number is called.

b. Each player will notify the game operator or caller of the winning pattern of bingo by means other than use of the electronic bingo device.

c. Each player is limited to playing a maximum of 54 card faces per game.

d. The cost per bingo game will be the same as it would be if the individual were to purchase the same amount of paper or hard cards.

e. Players of electronic bingo will not be required to play more cards than if using paper or hard cards.

f. Each electronic bingo device will produce a player receipt with the organization name, date, time, location, sequential transaction or receipt number, number of electronic bingo cards loaded, cost of electronic bingo cards loaded, and date and time of the transaction. Images of cards or faces stored in an electronic bingo device will be exact duplicates of the printed faces if the faces are printed.

g. The department may examine and inspect any electronic bingo device and related system. Such examination and inspection will include immediate access to the electronic bingo device and unlimited inspection of all parts and associated systems and may involve the removal of equipment from the game premises for further testing.

h. All electronic bingo devices will be loaded and enabled for play on the premises where the game will be played.

i. All electronic bingo devices will be rented or otherwise provided to a player only by a qualified organization, and no part of the proceeds of the rental of such devices will be paid to a landlord, a landlord's employee or agent, or a member of the landlord's immediate family.

j. If a player's call of a bingo is disputed by another player, or if a department representative makes a request, one or more cards stored on an electronic bingo device will be printed by the organization.

k. Players may exchange a defective electronic bingo device for another electronic bingo device provided a disinterested player verifies that the device is not functioning.

This rule is intended to implement Iowa Code section 99B.21(3)*"b."*

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

481—103.18(99B) Bingo at a fair or community festival. Bingo may lawfully be conducted at a fair or a community festival if the requirements of Iowa Code section 99B.22 are met. A qualified organization that has received permission from the sponsor of the fair or community festival to conduct bingo shall be licensed under Iowa Code section 99B.12.

[**ARC 9152C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code sections 99B.1 through 99B.7, 99B.11 through 99B.16, 99B.21 through 99B.23, and 99B.32.

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[Editorial change: IAC Supplement 6/25/25]
[Filed Emergency ARC 0088D, IAB 3/4/26, effective 2/12/26]

NOTE: See forms on following pages.

IOWA DEPARTMENT OF INSPECTIONS,
APPEALS, AND LICENSING

DATE: _____

TABLE A

DAILY BINGO SUMMARY

Daily Cash Control Form users enter total only

TODAYS BINGO RECEIPTS				TODAYS BINGO CASH PRIZES		
Game or Packet	# Sold	Cost/Unit	Receipts	Game	Game Pattern	Prize/Prizes Paid

Adjustments (+ or -)		Total Cash Prizes Paid **	
Gross Receipts *			
State Sales Tax			
Local Option Tax (if applicable)		TOTAL IN ATTENDANCE:	
Total Gross Receipts (after tax)			

Jackpot Game Played - $ _____ in _____ numbers. Jackpot Prize Paid Today $ _____ .

COMPENSATED WORKERS

Name	S.S. #	Rate of Pay	# Hours	Total Paid	Check #

Total Compensation $ _____

DAILY RECAP

* Gross Receipts	$ _____
** Less Cash Prizes	$ _____
Total Deposit	$ _____

SIGNATURES: _____ Date _____

_____ Date _____

Iowa Department of Inspections, Appeals, and Licensing

Social and Charitable Gambling Unit

TABLE B

Daily Bingo Summary—CASH CONTROL

Date: _____ Licensee's Name: _____

City: _____ State: _____

	(1) Gross Receipts	Voids Overrings	Adjusted Gross Receipts	Prize Payouts	Net Receipts
EARLY BIRDS					
REGULAR HARD CARDS					
PACKETS					
JACKPOT					
SPEEDBALL					
OTHER _____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
LATE BIRDS					
TOTAL					
			Plus Payouts by Check		
			Equals Net Cash		
			Equals Cash Counted		
			+ or - Cash over/short		
JACKPOT PRIZE $_____ IN _____ NUMBERS			Equals Cash Deposit		

Instructions

(1) Gross Receipts per Inventory Usage Form (not cash)

(2) Attach copy of Deposit Receipt

Prepared by: _____

Bingo Manager: _____

Iowa Department of Inspections, Appeals, and Licensing

Social and Charitable Gambling Unit

Daily Bingo Summary—INVENTORY USAGE

TABLE C

Licensee's Name:
Qualified Organization License #:
Address:
City, State, ZIP:

Today's Date: _____

Loose Sheet Bingo Paper Inventory								
Color	**Paper Size**	**Game(s) Played**	**Daily Count Start**	**(+) Purchases**	**(-) Voids/ Packet Assembly**	**(-) # Sold**	**(+/- Over/ Under)**	**Daily Count End**

Preassembled Bingo Packets								
Color on Top	**Paper Size**	**Game(s) Played**	**Daily Count Start**	**(+) Purchases**	**(-) Voids**	**(-) # Sold**	**(+/- Over/ Under)**	**Daily Count End**

Bingo Packets Assembled In-House								
When you assemble these packets, you must also decrease the applicable loose sheet bingo paper inventory above using the column Voids/Packet Assembly.								
Color on Top	**Paper Size**	**Game(s) Played**	**Daily Count Start**	**(+) Assembled**	**(-) Voids**	**(-) # Sold**	**(+/- Over/ Under)**	**Daily Count End**

CHAPTER 104
GENERAL PROVISIONS FOR ALL AMUSEMENT DEVICES

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—104.1(10A,99B) Definitions. Definitions in rules 481—100.1(10A,99B) and 481—105.1(10A,99B) are incorporated by reference in this chapter, along with the following definitions:

"Amusement device" means the same as defined in Iowa Code section 99B.1(2). An amusement device is not a device that plays poker, blackjack, roulette, or keno. Devices specified in Iowa Code section 725.9 as gambling devices are not amusement devices.

"Gambling device" means the same as defined in Iowa Code section 725.9(2) and does not include devices that do not comply with Iowa Code chapter 99B.

"Knock-off switch" means a mechanism or other method that releases free games or credits accumulated toward the award of merchandise.

"Prize" means a ticket(s) or token(s) that is dispensed by an amusement device as an award for use.

"Progressive games" means games in which the value of the prizes increases an incremental amount with each game.

"Slot machine" means a mechanical, electronic, or video gambling device into which a player deposits coins, tokens or currency and from which certain credits, tickets, tokens or coins are paid out when a particular, random configuration of symbols appears on the reels, simulated reels, or screen of the device. The slot machine may have a lever, buttons, or other means to activate or stop the play.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.2(99B) Device restrictions. All amusement devices shall comply with Iowa Code section 99B.52 and the following:

104.2(1) The device will be electrical, which includes both electronic and video, or mechanical, or a combination of both.

104.2(2) The device will not be designed or adapted to issue or pay coins or currency.

104.2(3) The device may be designed or adapted to award merchandise or tickets or tokens redeemable for merchandise.

104.2(4) The device may be designed or adapted to issue tickets or tokens except tickets or tokens that may be used to play any device or game.

104.2(5) The device will not have a knock-off switch. Credits may be released by the insertion of coins, currency, or tokens to activate a new game. Free games may only be utilized for playing the device and not released in any other manner.

104.2(6) The device will be designed or adapted to accept only coins, currency, or tokens to play the game.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.3(99B) Prohibited games/devices.

104.3(1) The following games or devices are not permitted:

a. Gambling games permitted in Iowa Code chapter 99F.

b. Any machine that does not conform to the requirements in these rules or Iowa Code chapter 99B.

c. Any machine designed like or resembling a machine that is normally used for casino-type gambling.

d. Amusement devices designed or adapted to facilitate gambling.

e. Progressive games.

104.3(2) This rule does not prohibit the possession of antique slot machines when possessed pursuant to Iowa Code chapter 725.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.4(99B) Prizes. Prizes not to exceed a retail value of $50 per play or game may be awarded for use of an amusement device.

104.4(1) Merchandise with a retail value of no more than $50 per transaction may be awarded.

104.4(2) One or more free games may be awarded by the device.

104.4(3) If the device is designed or adapted to issue tickets or tokens, the following shall apply:

a. Tickets or tokens will not be used to purchase or play a game.

b. Tickets or tokens will not be redeemed for coins or currency.

c. Tickets or tokens may be redeemed for merchandise.

d. Tickets or tokens may be accumulated to the maximum allowable prize limit per play or game to purchase merchandise.

e. Tickets or tokens may be redeemed for food and beverage.

f. If the entire amount of the ticket or token issued by the amusement device is not redeemed for merchandise, the balance will not be redeemed for cash.

g. Tickets or tokens will only be redeemed on the premises where the amusement device is located and only for merchandise sold in the normal course of business on the premises.

104.4(4) Merchandise prizes shall not be repurchased.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.5(99B) Registration. An amusement device must be registered in compliance with Iowa Code section 99B.53. Registration is required if chance plays a role equal to or greater than the players' skill or knowledge in determining the outcome of the game. Additional licenses or registrations under Iowa Code chapter 99B are not required.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.6(99B) Violations.

104.6(1) Failure to comply with the limitations imposed on the use and possession of amusement devices in Iowa Code chapter 99B constitutes unlawful gambling, which may result in the following consequences:

a. Conviction for illegal gambling under the provisions of Iowa Code chapter 725.

b. Forfeiture of property under the provisions of Iowa Code chapter 809.

104.6(2) Additional consequences apply for registered amusement devices pursuant to 481—Chapter 105.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26]

481—104.7(99B,17A) Declaratory orders. In addition to the requirements for declaratory orders found in 7—Chapter 2503, parties seeking a declaratory order shall file with their petition a written evaluation of the game by an independent gaming laboratory approved by the department.

104.7(1) *Approved by the department.* "Approved by the department" means that the gaming laboratory has submitted its qualifications in writing to the director for review and approval in writing by the director or the director's designee.

104.7(2) *Written evaluation—requirements.* The independent gaming laboratory's evaluation must analyze whether chance plays a role equal to or greater than the players' skill or knowledge in determining the outcome of the game. "Outcome of the game" includes both whether the player correctly solves the puzzle and what prize is awarded.

[**ARC 0016D**, IAB 1/21/26, effective 2/25/26; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code sections 99B.1, 99B.2, and 99B.51 through 99B.58.

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[Editorial change: IAC Supplement 8/5/26]

[1] February 11, 2004, effective date of 104.1, definition of "prize," 104.3"5," 104.4(3)*"f"* and *"g,"* and 104.6"1" delayed 70 days by the Administrative Rules Review Committee at its meeting held February 9, 2004.

CHAPTER 105
REGISTERED AMUSEMENT DEVICES

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—105.1(10A,99B) Definitions. The definitions in Iowa Code section 99B.51 and rule 481—104.1(10A,99B) are incorporated by reference in this chapter. In addition, the following definitions apply to the possession and use of registered amusement devices.

"Counting mechanism" means an appliance that tallies the volume of business of an individual amusement device.

"Distributes" means to deliver, to provide or to otherwise make available in Iowa amusement devices required to be registered in accordance with these rules.

"Operation" means that a registered amusement device is made available for use by the public or made available for use on the premises of a charitable organization.

"Person" means a person as defined by Iowa Code section 4.1.

"Premises" means a location where one or more registered amusement devices is available for public use.

"Registered amusement device" means an electrical or mechanical amusement device in operation subject to registration by the department pursuant to Iowa Code section 99B.53 and includes both the external and internal components.

"Responsible party" means the owner of the amusement device.

"Security mechanism" means an appliance that prevents a person from operating an electrical or mechanical amusement device by not allowing the acceptance of money until action is taken by the owner or owner's designee to allow the person to operate the device.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.2(99B) Registered amusement devices. Each registered amusement device shall only be located on premises as described in Iowa Code section 99B.53.

105.2(1) Any change in the registered amusement device constitutes a new registered amusement device for which registration is required. The word "change" does not include repairs or replacement of parts that do not change or alter the operation of the device as originally registered.

105.2(2) If the amusement device needs to be repaired, the owner may repair it without losing the registration position or buying a new registration tag. A repair constitutes any change to a device as long as the type of game and the number of devices in a location is not changed. If the repairs or replacement parts alter the operation of the device as originally registered, the device must be reregistered before being made available for operation. If an amusement device needs to be replaced because it is defective, it must be replaced with the same game in order to keep the registration position.

105.2(3) Reserved.

105.2(4) An amusement device registration position becomes available under the following circumstances:

a. When a distributor or owner:

(1) Is going out of business,

(2) Fails to renew a registration by the renewal due date, or

(3) Has an electrical or mechanical device seized by law enforcement and the seizure is upheld through a forfeiture hearing.

b. When an amusement device is replaced with a new amusement device that has a different game.

c. When any other legal order has been issued that pertains to violations of Iowa Code chapter 99B, 123, or 123A.

105.2(5) Premises with a Class "B" or Class "E" retail alcohol license shall post a sign near a registered amusement device stating that a person must be 21 years of age or older to operate the registered amusement device and the premises shall ask for ID prior to disengaging the security mechanism.

105.2(6) Reserved.

105.2(7) If the department, or the department's designee, determines that a registered amusement device is not in compliance with the requirements of this chapter or any other provision of Iowa law, the device may be subject to seizure, and any registration associated with the device, including the registration of the manufacturer, distributor, or owner, may be revoked or suspended.

105.2(8) Situations that constitute advertising and promoting as restricted by Iowa Code section 99B.53(12) include but are not limited to posted signs, newspaper/magazine advertisements, radio and television advertisements, word of mouth and Internet posting.

105.2(9) If there is no amusement device registration availability, a person may be included on a waiting list for an amusement device registration position.

a. A person shall appear on the waiting list only once for a single registration position.

b. A person may be added to the waiting list by sending an email to gmms@dia.iowa.gov; by writing the department at Department of Inspections, Appeals, and Licensing, Social and Charitable Gambling Unit, 6200 Park Avenue, Des Moines, Iowa 50319-0083; or by calling 515.281.6840.

c. The department will maintain the waiting list in chronological order.

d. When a registration position becomes available, the department will notify the first person on the waiting list of the amusement device registration availability by mail or email. If multiple positions become available, the department may notify as many persons on the waiting list as there are available positions.

e. The person on the waiting list shall have ten days from the time the notification was sent to submit a registered amusement device application and the fee.

f. If the person does not submit the registration application, fee and proof of purchase within ten days, the person shall forfeit the position on the waiting list and be removed from the waiting list.

105.2(10) An initial amusement device registration shall only be allowed at a location that has a Class "C," special Class "C," Class "D," or Class "F" retail alcohol license issued pursuant to Iowa Code chapter 123.

105.2(11) If a person purchases an amusement device that is registered with the department, the registration tag, if available, must be removed from the purchased amusement device and returned to the department or the department notified in writing within ten calendar days of the change in ownership. The purchased device will be removed from the inventory of the original owner, thus creating a registration position on the waiting list. The purchaser must apply for a registration position on the waiting list for the device.

105.2(12) An amusement device that is registered with the department and located in a warehouse may be placed in a location that has a Class "C," special Class "C," Class "D," or Class "F" retail alcohol license issued pursuant to Iowa Code chapter 123. Such a device may also be used as a replacement device.

105.2(13) The registration application for all new amusement devices must be accompanied by the receipt, invoice, or bill of sale containing the seller's name, company name, and address, transaction date, motherboard serial number, and name of the game.

105.2(14) Devices shall not allow for more than one player. Each playing position constitutes one amusement device.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.3(99B) Prohibited registered amusement devices. The following devices are prohibited:

1. Amusement devices registered in violation of statutory or regulatory requirements governing such devices.
2. Registered amusement devices that are prohibited by rule 481—104.3(99B).
3. Any registered amusement device designed or adapted to facilitate gambling.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.4(99B) Prizes. Prizes may be awarded for use of a registered amusement device in conformance with rule 481—104.4(99B).

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.5(99B) Registration by a manufacturer, distributor, or an owner that operates for profit. A person engaged in business in Iowa as a manufacturer, a distributor, or an owner that operates for profit

shall be registered with the department prior to engaging in business in Iowa. A person shall register under each of the categories that applies to the business to be conducted in Iowa and pay the designated fee for each category of registration as set forth in Iowa Code section 99B.56.

105.5(1) Reserved.

105.5(2) Registration forms are available from the Department of Inspections, Appeals, and Licensing, Social and Charitable Gambling Unit, 6200 Park Avenue, Des Moines, Iowa 50321; or by telephone at 515.281.6840.

105.5(3) If registration information changes, the person shall notify the department in writing of the changes within ten calendar days.

105.5(4) Registration fees are nonrefundable.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.6(99B) Registration of registered amusement devices. Each owner of an amusement device subject to registration by the department pursuant to Iowa Code section 99B.53 shall obtain a registration before the amusement device is available for operation. A registration issued pursuant to Iowa Code chapter 99B is required to offer a registered amusement device for use.

105.6(1) Reserved.

105.6(2) In the event a registration position is not open, the distributor's or owner's name may be placed on the department's waiting list. The distributor or owner will be notified by the department when a position is available. Upon the distributor's or owner's completion of the application form and payment of the required fee, the department will issue a registration tag valid for one year from the date of issuance.

a. Application forms are available from the Department of Inspections, Appeals, and Licensing, Amusement Devices, 6200 Park Avenue, Des Moines, Iowa 50321. The application form shall contain all information required by the department.

b. Prior to placement of the amusement device for public use, the registration tag shall be prominently displayed on the front of the registered amusement device in such a manner as to be clearly visible to the general public.

c. Any changes to the information provided on the application, including but not limited to changes in ownership, registered amusement device location, and the cessation of business in this state, shall be reported to the department in writing or electronically within ten calendar days of the occurrence of any of the above events.

d. Registration fees are nonrefundable.

105.6(3) A new registered amusement device must be obtained from a manufacturer that is registered with the department pursuant to Iowa Code section 99B.56. A registered amusement device that has been placed on location and used may be obtained from a manufacturer, distributor or owner that is registered with the department pursuant to Iowa Code section 99B.56. A distributor or owner that ceases, for any reason, to be registered pursuant to Iowa Code section 99B.56 may sell any registered amusement devices in the distributor's or owner's possession within 12 months from the date registration ceases. For all amusement devices new to the purchaser, proof of purchase, which includes the seller's name, company name, and address, must accompany the application for registration of the machine.

105.6(4) Reserved.

105.6(5) Each electrical or mechanical amusement device required to be registered pursuant to Iowa Code section 99B.53 shall include on the amusement device a counting mechanism.

a. The department of inspections, appeals, and licensing or the department of public safety will notify the distributor, owner, or qualified organization in advance to have access to the information provided by the counting mechanism.

b. The counting mechanism shall be at least six digits in length; and cumulatively count the total amounts inserted in the device during game play. If the mechanism being used tallies in dollars and cents, at least six digits must be used for the dollar amount. The counting mechanism shall not be able to be reset.

c. The counting mechanism shall be equipped with a battery backup, or an equivalent, and accurately maintain all required information for 30 days after power is discontinued from the device.

105.6(6) The owner of the registered amusement device shall exercise due diligence in ensuring that the amusement device complies with these rules and all laws governing such devices. Upon request by the

department or the department's designee, any manufacturer or distributor registered with the department, or any owner of a registered device, shall permit the inspection of any amusement device and make available for inspection all records, documents, and agreements pertaining to the amusement device.
[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.7(99B) Violations. Failure to comply with the limitations imposed on the use and possession of registered amusement devices in Iowa Code chapter 99B may result in the following:

1. Conviction for illegal gambling may result under the provisions of Iowa Code chapter 725.
2. Suspension or revocation of a retail alcohol license may result under the provisions of Iowa Code chapter 123.
3. Property may be forfeited under the provisions of Iowa Code chapter 809.
4. Violation of any laws pertaining to gambling may result in suspension or revocation of a registration as prescribed in Iowa Code section 99B.55.
5. Unless otherwise prescribed in Iowa Code section 99B.55, a registration may be revoked upon the violation of any gambling law, rule or regulation, including Iowa Code chapter 99B, 481—Chapter 104, or this chapter.
6. A registration may be revoked if the registrant or an agent of the registrant engages in any act or omission that would have permitted the department to refuse to issue a registration under Iowa Code chapter 99B.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.8(10A,99B) Appeal rights. Decisions to refuse to issue a registration or to revoke a registration by the department may be appealed in accordance with the procedures set out in 7—Chapter 2506. The refusal to issue a registration or the notice of revocation will be in writing and state the specific grounds for the action. When an appeal is received, the status of the registration is governed by the following standards:

105.8(1) No registration will be issued when a new application is denied.

105.8(2) A previously issued registration remains effective until a final agency decision is issued.

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26; Editorial change: IAC Supplement 8/5/26]

481—105.9(10A,99B) Procedure for denial, revocation, or suspension of a registration.

105.9(1) The department may revoke, suspend, or deny a registration issued pursuant to Iowa Code section 99B.56 for cause following 30 days' written notice delivered by certified mail, return receipt requested, or by personal service and an opportunity for hearing pursuant to rule 481—105.8(10A,99B).

105.9(2) If the registrant has not requested a hearing within the prescribed time period, the department may affirm, modify or set aside the department's proposed action in the department's final written decision.

105.9(3) The department may suspend a registration prior to a hearing if the director determines that the public integrity of the registered activity is compromised or that there is a risk to public health, safety, or welfare.

105.9(4) The department may rescind the notice of revocation, suspension, or denial at any point prior to hearing when the department becomes satisfied that the reasons for revocation, suspension, or denial have been or will be removed.

105.9(5) The department will send by certified mail, return receipt requested, or serve personally upon the applicant or registrant a copy of the department's final decision.

105.9(6) If the department finds cause for denial of a registration, the applicant shall not reapply for registration of an amusement device for two years.

105.9(7) If the department finds cause for revocation or suspension, the department shall suspend or revoke the registration for a period not to exceed two years.

105.9(8) In addition to the suspension or revocation, a registrant that allows an individual under the age of 21 to operate an electrical or mechanical amusement device may also be fined for a scheduled violation pursuant to Iowa Code section 805.8C(4) and 805.8C(5).

[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.10(99B) Annual verification of device location. Each distributor or owner that owns amusement devices shall, with the annual distributor or owner registration, verify all device locations.
[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.11(99B) Criteria for approval or denial of a registration.

105.11(1) The department will consider the responsible person's history of compliance with Iowa Code sections 99B.51 through 99B.58 and other gambling laws and rules in determining whether to approve or deny an application for registration of an amusement device, a manufacturer, a distributor, or an owner.

105.11(2) The department will deny a registration application if the registration does not comply with Iowa Code section 99B.52 and the following:

a. The applicant owes back taxes or fees to the state of Iowa.

b. An amusement device registration availability position is not available.

c. For any other reason, the department deems denial of the registration appropriate.

105.11(3) The period for refusal to issue a registration shall not exceed two years.
[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

481—105.12(10A,99B) Suspension or revocation of a registration. If the responsible party violates the law, including Iowa Code chapter 99B, 481—Chapter 104, this chapter, or any other laws or administrative rules, the registrant's registration may be suspended or revoked.
[**ARC 0017D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code sections 99B.1, 99B.2 and 99B.51 through 99B.58.

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[Editorial change: IAC Supplement 8/5/26]

[1] Effective date of 2/11/04 delayed 70 days by the Administrative Rules Review Committee at its meeting held February 9, 2004.

CHAPTER 106
CARD GAME TOURNAMENTS BY VETERANS ORGANIZATIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/25/31

481—106.1(99B) Definitions. In addition to definitions found in Iowa Code chapter 99B, for the purposes of this chapter, the following definitions apply:

"Card game tournament" or *"tournament"* means a series of card games held by a licensee during a consecutive period of time of not more than 24 hours and not held as part of a monthly game night licensed pursuant to Iowa Code section 99B.27.

"Licensee" means a qualified organization representing veterans that has been issued a license pursuant to Iowa Code section 99B.12 and the rules in 481—Chapter 100 and this chapter.

[**ARC 0018D**, IAB 1/21/26, effective 2/25/26]

481—106.2(99B) Licensing. Application and license requirements are found in Iowa Code section 99B.27 and 481—Chapter 100.

[**ARC 0018D**, IAB 1/21/26, effective 2/25/26]

481—106.3(99B) Card game tournament. In addition to the requirements found in Iowa Code section 99B.27, licensees conducting tournaments must post or distribute tournament rules to all participants before the tournament begins, including the following information:

1. Participation fees;
2. Prize(s); and
3. Any other tournament rules.

[**ARC 0018D**, IAB 1/21/26, effective 2/25/26]

481—106.4(99B) Records. The licensee shall comply with the recordkeeping requirements found in Iowa Code sections 99B.16 and 99B.27(3) and 481—Chapter 100.

[**ARC 0018D**, IAB 1/21/26, effective 2/25/26]

These rules are intended to implement Iowa Code sections 99B.2 and 99B.27.

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CHAPTER 107
GAME NIGHTS

[Prior to 8/1/07, see 481—100.31(99B) and 481—100.60(99B) to 481—100.63(99B)]
Rescinded **ARC 3192C**, IAB 7/5/17, effective 8/9/17

CHAPTERS 108 to 202
Reserved

IOSHA DIVISION

CHAPTER 203
POSTING, INSPECTIONS, CITATIONS AND PROPOSED PENALTIES

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 347—Ch 3]
[Prior to 7/9/25, see Labor Services Division[875] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—203.1(88) Posting of notice; availability of the Act, regulations and applicable standards.

203.1(1) Each employer shall post and keep posted a notice or notices informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the department of inspections, appeals, and licensing, division of labor services. The notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced or covered by other materials. The notice or notices will be furnished by the division of labor services.

Reproductions or facsimiles of the state poster shall constitute compliance with the posting requirements of Iowa Code section 88.6(3)*"a"* where such reproductions or facsimiles are at least 8½ inches by 14 inches, and the printing size is at least ten point. Whenever the size of the poster increases, the size of the print shall also increase accordingly. The caption or heading on the poster shall be in large type, generally not less than 36 point.

203.1(2) "Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment. Where employers are engaged in activities that are physically dispersed, such as agriculture, construction, transportation, communications and electric, gas and sanitary services, the notice or notices required by this rule shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such notice or notices shall be posted at the location from which the employees operate to carry out their activities.

203.1(3) Copies of the Act, all regulations published and all applicable safety and health rules are available from the division of labor services. If an employer has obtained copies of these materials from the division of labor services or the U.S. Department of Labor, the employer shall make them available upon request to any employee or authorized employee representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or authorized employee representative and the employer.

203.1(4) Any employer failing to comply with the provisions of this rule shall be subject to citation and penalty in accordance with the provisions of Iowa Code section 88.14.

This rule is intended to implement Iowa Code section 88.6(3)*"a."*

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.2(88) Objection to inspection.

203.2(1) Upon a refusal to permit a compliance safety and health officer, in the exercise of official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records or to question any employer, owner, operator, agent or employee, or to permit a representative of employees to accompany the compliance safety and health officer during the physical inspection of any workplace, the compliance safety and health officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records or interviews concerning which no objection is raised. The compliance safety and health officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and

the reason therefor to the labor commissioner or the commissioner's designee. The labor commissioner shall promptly take appropriate action, including compulsory process, if necessary.

203.2(2) Compulsory process shall be sought in advance of an attempted inspection or investigation if, in the judgment of the labor commissioner or a designee, circumstances exist that make such preinspection process desirable or necessary.

203.2(3) For the purposes of this rule, the term "compulsory process" shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent. Ex parte inspection warrants shall be the preferred form of compulsory process in all circumstances where compulsory process is relied upon to seek entry to a workplace under this rule.

This rule is intended to implement Iowa Code section 88.6(1).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.3(88) Entry not a waiver. Any permission to enter, inspect, review records or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation or penalty under the Act. Compliance safety and health officers are not authorized to grant any such waiver.

This rule is intended to implement Iowa Code section 88.6(1).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.4(88) Advance notice of inspections.

203.4(1) Advance notice of inspections may not be given, except in the following situations:

a. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;

b. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;

c. In circumstances where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in the inspection; and

d. In other circumstances where the labor commissioner or the commissioner's designee determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.

203.4(2) In situations described in subrule 203.4(1), advance notice of inspections may be given only if authorized by the labor commissioner or the commissioner's designee, except that in cases of apparent imminent danger, advance notice may be given by the compliance safety and health officer without such authorization if the labor commissioner or the commissioner's designee is not immediately available. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of the representative is known to the employer. An employer who fails to comply with the obligation under this rule promptly to inform the authorized representative of employees of the inspection may be subject to citation and penalty under Iowa Code section 88.14(3). Advance notice in any of the situations described in subrule 203.4(1) shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and in other unusual circumstances.

This rule is intended to implement Iowa Code sections 88.6(1) and 88.14(6).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.5(88) Conduct of inspections.

203.5(1) At the beginning of an inspection, compliance safety and health officers shall present their credentials to the owner, operator or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records the compliance safety and health officers wish to review. However, such designation of records shall not preclude access to additional records.

203.5(2) Compliance safety and health officers shall have the authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection; employ other reasonable investigative techniques; and question privately any employer, owner, operator, agent or employee of the establishment. As used herein, the term "employ other reasonable investigative techniques" includes but is not limited to the use of cameras, audio and videotaping equipment, and devices to measure employee

exposures and the attachment of personal sampling equipment such as dosimeters, pumps, badges and other similar devices to employees in order to monitor their exposures.

203.5(3) Compliance safety and health officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.

203.5(4) The conduct of inspections shall be such as to preclude unreasonable disruption of the operations of the employer's establishment.

203.5(5) At the conclusion of the inspection, the compliance safety and health officer shall confer with the employer or representative and informally advise the employer or representative of any apparent safety or health violations disclosed by the inspection. During the conference, the employer shall be afforded an opportunity to bring to the attention of the compliance safety and health officer any pertinent information regarding conditions in the workplace.

This rule is intended to implement Iowa Code section 88.6(1).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.6(88) Representatives of employers and employees.

203.6(1) Compliance safety and health officers shall be in charge of inspections and questioning of persons. A representative of the employer and a representative authorized by employees shall be given an opportunity to accompany the compliance safety and health officer during the physical inspection of any workplace for the purpose of aiding the inspection. A compliance safety and health officer may permit additional employer representatives and additional representatives authorized by employees to accompany the compliance safety and health officer where the compliance safety and health officer determines that the additional representatives will further aid the inspection. A different employer and employee representative may accompany the compliance safety and health officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.

203.6(2) Compliance safety and health officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this rule. If there is no authorized representative of employees, or if the compliance safety and health officer is unable to determine with reasonable certainty who is the representative, the compliance safety and health officer should consult with a reasonable number of employees concerning matters of safety and health in the workplace.

203.6(3) A representative authorized by employees may be an employee of the employer. However, if in the judgment of the compliance safety and health officer, good cause has been shown why accompaniment by a third party who is not an employee of the employer (such as an industrial hygienist or a safety engineer) is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, the third party may accompany the compliance safety and health officer during the inspection.

203.6(4) Compliance safety and health officers are authorized to deny the right of accompaniment under this rule to any person whose conduct interferes with a fair and orderly inspection.

This rule is intended to implement Iowa Code sections 88.6(1) and 88.6(4).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.7(88) Complaints by employees.

203.7(1) Any employee or representative of employees who believes that a violation of the Act exists in any workplace where the employee is employed may request an inspection of the workplace by giving notice of the alleged violation to the commissioner or a designee. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees. A copy shall be provided to the employer or agent by the commissioner's designee no later than at the time of inspection, except that, upon the request of the person giving the notice, the identity and the identities of individual employees referred to therein shall not appear in the copy or on any record published, released, or made available by the division of labor services.

203.7(2) If, upon receipt of notification, the commissioner or a designee determines that the complaint meets the requirements set forth in subrule 203.7(1), and that there are reasonable grounds

to believe that the alleged violation exists, an inspection shall be made as soon as practicable to determine if the alleged violation exists. Inspections under this rule shall not be limited to matters referred to in the complaint.

203.7(3) During any inspection of a workplace, any employee or representative of employees employed in the workplace may notify the compliance safety and health officer of any violation of the Act that the employee or representative has reason to believe exists in the workplace.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.8(88) Trade or governmental secrets.

203.8(1) At the commencement of an inspection, the employer may identify areas in the establishment that contain or that might reveal trade or governmental secrets. If the compliance safety and health officer has no clear reason to question such identification, information obtained in such areas shall not be disclosed except in accordance with the provisions of Iowa Code section 88.12.

203.8(2) Upon the request of an employer, any authorized representative of employees in an area containing trade or governmental secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no representative or employee, the compliance safety and health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

This rule is intended to implement Iowa Code sections 88.6(1) and 88.12.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.9(88) Imminent danger. Whenever and as soon as a compliance safety and health officer concludes on the basis of an inspection that conditions or practices exist in any place of employment that could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by the Act, the affected employees and employers shall be notified as provided in Iowa Code section 88.11(3). Appropriate citations and notices of proposed penalties may be issued with respect to an imminent danger, even though, after being informed of the danger by the compliance safety and health officer, the employer immediately eliminates the imminence of the danger and initiates steps to abate the danger.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.10(88) Consultation with employees. Compliance safety and health officers may consult with employees concerning matters of occupational safety and health to the extent that the compliance safety and health officers deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act that the employee has reason to believe exists in the workplace to the attention of the compliance safety and health officer.

This rule is intended to implement Iowa Code sections 88.6(1) and 88.6(4).

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.11(88) Citations.

203.11(1) The civil penalties proposed by the labor commissioner on or after June 1, 2025, are as follows:

a. Willful violation. The penalty for each willful violation under Iowa Code section 88.14(1) shall not be less than $11,823 and shall not exceed $165,514.

b. Repeated violation. The penalty for each repeated violation under Iowa Code section 88.14(1) shall not exceed $165,514.

c. Serious violation. The penalty for each serious violation under Iowa Code section 88.14(2) shall not exceed $16,550.

d. Other-than-serious violation. The penalty for each other-than-serious violation under Iowa Code section 88.14(3) shall not exceed $16,550.

e. Failure to correct violation. The penalty for failure to correct a violation under Iowa Code section 88.14(4) shall not exceed $16,550 per day.

f. Posting, reporting, or recordkeeping violation. The penalty for each posting, reporting, or recordkeeping violation under Iowa Code section 88.14(9) shall not exceed $16,550.

203.11(2) Upon receipt of any citation under the Act, the employer shall immediately post the citation or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided in this rule. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, the citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities that are physically dispersed, the citation may be posted at the location to which employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced or covered by other material. Notices of de minimis violations need not be posted.

203.11(3) Each citation or a copy thereof shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest shall not affect the posting responsibility under this rule unless and until the employment appeal board issues a final order vacating the citation.

203.11(4) An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the employment appeal board and the notice may explain the reasons for the contest. The employer may also indicate that specified steps have been taken to abate the violation.

203.11(5) Any employer failing to comply with the provisions of subrules 203.11(2) and 203.11(3) shall be subject to citation and penalty in accordance with the provisions of Iowa Code section 88.14.

203.11(6) Any employer to whom a citation and notification of penalty have been issued may, under Iowa Code section 88.8, notify the commissioner of the employer's intention to contest the citation or notification of penalty. The notice of contest shall be in writing. The notice of contest shall be received by the division of labor services or postmarked no later than 15 working days after the receipt by the employer of the citation and notification of penalty. The notice of contest may be provided to the division of labor services by mail, personal delivery or facsimile transmission.

This rule is intended to implement Iowa Code chapter 88.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; **ARC 9345C**, IAB 6/11/25, effective 5/23/25; Editorial change: IAC Supplement 7/9/25]

481—203.12(88) Informal conferences. At the request of an affected employer, employee, or representative of employees, the labor commissioner or the commissioner's designee may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at the conference shall be subject to the rules of procedure prescribed by the employment appeal board. If the conference is requested by the employer, an affected employee or the employee's representative shall be afforded an opportunity to participate, at the discretion of the labor commissioner or the commissioner's designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the labor commissioner or the commissioner's designee. Any party may be represented by counsel at the conference. No conference or request for a conference shall operate as a stay of any 15-working-day period for filing a notice of intention to contest.

This rule is intended to implement Iowa Code sections 17A.3(1)*"b"* and 17A.10.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.13(88) Petitions for modification of abatement date.

203.13(1) An employer may file a petition for modification of abatement date when the employer has made a good faith effort to comply with the abatement requirements of a citation, but such abatement has not been completed because of factors beyond its reasonable control.

203.13(2) A petition for modification of abatement date shall be in writing and shall include the following information:

a. All steps taken by the employer, and the dates of the action, in an effort to achieve compliance during the prescribed abatement period.

b. The specific additional abatement time necessary in order to achieve compliance.

c. The reasons the additional time is necessary, including the unavailability of professional or technical personnel or of materials and equipment, or why necessary construction or alteration of facilities cannot be completed by the original abatement date.

d. All available interim steps being taken to safeguard the employees against the cited hazard during the abatement period.

e. A certification that a copy of the petition and notice informing affected employees of their rights to party status has been posted and, if appropriate, served on the authorized representative of affected employees, in accordance with paragraph 203.13(3)*"a"* and a certification of the date upon which the posting and service was made. A notice in the following form shall be deemed to comply with this paragraph:

(Name of employer)

Your employer has been cited by the commissioner of labor for violation of the Iowa Occupational Safety and Health Act and has requested additional time to correct one or more of the violations. Affected employees are entitled to participate as parties under terms and conditions established by the Iowa employment appeal board in its rules of procedure. Affected employees or their representatives desiring to participate must file a written objection to the employer's petition with the commissioner of labor. Failure to file the objection within ten working days of the first posting of the accompanying petition and this notice shall constitute a waiver of any further right to object to the petition or to participate in any proceedings related thereto. Objections shall be sent to the commissioner's designee: Iowa OSHA, Division of Labor Services. All papers relevant to this matter may be inspected at: (place reasonably convenient to employees, preferably at or near workplace).

203.13(3) A petition for modification of abatement date shall be filed with the labor commissioner or the commissioner's designee no later than the close of the next working day following the date on which abatement was originally required. A later-filed petition shall be accompanied by the employer's statement of exceptional circumstances explaining the delay.

a. A copy of the petition and a notice of employee rights complying with paragraph 203.13(2)*"e"* shall be posted in a conspicuous place where all affected employees will have notice thereof or near the location where the violation occurred. The petition and notice of employee rights shall remain posted for a period of ten working days. Where affected employees are represented by an authorized representative, the representative shall be served with a copy of the petition and notice of employee rights.

b. Affected employees or their representatives may file an objection in writing to a petition with the labor commissioner or the commissioner's designee. Failure to file the objection within ten working days of the date of posting of the petition and notice of employee rights or of service upon an authorized representative shall constitute a waiver of any further right to object to the petition.

c. The labor commissioner or the commissioner's designee shall have the authority to approve any filed petition for modification of abatement date. Uncontested petitions shall become final orders pursuant to Iowa Code section 88.8.

d. The labor commissioner or the commissioner's designee shall not exercise approval power until the expiration of 15 working days from the date the petition and notice of employee rights were posted or served by the employer.

203.13(4) Where any petition is objected to by the labor commissioner or the commissioner's designee or affected employees, the petition, citation, and any objections shall be forwarded to the employment appeal board within 3 working days after the expiration of the 15-day period set out in paragraph 203.13(3)*"d."*

This rule is intended to implement Iowa Code section 88.8.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.14 to **203.18** Reserved.

481—203.19(88) Abatement verification.

203.19(1) *Scope and application.* This rule applies to employers who receive a citation for a violation of the Iowa occupational safety and health Act.

203.19(2) *Definitions.*

"Abatement" means action by an employer to comply with a cited standard or regulation or to eliminate a recognized hazard identified by OSHA during an inspection.

"Abatement date" means:

1. For an uncontested citation item, the latest of:

- The date in the citation for abatement of the violation;
- The date approved by OSHA or established in litigation as a result of a petition for modification of the abatement date (PMA); or
- The date established in a citation by an informal settlement agreement.

2. For a contested citation item for which the employment appeal board has issued a final order affirming the violation, the latest of:

- The date identified in the final order for abatement;
- The date computed by adding the period allowed in the citation for abatement to the final order date; or
- The date established by a formal settlement agreement.

"Affected employees" means those employees who are exposed to the hazard(s) identified as a violation(s) in a citation.

"Final order date" means:

1. For an uncontested citation item, the fifteenth working day after the employer's receipt of the citation;

2. For a contested citation item:

- The thirtieth day after the date on which a final order was entered by the employment appeal board, or
- The date on which a court issues a decision affirming the violation in a case in which a final order of the employment appeal board has been stayed.

"Movable equipment" means a handheld or nonhandheld machine or device, powered or unpowered, that is used to do work and is moved within or between work sites.

203.19(3) *Abatement certification.*

a. Within ten calendar days after the abatement date, the employer must certify to the division that each cited violation has been abated, except as provided in paragraph 203.19(3)*"b."*

b. The employer is not required to certify abatement if the compliance safety and health officer during the on-site portion of the inspection:

(1) Observes, within 24 hours after a violation is identified, that abatement has occurred; and

(2) Notes in the citation that abatement has occurred.

c. The employer's certification that abatement is complete must include, for each cited violation, in addition to the information required in subrule 203.19(8), the date and method of abatement and a statement that affected employees and their representatives have been informed of the abatement.

203.19(4) *Abatement documentation.* The employer must submit to the division, along with the information on abatement certification required by paragraph 203.19(3)*"c,"* documents demonstrating that abatement is complete for each willful or repeat violation and for any serious violation for which the division indicates in the citation that the abatement documentation is required.

203.19(5) *Abatement plans.*

a. The division may require an employer to submit an abatement plan for each cited violation (except an other-than-serious violation) when the time permitted for abatement is more than 90 calendar days. If an abatement plan is required, the citation must so indicate.

b. The employer must submit an abatement plan for each cited violation within 25 calendar days from the final order date when the citation indicates that such a plan is required. The abatement plan must identify the violation and the steps to be taken to achieve abatement, including a schedule for completing

abatement and, where necessary, how employees will be protected from exposure to the violative condition in the interim until abatement is complete.

203.19(6) *Progress reports.*

a. An employer who is required to submit an abatement plan may also be required to submit periodic progress reports for each cited violation. The citation must indicate:

(1) That periodic progress reports are required and the citation items for which they are required;

(2) The date on which an initial progress report must be submitted, which may be no sooner than 30 calendar days after submission of an abatement plan;

(3) Whether additional progress reports are required; and

(4) The date(s) on which additional progress reports must be submitted.

b. For each violation, the progress report must identify, in a single sentence if possible, the action taken to achieve abatement and the date the action was taken.

203.19(7) *Employee notification.*

a. The employer must inform affected employees and their representative(s) about abatement activities covered by this rule by posting a copy of each document submitted to the division or a summary of the document near the place where the violation occurred.

b. Where posting does not effectively inform employees and their representatives about abatement activities (for example, for employers who have mobile work operations), the employer shall:

(1) Post each document or a summary of the document in a location where it will be readily observable by affected employees and their representatives; or

(2) Take other steps to communicate fully to affected employees and their representatives about abatement activities.

(3) The employer must inform employees and their representatives of their right to examine and copy all abatement documents submitted to the division.

c. An employee or an employee representative shall submit a request to examine and copy abatement documents within three working days of receiving notice that the documents have been submitted. The employer shall comply with an employee's or employee representative's request to examine and copy abatement documents within five working days of receiving the request.

d. The employer must ensure that notice to employees and employee representatives is provided at the same time or before the information is provided to the division and that abatement documents are:

(1) Not altered, defaced, or covered by other material; and

(2) Remain posted for three working days after submission to the division.

203.19(8) *Transmitting abatement documents.*

a. The employer must include, in each submission required by this rule, the following information:

(1) The employer's name and address;

(2) The inspection number to which the submission relates;

(3) The citation and item numbers to which the submission relates;

(4) A statement that the information submitted is accurate; and

(5) The signature of the employer or the employer's authorized representative.

b. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the division receives the document is the date of submission.

203.19(9) *Movable equipment.*

a. For serious, repeat, and willful violations involving movable equipment, the employer must attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within the work site or between work sites. Attaching a copy of the citation to the equipment is deemed to meet the tagging requirement of this paragraph as well as the posting requirement of rule 481—203.11(88).

b. The employer must use a warning tag that properly warns employees about the nature of the violation involving the equipment and identifies the location of the citation issued. A sample tag is available at osha.gov as Appendix C to 29 CFR 1903.19.

c. If the violation has not already been abated, a warning tag or copy of the citation must be attached to the equipment:

(1) For handheld equipment, immediately after the employer receives the citation; or

(2) For nonhandheld equipment, prior to moving the equipment within or between work sites.

d. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by OSHA to meet the requirements of this rule when the information required by paragraph 203.19(9)*"b"* is included on the tag.

e. The employer must ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or covered by other material.

f. The employer must ensure that the tag or copy of the citation attached to movable equipment remains attached until:

(1) The violation has been abated and all abatement verification documents required by this regulation have been submitted to the division;

(2) The cited equipment has been permanently removed from service or is no longer within the employer's control; or

(3) The appeal board issues a final order vacating the citation.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.20(88) Policy regarding employee rescue activities.

203.20(1) No citation may be issued to an employer because of a rescue activity undertaken by an employee of that employer with respect to an individual in imminent danger unless:

a. The employee is designated or assigned by the employer to have responsibility to perform or assist in rescue operations, and the employer fails to provide protection of the safety and health of the employee, including failing to provide appropriate training and rescue equipment; or

b. The employee is directed by the employer to perform rescue activities in the course of carrying out the employee's job duties, and the employer fails to provide protection of the safety and health of such employee, including failing to provide appropriate training and rescue equipment; or

c. The employee is employed in a workplace that requires the employee to carry out duties that are directly related to a workplace operation where the likelihood of life-threatening accidents is foreseeable, such as a workplace operation where employees are located in confined spaces or trenches, handle hazardous waste, respond to emergency situations, perform excavations, or perform construction over water; and such employee has not been designated or assigned to perform or assist in rescue operations and voluntarily elects to rescue such an individual. Additionally, the employer has failed to instruct employees not designated or assigned to perform or assist in rescue operations of the arrangements for rescue, not to attempt rescue, and of the hazards of attempting rescue without adequate training or equipment.

203.20(2) For purposes of this policy, the term "imminent danger" means the existence of any condition or practice that could reasonably be expected to cause death or serious physical harm before such condition or practice can be abated.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.21 Reserved.

481—203.22(88,89B) Additional hazard communication training requirements.

203.22(1) *Training format.* The employer may present the training program to the employee in any format; however, the employer shall preserve a written summary and synopsis of the training, a recording of an oral presentation, or a video recording of an audio-video presentation of the training relied upon by the employer for compliance with 29 CFR 1910.1200(h), and shall allow employees and their designated representatives access to the written synopsis, recording, or video recording.

203.22(2) *Review by the division.* The training program shall be available for review and approval upon inspection by the division. Upon request by the commissioner, the employer shall make available the written synopsis, recording, or video recording used or prepared by the employer. The commissioner may conduct an inspection to review an actual training program or review the employer's records of a training program.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—203.23(88) Definitions. The definitions and interpretations contained in Iowa Code section 88.3 shall be applicable to the terms when used in this chapter. As used in this chapter unless the context clearly requires otherwise:

"Act" means the Iowa occupational safety and health Act of 1972, Iowa Code chapter 88.

"Compliance safety and health officer" means a person authorized by the labor commissioner of the department of inspections, appeals, and licensing, division of labor services, to conduct inspections.

"Division" means the Iowa division of labor of the department of inspections, appeals, and licensing.

"Inspection" means any inspection of an employer's factory, plant, establishment, construction site or other area, workplace or environment where work is performed by an employee of an employer, and includes any inspection conducted pursuant to a filed complaint, and any follow-up inspection, accident investigation or other inspections conducted under the Act.

"Working days" means Mondays through Fridays but shall not include Saturdays, Sundays or federal or state holidays. In computing 15 working days, the day of receipt of any notice shall not be included, and the last day of the 15 working days shall be included.

This rule is intended to implement Iowa Code section 88.6.

[**ARC 8112C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 17A and 88.

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CHAPTER 204
RECORDING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 347—Ch 4]
[Prior to 7/9/25, see Labor Services Division[875] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—204.1(88) Purpose and scope. This chapter applies to public and private employers.
[**ARC 8113C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—204.2(88) First reports of injury. A report to the division of workers' compensation is considered to be a report to the division of labor services. The division of workers' compensation will forward all reports to the division of labor services.
[**ARC 8113C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

481—204.3(88) Recording and reporting regulations. Except as noted in this rule, the federal Occupational Safety and Health Administration (OSHA) regulations at 29 CFR 1904.0 through 1904.46 as published at 66 Fed. Reg. 6122 through 6135 (January 19, 2001) are adopted.

204.3(1) The following amendments to 29 CFR 1904.0 through 1904.46 are adopted:

a. 66 Fed. Reg. 52031-52034 (October 12, 2001)
b. 67 Fed. Reg. 44047 (July 1, 2002)
c. 67 Fed. Reg. 77170 (December 17, 2002)
d. 68 Fed. Reg. 38606 (June 30, 2003)
e. 79 Fed. Reg. 56186 (September 18, 2014)
f. 81 Fed. Reg. 29691 (May 12, 2016)
g. 81 Fed. Reg. 31854 (May 20, 2016)
h. 84 Fed. Reg. 405 (January 25, 2019)
i. 84 Fed. Reg. 21457 (May 14, 2019)
j. 85 Fed. Reg. 8731 (February 18, 2020)
k. 88 Fed. Reg. 47254 (July 21, 2023)

204.3(2) In addition to the reporting methods set forth in 29 CFR 1904.39(a), employers may make reports required by 29 CFR 1904.39 using at least one of the following methods:

a. Completing the incident report form and faxing or emailing the completed form to Iowa OSHA in the department of inspections, appeals, and licensing;
b. Calling 877.242.6742; or
c. Visiting 6200 Park Avenue, Suite 100, Des Moines, Iowa.

[**ARC 8113C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 88.

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CHAPTER 205
RULES OF PRACTICE FOR OSHA VARIANCES

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 374—Ch 5]
[Prior to 7/9/25, see Labor Services Division[875] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/15/30

481—205.1(17A,88) Purpose and scope. This chapter contains rules of practice for administrative proceedings to grant variances and other relief under Iowa Code sections 17A.9A, 88.5(3), 88.5(6), and 88.5(7).
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.2(17A,88) Definitions. The definitions and interpretations contained in Iowa Code section 88.3 are applicable to the terms when used in this chapter. As used in this chapter unless the context clearly requires otherwise:

"Affected employee" means an employee who would be affected by the grant or denial of a variance, or any one of the employee's authorized representatives, such as the collective bargaining agent.

"Commissioner" means the labor commissioner of the department of inspections, appeals, and licensing, division of labor services.

"Hearing examiner" means the commissioner or the commissioner's designee.

"Party" means a person admitted to participate in a hearing conducted in accordance with rules 481—205.14(88) through 481—205.21(88). An applicant for relief and any affected employee are entitled to be named parties. For the purpose of special variance hearing procedures under Iowa Code section 88.5(7), the conflicting federal regulatory agency is also a party. The department of inspections, appeals, and licensing, division of labor services, is a party without the necessity of being named.

"Person" means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or an agency, authority or instrumentality of the state of Iowa.

"Variance" means waivers or variances pursuant to Iowa Code sections 17A.9A, 88.5(3), 88.5(6), and 88.5(7) unless otherwise specified.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.3 Reserved.

481—205.4(88) Effect of variances. All variances granted pursuant to this chapter have only future effect. The commissioner may discretionarily decline to entertain an application for a variance on a subject or issue concerning which a citation has been issued to the employer involved, and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the employment appeal board until the completion of such proceedings.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.5(17A,88) Submission of waiver information. Information about all orders granting or denying a variance petition are submitted to the legislative services agency through the designated Internet site within 60 days of the granting or denying of the petition. The information submitted is available to the public via the website.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.6 Reserved.

481—205.7(88) Temporary variance.

205.7(1) *Application for variance.* Any employer or class of employers desiring a variance from a standard, or portion thereof, authorized by Iowa Code section 88.5(3) may file a written application containing the information specified in subrule 205.7(2) with the commissioner.

205.7(2) *Contents.* An application filed pursuant to subrule 205.7(1) includes:

a. The name and address of the applicant;

b. The address of the place or places of employment involved;

c. Any request for a hearing as provided in this chapter;

d. The statements and certifications required by Iowa Code section 88.5(3); and

e. The signature of the applicant or the applicant's authorized representative.

205.7(3) *Interim order.*

a. Application. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order may include statements of fact and arguments as to why the order should be granted. The commissioner may rule ex parte upon the application.

b. Notice of denial of application. If an application filed pursuant to paragraph 205.7(3)*"a"* is denied, the applicant will be given prompt notice of the denial, which will include, or be accompanied by, a brief statement of the grounds therefor.

c. Notice of the grant of an interim order. If an interim order is granted, a copy of the order will be served upon the applicant for the order and other parties and notice of the terms of the order will be made in accordance with the notice requirements of rule 481—205.5(88). It shall be a condition of the order that the affected employer shall give notice thereof to affected employees.

This rule is intended to implement Iowa Code section 88.3.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.8(88) Permanent variance.

205.8(1) *Application for variance.* Any employer or class of employers desiring a variance authorized by Iowa Code section 88.5(6) may file a written application containing the information specified in subrule 205.8(2) with the commissioner.

205.8(2) *Contents.* An application filed pursuant to subrule 205.8(1) includes:

a. The name and address of the applicant;

b. The address of the place or places of employment involved;

c. A description of the conditions, practices, means, methods, operations or processes used or proposed to be used by the applicant;

d. A statement showing how the conditions, practices, means, methods, operations or processes used or proposed to be used would provide employment and places of employment to employees that are as safe and healthful as those required by the standard from which a variance is sought;

e. A certification that the applicant has informed affected employees of the application by (1) giving a copy thereof to their authorized representative; (2) posting a statement giving a summary of the application and specifying where a copy may be examined, at the place or places where notices to employees are normally posted (or in lieu of such summary, the posting of the application itself); and (3) other appropriate means when necessary;

f. Any request for a hearing, as provided in this chapter;

g. A description of how employees have been informed of the application and of their right to petition the commissioner for a hearing; and

h. The signature of the applicant or the applicant's authorized representative.

205.8(3) *Interim order.* Procedures for applications and for notifications of a denial or grant of interim orders are in the same manner as provided for in subrule 205.7(3).

This rule is intended to implement Iowa Code section 88.6.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.9(88) Special variance.

205.9(1) *Application for variance.* Any employer, or class of employers, desiring a special variance authorized by Iowa Code section 88.5(7) may file a written application containing the information specified in subrule 205.9(2) with the commissioner.

205.9(2) *Contents.* An application filed pursuant to subrule 205.9(1) includes:

a. The name and address of the applicant;

b. The address of the place or places of employment involved;

c. The name of the federal agency and a designation of the standard, rule, or regulation allegedly in conflict with a standard, rule, or regulation of the division of labor services;

d. A designation of the standard, rule, or regulation of the division of labor services allegedly in conflict;

e. A description of the conditions, means, methods, operations, and procedures used and a specific detailed statement as to how and where the conflict exists between federal agency or agencies and the division of labor services;

f. A description of the conditions, practices, means, methods, operations, or processes used or proposed to be used by the applicant;

g. A statement showing how the conditions, practices, means, methods, operations, or processes used or proposed to be used would take into consideration the safety and health of the employees involved;

h. A certification that the applicant has informed employees affected of the application by (1) giving a copy thereof to their authorized representative; (2) posting a statement giving a summary of the application and specifying where a copy may be examined, at the place or places where notices to employees are normally posted (or in lieu of such summary, the posting of the application itself); and (3) other appropriate means where necessary;

i. Any request for a hearing, as provided in this chapter;

j. A description of how employees have been informed of the application and of their right to petition the commissioner for a hearing; and

k. The signature of the applicant or the applicant's authorized representative.

205.9(3) *Interim order.* Procedures for applications and for notifications of a denial or grant of interim orders are in the same manner as provided for in subrule 205.7(3).

This rule is intended to implement Iowa Code section 88.7.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.10(88) Modification and revocation of rules or orders.

205.10(1) An affected employer or an affected employee may apply in writing to the commissioner for a modification or revocation of a rule or order issued under Iowa Code section 88.5(3), 88.5(6), or 88.5(7). The application contains:

a. The name and address of the applicant;

b. A description of the relief that is sought;

c. A statement setting forth with particularity the grounds for relief;

d. If the applicant is an employer, a certification that the applicant has informed affected employees of the application by: (1) giving a copy thereof to their authorized representative; (2) posting at the place or places where notices to employees are normally posted, a statement giving a summary of the application and specifying where a copy of the full application may be examined (or, in lieu of the summary, posting the application itself); and (3) other appropriate means when necessary;

e. If the applicant is an affected employee, a certification that a copy of the application has been furnished to the employer; and

f. Any request for a hearing as provided in this chapter.

205.10(2) The commissioner may move to modify or revoke a rule or order issued under Iowa Code section 88.5(3), 88.5(6), or 88.5(7). In such event, the commissioner will cause a notice of intention to be published in accordance with the notice requirements of rule 481—205.5(88), affording interested persons an opportunity to submit written data, views or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing, and other action as may be appropriate to notify the affected employer and employees. Any request for a hearing shall include a short and plain statement of:

a. How the proposed modification or revocation would affect the requesting party; and

b. What the requesting party would seek to show on the subjects or issues involved.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.11(88) Action on applications. If an application filed pursuant to subrule 205.7(1), 205.8(1), 205.9(1), or 205.10(1) does not conform to the applicable rule, the commissioner may deny the application. Prompt notice of the denial of an application will be given to the applicant and will include, or be accompanied by, a brief statement of the grounds for the denial. A denial of an application pursuant to this rule shall be without prejudice to the filing of another application.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.12(88) Requests for hearings on applications.

205.12(1) *Request for hearing.* Within the time allowed by a notice of the filing of an application, any affected employer or employee may file with the commissioner a request for a hearing on the application.

205.12(2) *Contents of a request for a hearing.* A request for a hearing filed pursuant to subrule 205.12(1) includes:

a. A concise statement of facts showing how the employer or employee would be affected by the requested relief;

b. A specification of any statement or representation in the application that is denied and a concise summary of the evidence that would be adduced in support of each denial; and

c. Any views or arguments on any issue of fact or law presented.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.13(88) Consolidation of proceedings. The commissioner may move or any party may move to consolidate or contemporaneously consider two or more proceedings that involve the same or closely related issues.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.14(88) Notice of hearing.

205.14(1) *Contents.* A notice of hearing includes:

a. The time, place, and nature of the hearing;

b. The legal authority under which the hearing is to be held; and

c. A specification of issues of fact and law.

205.14(2) Reserved.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.15(88) Manner of service. Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last-known address of the party. The person serving the document certifies the manner and the date of the service.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.16(88) Hearing examiner; powers and duties.

205.16(1) *Powers.* The commissioner or the commissioner's designee presides over the hearing and has all powers necessary or appropriate to conduct a fair, full, and impartial hearing.

205.16(2) *Private consultation.* Except to the extent required for the disposition of ex parte matters, the hearing examiner may not consult a person or a party on any fact at issue unless upon notice and opportunity for all parties to participate.

205.16(3) *Disqualification.* When the commissioner or the commissioner's designee deems appropriate to be disqualified to preside, or to continue to preside, over a particular hearing the commissioner or the commissioner's designee will withdraw therefrom by notice on the record, and the commissioner shall designate another.

Any party who deems the commissioner or commissioner's designee for any reason to be disqualified to preside, or to continue to preside, over a particular hearing, may file with the commissioner a motion for disqualification and removal, supported by affidavits setting forth the alleged ground for disqualification. The commissioner's ruling on the motion is final for the purposes of judicial review under rule 481—205.24(88).

205.16(4) *Contumacious conduct; failure or refusal to appear or obey the rulings of the hearing examiner.* Contumacious conduct at any hearing before the hearing examiner is a ground for exclusion from the hearing.

If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the hearing examiner may make such orders with regard to the refusal as are just and appropriate, including an order denying the application of an applicant or regulating the contents of the record of the hearing.

205.16(5) *Referral to Iowa rules of civil procedure.* On any procedural question not regulated by Iowa Code chapter 88 or this chapter, the hearing examiner is guided by the Iowa Rules of Civil Procedure.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.17(88) Prehearing conferences.

205.17(1) *Convening conference.* Upon the commissioner's own motion or the motion of a party, the commissioner or the commissioner's designee may direct the parties or the parties' counsel to meet with the commissioner for a conference to consider:

a. Simplification of the issues;

b. Necessity or desirability of amendments to documents for purpose of clarification, simplification, or limitation;

c. Stipulations, admissions of fact and of contents and authenticity of documents;

d. Limitation of the number of parties and of expert witnesses; and

e. Such other matters as may tend to expedite the disposition of the proceeding and to ensure a just conclusion thereof.

205.17(2) *Record of conference.* The commissioner or the commissioner's designee shall make an order that recites the action taken at the conference.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.18(88) Consent findings and rules or orders.

205.18(1) *Negotiation by parties.* A reasonable opportunity may be afforded to permit negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding.

205.18(2) *Disposition.* In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the hearing examiner may accept such agreement by issuing a decision based upon the agreed findings.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.19(88) Discovery. Whenever appropriate to a just disposition of any issue in a hearing, the hearing examiner may allow discovery by appropriate procedures, such as by written interrogatories upon a party, depositions, production of documents by a party, or by entry for inspection of the employment or place of employment involved. Iowa Rules of Civil Procedure are applicable to such authorized discovery procedures.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.20(88) Hearings.

205.20(1) *Order of proceeding.* Except as may be ordered otherwise by the hearing examiner, the party applicant for relief proceeds first at a hearing.

205.20(2) *Burden of proof.* The party applicant has the burden of proof.

205.20(3) *Evidence.*

a. Proof for a special variance. Before a special variance may be granted, there must be proof that an actual conflict does exist. The proof required to establish such conflict is information in writing or oral testimony from a representative of the involved federal regulatory agency or agencies, substantiated by evidence, that there is a conflict between the standards, rules or regulations of the federal agency and those of the division of labor services. Also, the applicant must prove that compliance with the standard, rule or regulation of the division of labor services would subject the applicant to probable citation, penalty, or prosecution for violating such federal agency standard, rule or regulation.

b. Reserved.

205.20(4) *Transcript.* Hearings are stenographically reported or audio-recorded. Copies of the transcript may be obtained by the parties upon written application filed with the reporter and upon the payment of fees at the rate provided in the agreement with the reporter.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.21(88) Decisions of hearing examiner.

205.21(1) *Proposed findings of fact, conclusions, and rules or orders.* Within ten days after receipt of notice that the transcript of the testimony has been filed or such additional time as the hearing examiner may allow, each party may file with the hearing examiner proposed findings of fact, conclusions of law, and rule or order, together with supporting briefs served on all other parties, and refer to all portions of the record and to all authorities relied upon in support of each proposal.

205.21(2) *Decision.* Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the hearing examiner will issue a decision that will be reviewed and countersigned by the commissioner. The commissioner will serve the decision upon each party, and the decision is final upon the twentieth day after service thereof. The decision will include: (1) a statement of findings and conclusions, with reasons and bases therefor, upon each material issue of fact, law, or discretion presented on the record, and (2) the appropriate rule, order, relief or denial thereof.

205.21(3) *Grant of a special variance.* The grant of a special variance is renewable upon review by the commissioner at six-month intervals beginning on the date the decision becomes final under subrule 205.21(2). If at the time of the review the commissioner finds that there has been a change in the standard, rule, or regulation or a change in the interpretation of such standard, rule or regulation of the federal agency or the division of labor services affecting or resolving the conflict on which the special variance was granted, the commissioner will set the case for an evidentiary hearing in accordance with rules 481—205.14(88) through 481—205.21(88). Enforcement is stayed during review and hearing procedures under this rule.

Affected employees shall be notified by their employer of a renewal or a refusal to renew by: (1) giving a copy of the commissioner's notice to the authorized employee representative; (2) posting a copy of the commissioner's notice at the place or places where notices to employees are normally posted; and (3) other appropriate means.

[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.22(88) Motion for summary decision.

205.22(1) Any party may, at least 20 days before the date fixed for any hearing, move with or without supporting affidavits for a summary decision in favor of the moving party on all or any part of the proceeding. Any other party may, within ten days after service of the motion, serve opposing affidavits or countermove for summary decision. The hearing examiner may discretionarily set the matter for argument and call for the submission of briefs.

205.22(2) The filing of any documents under subrule 205.22(1) shall be with the commissioner, and copies of any such documents shall be served in accordance with rule 481—205.15(88).

205.22(3) The hearing examiner may grant the motion if the pleadings, affidavits, material obtained by discovery or otherwise obtained, or matters officially noticed show that there is no genuine issue as to any material fact and that a party is entitled to summary decision. The hearing examiner may deny such motion whenever the moving party denies access to information by means of discovery to a party opposing the motion.

205.22(4) Affidavits shall set forth such facts as would be admissible in evidence in the hearing and show affirmatively that the affiant is competent to testify to the matters stated therein. When a motion for summary decision is made and supported as provided in this rule, a party opposing the motion may not rest upon the mere allegations or denials of its own pleading. The response of the party opposing the motion must set forth specific facts showing that there is a genuine issue of fact for the hearing.

205.22(5) Should it appear from the affidavits of a party opposing the motion that the opposing party cannot for reasons stated present by affidavit facts essential to justify the opposition, the hearing examiner

may deny the motion for summary decision or may order a continuance to permit affidavits to be obtained or discovery to be had or may make such other order as is just.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.23(88) Summary decision.

205.23(1) *No genuine issue of material fact.*

a. Where no genuine issue of a material fact is found to have been raised, the hearing examiner may issue a decision to become final 20 days after service thereof.

b. A decision made under subrule 205.23(1) includes a statement of: (1) findings and conclusions, and the reasons or bases therefor, on all issues presented; and (2) the terms and conditions of the rule or order made.

205.23(2) *Hearings on issues of fact.* Where a genuine material question of fact is raised, the hearing examiner will, and in any other case may, set the case for an evidentiary hearing in accordance with rules 481—205.14(88) through 481—205.21(88).
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—205.24(88) Finality for purposes of judicial review. A preliminary, procedural or intermediate agency action or ruling is immediately reviewable if review of the final agency decision would not provide an adequate remedy. The filing of the petition does not itself stay enforcement of the agency decision. The agency may grant, or the reviewing court may order, a stay upon appropriate terms.
[**ARC 8432C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code sections 17A.9A and 88.5.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 206 and 207
Reserved

CHAPTER 208
CONSULTATIVE SERVICES

[Similar subject covered in Ch 6 prior to 12/24/80]
[Ch 8 appearing prior to 12/24/80 renumbered as Ch 9]
[Prior to 9/24/86, Labor, Bureau of[530]]
[Prior to 10/7/98, see 347—Ch 8]
[Prior to 7/9/25, see Labor Services Division[875] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/15/30

481—208.1(88) Purpose and scope. This chapter contains procedures for the division of labor services, bureau of consultation and education, to provide consultative services to private and public employers.

208.1(1) Services are available at no cost to employers to assist employers in establishing an effective occupational safety and health management system in order to provide employment and a place of employment that are safe and healthful. The goal is to prevent injuries and illnesses that may result from exposure to hazardous work practices and conditions. The principal assistance will be provided at the employer's work site, but off-site assistance may also be provided. Within the scope of the employer's request, the consultant will evaluate the employer's program for providing employment and a place of employment that are safe and healthful; identify specific hazards in the workplace; and provide appropriate advice and assistance in establishing or improving the employer's safety and health management system and in correcting any hazardous conditions identified. Assistance may include education and training of the employer, the employer's supervisors, and the employer's other employees to make the employer self-sufficient in ensuring safe and healthful work and working conditions.

208.1(2) Consultation is independent of Iowa OSHA enforcement, and the discovery of hazards will not mandate citations or penalties. However, the employer has a statutory obligation to protect employees, and, in certain instances, the employer will be required to take necessary protective action. An employer that corrects the hazards identified by the consultant during a comprehensive workplace survey, implements certain core elements of an effective safety and health management system, and commits to complete other core elements of an effective safety and health program may qualify for exemption from certain enforcement activities.

[**ARC 8448C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—208.2(88) Definitions.

"Act" means the Iowa occupational safety and health Act, Iowa Code chapter 88.

"Compliance officer" means a compliance safety and health officer employed by Iowa OSHA enforcement.

"Consultant" means an employee of the bureau of consultation and education of the division of labor services.

"Consultation" means all activities related to the provision of consultative assistance under this chapter, including off-site consultation and on-site consultation.

"Division" means the division of labor services of the department of inspections, appeals, and licensing.

"Education" means planned and organized activity by a consultant to impart information to employers and employees to enable them to establish and maintain employment and a place of employment that are safe and healthful.

"Employee representative" means the authorized representative of employees at a site where there is a recognized labor organization representing employees.

"Hazard correction" means the elimination or control of a workplace hazard in accordance with the requirements of the Act and rules.

"Imminent danger" means a condition or practice in a place of employment that could reasonably be expected to cause death or serious physical harm immediately or before the danger can be eliminated.

"Iowa OSHA enforcement" means the unit of the division that enforces the occupational safety and health Act.

"List of hazards" means a list of all serious hazards that are identified by the consultant and the correction due dates agreed upon by the employer and the consultant.

"Off-site consultation" means consultation provided away from an employer's work site by means such as training, education, telephone, and correspondence.

"On-site consultation" means consultation provided during a visit to an employer's work site. "On-site consultation" includes a written report to the employer on the findings and recommendations resulting from the visit and may include training and education needed to address hazards or potential hazards at the work site.

"Other-than-serious hazard" means any condition or practice that would be classified as an other-than-serious violation of applicable standards based on criteria contained in the current Iowa Field Operations Manual.

"Programmed inspection" means an inspection scheduled based on objective or neutral criteria as set forth in the Iowa Field Operations Manual.

"Recognition and exemption program" means an achievement recognition program to recognize an employer that operates an exemplary program that results in the immediate and long-term prevention of job-related injuries and illnesses at a workplace.

"Serious hazard" means a condition or practice that would be classified as a serious violation of applicable standards, except that the element of employer knowledge will not be considered.

"Training" means the planned and organized activity of a consultant to impart skills, techniques and methodologies to employers and their employees to assist them in establishing and maintaining employment and a place of employment that are safe and healthful.

[**ARC 8448C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—208.3(88) Requesting and scheduling of on-site consultation visit.

208.3(1) *Employer requests.* On-site consultation will be provided only upon the request of the employer. Any employer may specify a more limited scope for the visit by indicating working conditions, hazards, or situations on which on-site consultation shall be focused. When limited requests are made, the consultant will limit review and provide assistance only with respect to the specified working conditions, hazards, or situations. However, if in the course of the on-site visit the consultant observes hazards that are outside the scope of the request, the consultant shall treat the hazards as though they were within the scope of the request.

208.3(2) *Relationship to enforcement.* An employer may request on-site consultation to assist in the abatement of hazards cited during an enforcement inspection. However, on-site consultation may not take place after an enforcement inspection until the conditions set forth in paragraph 208.5(2)*"c"* have been met.

208.3(3) *Scheduling priority.* Scheduling priorities will be in accordance with the federal Consultation Policy and Procedures Manual.

[**ARC 8448C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—208.4(88) Conducting a visit.

208.4(1) *Preparation.*

a. The consultant will conduct an on-site consultation visit only after appropriate preparation.

b. If a request is made during a promotional visit, a consultant may perform on-site consultation activities immediately.

208.4(2) *Structured format.*

a. An initial on-site consultation visit will consist of an opening conference where the employer will be advised of the responsibilities under state law, an examination of those aspects of the employer's safety and health program that relate to the scope of the visit, a walk-through of the workplace, and a closing conference. An initial visit may include training and education for employers and employees, if the employer requests the assistance and if the need for the training and education is revealed by the walk-through of the workplace and the examination of the employer's safety and health program. The consultant will provide a written report to the employer after the consultation.

b. Additional visits may be conducted as the employer requests to provide needed education and training, assistance with the employer's safety and health program, or technical assistance in the correction of hazards. Additional visits may also be conducted if necessary to verify the correction of serious hazards identified during previous visits.

208.4(3) *Employee participation.*

a. The consultant retains the right to confer with individual employees privately during the course of the visit in order to identify and judge the nature and extent of particular hazards within the scope of the employer's request and to evaluate the employer's safety and health program. The consultant will explain the necessity for this contact to the employer during the opening conference, and the employer must agree to this contact before a visit can proceed.

b. Employees, their representatives, and members of a workplace joint safety and health committee may participate in the on-site consultation to the extent desired by the employer. In the opening conference, the consultant shall encourage the employer to allow employee participation to the fullest extent practicable.

c. An employee representative of affected employees must be afforded an opportunity to accompany the consultant and the employer's representative during the physical inspection of the workplace.

d. If there is no employee representative, if the consultant is unable with reasonable certainty to identify an employee representative, or if the employee representative declines the offer to participate, the consultant must confer with a reasonable number of employees concerning matters of occupational safety and health.

e. The consultant is authorized to deny the right to participate to any person whose conduct interferes with the orderly conduct of the visit.

208.4(4) *Opening and closing conferences.*

a. In the opening conference, the consultant will explain the relationship between on-site consultation and OSHA enforcement activity, will explain the obligation to protect employees in the event that certain hazardous conditions are identified, and will emphasize the employer's obligation to post the list of hazards.

b. The consultant will encourage a joint opening conference with the employer and employee representatives. If there is an objection to a joint conference, the consultant will conduct separate conferences with the employer and employee representatives. The consultant must inform employees at the opening conference of the purpose of the consultation visit.

c. At the conclusion of the consultation visit, the consultant will conduct a closing conference with the employer and employee representatives, jointly or separately. The consultant will describe hazards identified during the visit and other pertinent issues related to employee safety and health.

208.4(5) *On-site activity.*

a. During the on-site consultation, the consultant will focus primarily on conditions, hazards, or situations for which the employer requested assistance. An employer may expand or reduce the scope of the request at any time during the on-site consultation. If the employer requests an expansion of the scope, the consultant will expand the scope immediately if scheduling priorities permit and the consultant is prepared. If the employer's request for expansion necessitates further preparation by the consultant or the expertise of another consultant, or if other employer requests may merit higher priority, the consultant will refer the request to the consultation manager for scheduling. If the scope of the visit is reduced, the employer shall correct serious hazards that were already identified and provide appropriate proof of correction.

b. The consultant will advise the employer of the employer's obligations and responsibilities under applicable law.

c. Within the scope of the employer's request, the consultant will review the employer's safety and health management system and provide advice on modifications or additions to make the program more effective.

d. The consultant will identify and provide advice on the correction of hazards included in the employer's request and any other safety or health hazards observed in the workplace. The consultant will conduct necessary sampling, testing, and analysis to confirm the existence of a safety or health hazard.

e. Advice and technical assistance on the correction of identified safety and health hazards may be provided to employers during and after the on-site consultation. The consultant may provide materials on approaches, means, techniques, and items commonly utilized for the elimination or control of hazards. The consultant will advise the employer of additional sources of assistance, if known.

f. When a hazard is identified in the workplace, the consultant will indicate to the employer the consultant's best judgment as to whether the hazard would be classified as serious hazard or other-than-serious hazard.

g. If the consultant determines that an identified serious hazard exists, the consultant will assist the employer to develop a specific plan to correct the hazard. The chief of the bureau of consultation and education will provide an expeditious informal discussion regarding the period of time established for the correction of a hazard or any other substantive findings of the consultant if the employer requests the informal discussion within 15 working days from receipt of the consultant's report.

h. As a condition for receiving the consultation service, the employer must agree to post the list of hazards accompanying the consultant's written report and to notify affected employees when hazards are corrected. The employer must, upon receipt, post the unedited list of hazards in a prominent place where it is readily observable by all affected employees for three working days or until the hazards are corrected, whichever is later. A copy of the list of hazards shall be made available to the employee representative who participated in the visit.

208.4(6) *Employer's obligations.*

a. An employer must take immediate action to eliminate employee exposure to a hazard that presents an imminent danger to employees. If the employer fails to take the necessary action, the chief of the bureau of consultation and education shall immediately notify the affected employees and the labor commissioner or the labor commissioner's designee.

b. An employer must also take the necessary action to eliminate or control employee exposure to any identified serious hazard and meet the employee notice requirements of paragraph 208.4(5)*"h."* In order to demonstrate that the necessary action is being taken, an employer may be required to submit periodic reports, permit a follow-up visit, or take similar action.

c. The chief of the bureau of consultation and education may grant an extension of time for the correction of a serious hazard when:

(1) The employer files a request for extension;

(2) The employer demonstrates it made a good-faith effort to correct the hazard within the established time frame;

(3) The employer provides evidence that correction is not complete because of factors beyond the employer's reasonable control; and

(4) The employer provides evidence that the employer is taking all available interim steps to safeguard the employees against the hazard during the correction period.

d. If the employer fails to take the action necessary to correct a serious hazard within the established time frame or any extensions thereof, the chief of the bureau of consultation and education will immediately notify the labor commissioner or the labor commissioner's designee.

e. The employer will confirm in writing to the chief of the bureau of consultation and education that the hazards have been corrected unless the consultant otherwise confirms correction of the hazards.

208.4(7) *Written report.* For each visit that results in substantive findings or recommendations, a written report will be prepared and sent to the employer. The report will include the following elements as applicable:

a. A restatement of the employer's request;

b. A description of the working conditions examined by the consultant;

c. An evaluation of the employer's safety and health management system;

d. Recommendations for making the safety and health program more effective;

e. Identification, description, and classification of each hazard;

f. Reference to applicable standards and regulations;

g. Correction date for each serious hazard;

h. Suggested means or approaches to correct hazards; and

i. Recommendations for additional assistance, such as medical or engineering advice.

208.4(8) *Confidentiality.* The bureau of consultation and education will provide, when requested, program information to the U.S. Occupational Safety and Health Administration, including information that identifies employers that have requested consultation services.

[**ARC 8448C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—208.5(88) Relationship to enforcement.

208.5(1) *Separation of functions.* Consultation shall be conducted independently of Iowa OSHA enforcement. Except as noted in subrule 208.5(3), neither the identity of an employer requesting on-site consultation nor the file or report from the consultation activity will be provided to Iowa OSHA enforcement unless the employer fails to take the necessary action to protect employees from a serious hazard or imminent danger.

208.5(2) *Effect upon scheduling.*

a. An on-site consultation already in progress will have priority over compliance inspections by Iowa OSHA enforcement except as provided in paragraph 208.5(2)*"b."* The consultant and the employer will notify the compliance officer that an on-site consultation is in progress and will request delay of the inspection until after the on-site consultation is completed.

b. The consultant will terminate an on-site consultation if one of the following compliance inspections by Iowa OSHA enforcement is about to take place:

(1) Imminent danger investigation.

(2) Fatality/catastrophe investigation.

(3) Complaint or referral investigation.

(4) Other critical inspection as determined by the labor commissioner.

c. An on-site consultation shall not take place while an enforcement inspection is in progress at the establishment. An enforcement inspection will be deemed "in progress" from the time a compliance officer initially seeks entry to the workplace to the end of the closing conference. If the employer denied the compliance officer entry to the work site, an enforcement inspection is "in progress" until the inspection is concluded, the commissioner determines that a warrant to enter will not be sought, or the commissioner determines that allowing a consultative visit to proceed is in the best interest of employee safety and health. An on-site consultation shall not take place subsequent to an enforcement inspection until the employer has been notified that no citations will be issued, or if a citation is issued, on-site consultation will take place only with regard to those citation items that have become final orders.

d. The recognition and exemption program operated by the bureau of consultation and education provides incentives and support to high-hazard employers to work with employees to develop, implement, and continuously improve the effectiveness of a safety and health management system.

(1) Programmed enforcement inspections at a work site may be deferred while the employer is working to achieve recognition status if the following conditions are met:

1. An employer requested participation in a recognition and exemption program;

2. A consultant has conducted an on-site consultation covering all conditions and operations related to occupational safety and health;

3. An employer corrected all hazards identified during the consultation visit within established time frames;

4. An employer has begun to implement all of the elements of an effective safety and health management system; and

5. An employer agrees to request an on-site consultation if major changes in working conditions or work processes occur that may introduce new hazards.

(2) Employers that meet all the requirements for recognition and exemption will be removed from the Iowa OSHA enforcement programmed inspection schedules for at least one year from the date of the certificate of recognition.

(3) Iowa OSHA enforcement shall continue to make the inspections listed below at sites that achieved recognition and exemption status and at sites that have received deferrals:

1. Imminent danger;

2. Fatality/catastrophe; and

3. Formal complaint.

208.5(3) *Effect upon enforcement.*

a. The advice of the consultant and the consultant's written report will not be binding upon a compliance officer in a subsequent enforcement inspection. In a subsequent enforcement inspection, a compliance officer is not precluded from issuing citations and proposing penalties for hazardous conditions or violations.

b. The hazard identification and correction assistance given by the consultant, the failure of the consultant to point out a specific hazard, and errors or omissions by the consultant shall not:

(1) Be binding upon a compliance officer;

(2) Affect the regular conduct of a compliance inspection;

(3) Preclude the finding of alleged violations and the issuance of citations; or

(4) Act as a defense to any enforcement action.

c. In the event of a subsequent enforcement inspection, the employer is not required to inform the compliance officer of the prior consultation visit. The employer is not required to provide a copy of the consultant's written report to the compliance officer, except to the extent that disclosure of information contained in the report is required by 29 CFR 1910.1020. During a subsequent enforcement action, if Iowa OSHA enforcement independently determines there is reason to believe that the employer failed to correct serious hazards identified during the consultation visit, created the same hazards again, or made false statements to the bureau of consultation and education in connection with the consultation program, Iowa OSHA enforcement may exercise its authority to obtain the consultation report.

d. If the employer chooses to provide a copy of the consultant's report to the compliance officer, the report may be used to determine the extent to which an inspection is required and as a factor in determining proposed penalties. Iowa OSHA enforcement may impose minimal penalties if a consultant previously identified a hazard and the employer is complying with the consultant's recommendations in good faith.

[**ARC 8448C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 88.

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[Editorial change: IAC Supplement 7/9/25]

[1] Rules renumbered and rescinded, see IAB 5/6/87.

CHAPTER 209
OSHA DISCRIMINATION AGAINST EMPLOYEES

[Previously Ch 8 IAC renumbered 12/24/80]
[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 347—Ch 9]
[Prior to 7/9/25, see Labor Services Division[875] Ch 9]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/15/30

481—209.1(88) Complaints and proceedings under or related to the Iowa occupational safety and health Act.

209.1(1) Complaints about occupational safety and health, if made in good faith, are related to the Iowa occupational safety and health Act, Iowa Code chapter 88, hereinafter referred to as the Act, and an employee is protected against discharge or discrimination caused by a complaint to the employer.

209.1(2) If an employee, with no reasonable alternative, refuses in good faith to be exposed to a dangerous condition, the employee is protected against subsequent discrimination if the following conditions are met:

a. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude that there is a real danger of death or serious injury.

b. The employee, where possible, first sought to:

(1) Eliminate the danger through resorting to regular statutory enforcement channels unless there has been insufficient time due to the urgency of the situation, or

(2) Obtain from the employer a correction of the dangerous condition but was unable to do so.

209.1(3) Discharge of, or discrimination against, any employee because the employee "has testified or is about to testify" in proceedings under or related to the Act extends to any statements given in the course of judicial, quasi-judicial, and administrative proceedings, including inspections, investigations, and administrative rulemaking or adjudicative functions. If the employee is giving or is about to give testimony in any proceeding under or related to the Act, the employee would be protected against discrimination resulting from such testimony.

209.1(4) An employee need not directly institute the proceedings. It is sufficient if the employee sets into motion activities of others that result in proceedings under or related to the Act.

209.1(5) An employer's failure to pay employees for time during which the employees are engaged in walkaround inspections or in other inspection-related activities, such as responding to questions of compliance officers or participating in the opening and closing conferences, is discriminatory under Iowa Code section 88.9(3) so long as neither the number of employees participating nor the time required to express employee concerns is excessive.

209.1(6) The employee's engagement in protected activity need not be the sole consideration behind discharge or other adverse action. If protected activity was a substantial reason for the action, or if the discharge or other adverse action would not have taken place "but for" engagement in protected activity, Iowa Code section 88.9(3) has been violated.

209.1(7) The prohibitions of Iowa Code section 88.9(3) are not limited to actions taken by employers against their own employees. A person may be chargeable with discriminatory action against an employee of another person. Iowa Code section 88.9(3) extends to such entities as organizations representing employees for collective bargaining purposes, employment agencies, or any other person in a position to discriminate against an employee.

[**ARC 8449C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—209.2(88) Unprotected activities distinguished.

209.2(1) Actions taken by an employer or others that adversely affect an employee may be predicated upon nondiscriminatory grounds. The proscriptions of Iowa Code section 88.9(3) apply when the adverse action occurs because the employee has engaged in protected activities. An employee's engagement in

activities protected by the Act does not automatically render the employee immune from discharge or discipline for legitimate reasons or from adverse action dictated by nonprohibited considerations.

209.2(2) An employer would not ordinarily be in violation of Iowa Code section 88.9(3) by taking action to discipline an employee for refusing to perform normal job activities because of alleged safety or health hazards.

209.2(3) Disciplinary measures taken by employers solely in response to employee refusal to comply with appropriate safety rules and regulations will not ordinarily be regarded as discriminatory action prohibited by Iowa Code section 88.9(3).

[**ARC 8449C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—209.3(88) Filing of complaint for discrimination.

209.3(1) A complaint of Iowa Code section 88.9(3) discrimination may be filed by the employee or by a representative authorized to do so on the employee's behalf. No particular form of complaint is required. A complaint should be filed with the labor commissioner.

209.3(2) Complaints not filed within 30 days of an alleged violation will ordinarily be presumed to be untimely. However, there may be circumstances that would justify tolling of the 30-day period on recognized equitable principles or because of strongly extenuating circumstances (e.g., where the employer has concealed or misled the employee regarding the grounds for discharge or other adverse action or where the discrimination is in the nature of a continuing violation). The pendency of grievance-arbitration proceedings or filing with another agency, among others, are circumstances that do not justify tolling of the 30-day period.

209.3(3) Withdrawal of complaint. Attempts by an employee to withdraw a previously filed complaint will not necessarily result in termination of the labor commissioner's investigation. However, a voluntary and uncoerced request from a complainant to withdraw the complaint will be given careful consideration and substantial weight.

[**ARC 8449C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—209.4(88) Notice of determination. Iowa Code section 88.9(3) provides that within 90 days of the filing of a complaint, the labor commissioner is to notify a complainant whether prohibited discrimination occurred. This 90-day provision is considered to be directory in nature.

[**ARC 8449C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—209.5(88) Arbitration or other agency proceedings.

209.5(1) The labor commissioner's jurisdiction to entertain complaints related to Iowa Code section 88.9(3) complaints is independent of the jurisdiction of the other agencies or bodies. The labor commissioner may file action in district court regardless of the pendency of other proceedings. However, due deference should be paid to the jurisdiction of other forums established to resolve disputes that may also be related to complaints under Iowa Code section 88.9(3).

209.5(2) Postponement of determination is justified where the rights asserted in other proceedings are substantially the same as rights under Iowa Code section 88.9(3).

209.5(3) A determination to defer to the outcome of other proceedings initiated by a complainant must necessarily be made on a case-to-case basis, after careful scrutiny of all available information.

[**ARC 8449C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code sections 84A.1, 84A.2, 88.2, and 88.9(3).

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CHAPTER 210
GENERAL INDUSTRY SAFETY AND HEALTH RULES

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 347—Ch 10]
[Prior to 7/9/25, see Labor Services Division[875] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 11/6/29

481—210.1(88) Applicability of standards. None of the standards in this chapter shall apply to working conditions of employees with respect to which federal agencies other than the United States Department of Labor exercise statutory authority to prescribe or enforce standards or regulations affecting occupational safety or health.
[**ARC 8411C**, IAB 11/27/24, effective 11/6/24; Editorial change: IAC Supplement 7/9/25]

481—210.2(88) Incorporation by reference. The standards of agencies of the U.S. Government, and organizations that are not agencies of the U.S. Government that are incorporated by reference in this chapter, have the same force and effect as other standards in this chapter. Only mandatory provisions (i.e., provisions containing the word "shall" or other mandatory language) of standards incorporated by reference are adopted under the Act.
[**ARC 8411C**, IAB 11/27/24, effective 11/6/24; Editorial change: IAC Supplement 7/9/25]

481—210.3(88) Definitions and requirements for a nationally recognized testing laboratory. The federal regulations adopted at 29 CFR, Chapter XVII, Part 1910, regulation 1910.7 and Appendix A, as published at 53 Fed. Reg. 12120 (April 12, 1988) and amended at 53 Fed. Reg. 16838 (May 11, 1988), 54 Fed. Reg. 24333 (June 7, 1989) and 65 Fed. Reg. 46818 (July 31, 2000) are adopted by reference.
[**ARC 8411C**, IAB 11/27/24, effective 11/6/24; Editorial change: IAC Supplement 7/9/25]

481—210.4(88) Adoption by reference. The rules beginning at 1910.20 and continuing through 1910, as adopted by the United States Secretary of Labor, shall be the rules for implementing Iowa Code chapter 88. This rule adopts the Federal Occupational Safety and Health Standards of 29 CFR, Chapter XVII, Part 1910, as published at 37 Fed. Reg. 22102 to 22324 (October 18, 1972) and as amended at:
37 Fed. Reg. 23719 (November 8, 1972)
37 Fed. Reg. 24749 (November 21, 1972)
38 Fed. Reg. 3599 (February 8, 1973)
38 Fed. Reg. 9079 (April 10, 1973)
38 Fed. Reg. 10932 (May 3, 1973)
38 Fed. Reg. 14373 (June 1, 1973)
38 Fed. Reg. 16223 (June 21, 1973)
38 Fed. Reg. 19030 (July 17, 1973)
38 Fed. Reg. 27048 (September 28, 1973)
38 Fed. Reg. 28035 (October 11, 1973)
38 Fed. Reg. 33397 (December 4, 1973)
39 Fed. Reg. 1437 (January 9, 1974)
39 Fed. Reg. 3760 (January 29, 1974)
39 Fed. Reg. 6110 (February 19, 1974)
39 Fed. Reg. 9958 (March 15, 1974)
39 Fed. Reg. 19468 (June 3, 1974)
39 Fed. Reg. 35896 (October 4, 1974)
39 Fed. Reg. 41846 (December 3, 1974)
39 Fed. Reg. 41848 (December 3, 1974)
40 Fed. Reg. 3982 (January 27, 1975)
40 Fed. Reg. 13439 (March 26, 1975)
40 Fed. Reg. 18446 (April 28, 1975)

40 Fed. Reg. 23072 (May 28, 1975)
40 Fed. Reg. 23743 (June 2, 1975)
40 Fed. Reg. 24522 (June 9, 1975)
40 Fed. Reg. 27369 (June 27, 1975)
40 Fed. Reg. 31598 (July 28, 1975)
41 Fed. Reg. 11504 (March 19, 1976)
41 Fed. Reg. 13352 (March 30, 1976)
41 Fed. Reg. 35184 (August 20, 1976)
41 Fed. Reg. 46784 (October 22, 1976)
41 Fed. Reg. 55703 (December 21, 1976)
42 Fed. Reg. 2956 (January 14, 1977)
42 Fed. Reg. 3304 (January 18, 1977)
42 Fed. Reg. 45544 (September 9, 1977)
42 Fed. Reg. 46540 (September 16, 1977)
42 Fed. Reg. 37668 (July 22, 1977)
43 Fed. Reg. 11527 (March 17, 1978)
43 Fed. Reg. 19624 (May 5, 1978)
43 Fed. Reg. 27394 (June 23, 1978)
43 Fed. Reg. 27434 (June 23, 1978)
43 Fed. Reg. 28472 (June 30, 1978)
43 Fed. Reg. 28473 (June 30, 1978)
43 Fed. Reg. 31330 (July 21, 1978)
43 Fed. Reg. 35032 (August 8, 1978)
43 Fed. Reg. 45809 (October 3, 1978)
43 Fed. Reg. 49744 (October 24, 1978)
43 Fed. Reg. 51759 (November 7, 1978)
43 Fed. Reg. 53007 (November 14, 1978)
43 Fed. Reg. 56893 (December 5, 1978)
43 Fed. Reg. 57602 (December 8, 1978)
44 Fed. Reg. 5447 (January 26, 1979)
44 Fed. Reg. 50338 (August 28, 1979)
44 Fed. Reg. 60981 (October 23, 1979)
44 Fed. Reg. 68827 (November 30, 1979)
45 Fed. Reg. 6713 (January 29, 1980)
45 Fed. Reg. 8594 (February 8, 1980)
45 Fed. Reg. 12417 (February 26, 1980)
45 Fed. Reg. 35277 (May 23, 1980)
45 Fed. Reg. 41634 (June 20, 1980)
45 Fed. Reg. 54333 (August 15, 1980)
45 Fed. Reg. 60703 (September 12, 1980)
46 Fed. Reg. 4056 (January 16, 1981)
46 Fed. Reg. 6288 (January 21, 1981)
46 Fed. Reg. 24557 (May 1, 1981)
46 Fed. Reg. 32022 (June 19, 1981)
46 Fed. Reg. 40185 (August 7, 1981)
46 Fed. Reg. 2632 (August 21, 1981)
46 Fed. Reg. 42632 (August 21, 1981)
46 Fed. Reg. 45333 (September 11, 1981)
46 Fed. Reg. 60775 (December 11, 1981)
47 Fed. Reg. 39161 (September 7, 1982)
47 Fed. Reg. 51117 (November 12, 1982)
47 Fed. Reg. 53365 (November 26, 1982)

48 Fed. Reg. 2768 (January 21, 1983)
48 Fed. Reg. 9641 (March 8, 1983)
48 Fed. Reg. 9776 (March 8, 1983)
48 Fed. Reg. 29687 (June 28, 1983)
49 Fed. Reg. 881 (January 6, 1984)
49 Fed. Reg. 4350 (February 3, 1984)
49 Fed. Reg. 5321 (February 10, 1984)
49 Fed. Reg. 25796 (June 22, 1984)
50 Fed. Reg. 1050 (January 9, 1985)
50 Fed. Reg. 4648 (February 1, 1985)
50 Fed. Reg. 9800 (March 12, 1985)
50 Fed. Reg. 36992 (September 11, 1985)
50 Fed. Reg. 37353 (September 13, 1985)
50 Fed. Reg. 41494 (October 11, 1985)
50 Fed. Reg. 51173 (December 13, 1985)
51 Fed. Reg. 22733 (June 20, 1986)
51 Fed. Reg. 24325 (July 3, 1986)
51 Fed. Reg. 25053 (July 10, 1986)
51 Fed. Reg. 33033 (September 18, 1986)
51 Fed. Reg. 33260 (September 19, 1986)
51 Fed. Reg. 34560 (September 29, 1986)
51 Fed. Reg. 45663 (December 19, 1986)
52 Fed. Reg. 16241 (May 4, 1987)
52 Fed. Reg. 17753 (May 12, 1987)
52 Fed. Reg. 34562 (September 11, 1987)
52 Fed. Reg. 36026 (September 25, 1987)
52 Fed. Reg. 36387 (September 28, 1987)
52 Fed. Reg. 46291 (December 4, 1987)
52 Fed. Reg. 49624 (December 31, 1987)
53 Fed. Reg. 6629 (March 2, 1988)
53 Fed. Reg. 8352 (March 14, 1988)
53 Fed. Reg. 11436 (April 6, 1988)
53 Fed. Reg. 12120 (April 12, 1988)
53 Fed. Reg. 16838 (May 11, 1988)
53 Fed. Reg. 17695 (May 18, 1988)
53 Fed. Reg. 27346 (July 20, 1988)
53 Fed. Reg. 27960 (July 26, 1988)
53 Fed. Reg. 34736 (September 8, 1988)
53 Fed. Reg. 35625 (September 14, 1988)
53 Fed. Reg. 37080 (September 23, 1988)
53 Fed. Reg. 38162 (September 29, 1988)
53 Fed. Reg. 39581 (October 7, 1988)
53 Fed. Reg. 45080 (November 8, 1988)
53 Fed. Reg. 47188 (November 22, 1988)
53 Fed. Reg. 49981 (December 13, 1988)
54 Fed. Reg. 2920 (January 19, 1989)
54 Fed. Reg. 6888 (February 15, 1989)
54 Fed. Reg. 9317 (March 6, 1989)
54 Fed. Reg. 12792 (March 28, 1989)
54 Fed. Reg. 28054 (July 5, 1989)
54 Fed. Reg. 29274 (July 11, 1989)
54 Fed. Reg. 29545 (July 13, 1989)

54 Fed. Reg. 30704 (July 21, 1989)
54 Fed. Reg. 31456 (July 28, 1989)
54 Fed. Reg. 31765 (August 1, 1989)
54 Fed. Reg. 36687 (September 1, 1989)
54 Fed. Reg. 36767 (September 5, 1989)
54 Fed. Reg. 37531 (September 11, 1989)
54 Fed. Reg. 41364 (October 6, 1989)
54 Fed. Reg. 46610 (November 6, 1989)
54 Fed. Reg. 47513 (November 15, 1989)
54 Fed. Reg. 49971 (December 4, 1989)
54 Fed. Reg. 50372 (December 6, 1989)
54 Fed. Reg. 52024 (December 20, 1989)
55 Fed. Reg. 3146 (January 30, 1990)
55 Fed. Reg. 3300 (January 31, 1990)
55 Fed. Reg. 3723 (February 5, 1990)
55 Fed. Reg. 4998 (February 13, 1990)
55 Fed. Reg. 7967 (March 6, 1990)
55 Fed. Reg. 12110 (March 30, 1990)
55 Fed. Reg. 12819 (April 6, 1990)
55 Fed. Reg. 13696 (April 11, 1990)
55 Fed. Reg. 14073 (April 13, 1990)
55 Fed. Reg. 19259 (May 9, 1990)
55 Fed. Reg. 25094 (June 10, 1990)
55 Fed. Reg. 26431 (June 28, 1990)
55 Fed. Reg. 32014 (August 6, 1990)
55 Fed. Reg. 38677 (September 20, 1990)
55 Fed. Reg. 46053 (November 1, 1990)
55 Fed. Reg. 46949 (November 8, 1990)
55 Fed. Reg. 50686 (December 10, 1990)
56 Fed. Reg. 15832 (April 18, 1991)
56 Fed. Reg. 24686 (May 31, 1991)
56 Fed. Reg. 43700 (September 4, 1991)
56 Fed. Reg. 64175 (December 6, 1991)
57 Fed. Reg. 6403 (February 24, 1992)
57 Fed. Reg. 7847 (March 4, 1992)
57 Fed. Reg. 7878 (March 5, 1992)
57 Fed. Reg. 22307 (May 27, 1992)
57 Fed. Reg. 24330 (June 8, 1992)
57 Fed. Reg. 24701 (June 10, 1992)
57 Fed. Reg. 27160 (June 18, 1992)
57 Fed. Reg. 29204 (July 1, 1992)
57 Fed. Reg. 29206 (July 1, 1992)
57 Fed. Reg. 35666 (August 10, 1992)
57 Fed. Reg. 42388 (September 14, 1992)
58 Fed. Reg. 4549 (January 14, 1993)
58 Fed. Reg.15089 (March 19, 1993)
58 Fed. Reg. 16496 (March 29, 1993)
58 Fed. Reg. 21778 (April 23, 1993)
58 Fed. Reg. 34845 (June 29, 1993)
58 Fed. Reg. 35308 (June 30, 1993)
58 Fed. Reg. 35340 (June 30, 1993)
58 Fed. Reg. 40191 (July 27, 1993)

59 Fed. Reg. 4435 (January 31, 1994)
59 Fed. Reg. 6169 (February 9, 1994)
59 Fed. Reg. 16360 (April 6, 1994)
59 Fed. Reg. 26115 (May 19, 1994)
59 Fed. Reg. 33661 (June 30, 1994)
59 Fed. Reg. 33910 (July 1, 1994)
59 Fed. Reg. 36699 (July 19, 1994)
59 Fed. Reg. 40729 (August 9, 1994)
59 Fed. Reg. 41057 (August 10, 1994)
59 Fed. Reg. 43270 (August 22, 1994)
59 Fed. Reg. 51741 (October 12, 1994)
59 Fed. Reg. 65948 (December 22, 1994)
60 Fed. Reg. 9624 (February 21, 1995)
60 Fed. Reg. 11194 (March 1, 1995)
60 Fed. Reg. 33344 (June 28, 1995)
60 Fed. Reg. 33984 (June 29, 1995)
60 Fed. Reg. 47035 (September 8, 1995)
60 Fed. Reg. 52859 (October 11, 1995)
61 Fed. Reg. 5508 (February 13, 1996)
61 Fed. Reg. 9230 (March 7, 1996)
61 Fed. Reg. 9583 (March 8, 1996)
61 Fed. Reg. 19548 (May 2, 1996)
61 Fed. Reg. 21228 (May 9, 1996)
61 Fed. Reg. 31430 (June 20, 1996)
61 Fed. Reg. 43456 (August 23, 1996)
61 Fed. Reg. 56831 (November 4, 1996)
62 Fed. Reg. 1600 (January 10, 1997)
62 Fed. Reg. 29668 (June 2, 1997)
62 Fed. Reg. 40195 (July 25, 1997)
62 Fed. Reg. 42018 (August 4, 1997)
62 Fed. Reg. 42666 (August 8, 1997)
62 Fed. Reg. 43581 (August 14, 1997)
62 Fed. Reg. 48175 (September 15, 1997)
62 Fed. Reg. 54383 (October 20, 1997)
62 Fed. Reg. 65203 (December 11, 1997)
62 Fed. Reg. 66276 (December 18, 1997)
63 Fed. Reg. 1269 (January 8, 1998)
63 Fed. Reg. 13339 (March 19, 1998)
63 Fed. Reg. 17093 (April 8, 1998)
63 Fed. Reg. 20098 (April 23, 1998)
63 Fed. Reg. 33467 (June 18, 1998)
63 Fed. Reg. 50729 (September 22, 1998)
63 Fed. Reg. 66038 (December 1, 1998)
63 Fed. Reg. 66270 (December 1, 1998)
64 Fed. Reg. 13700 (March 22, 1999)
64 Fed. Reg. 13908 (March 23, 1999)
64 Fed. Reg. 22552 (April 27, 1999)
65 Fed. Reg. 76567 (December 7, 2000)
66 Fed. Reg. 5324 (January 18, 2001)
66 Fed. Reg. 18191 (April 6, 2001)
67 Fed. Reg. 67961 (November 7, 2002)
68 Fed. Reg. 75780 (December 31, 2003)

69 Fed. Reg. 7363 (February 17, 2004)
69 Fed. Reg. 31881 (June 8, 2004)
69 Fed. Reg. 46993 (August 4, 2004)
70 Fed. Reg. 53929 (September 13, 2005)
70 Fed. Reg. 1140 (January 5, 2005)
71 Fed. Reg. 10373 (February 28, 2006)
71 Fed. Reg. 36008 (June 23, 2006)
71 Fed. Reg. 63242 (October 30, 2006)
72 Fed. Reg. 7190 (February 14, 2007)
72 Fed. Reg. 64428 (November 15, 2007)
72 Fed. Reg. 71068 (December 14, 2007)
73 Fed. Reg. 75583 (December 12, 2008)
68 Fed. Reg. 32638 (June 2, 2003)
74 Fed. Reg. 46355 (September 9, 2009)
74 Fed. Reg. 40447 (August 11, 2009)
75 Fed. Reg. 12685 (March 17, 2010)
76 Fed. Reg. 33606 (June 8, 2011)
76 Fed. Reg. 75786 (December 5, 2011)
77 Fed. Reg. 17764 (March 26, 2012)
76 Fed. Reg. 80738 (December 27, 2011)
77 Fed. Reg. 37598 (June 22, 2012)
77 Fed. Reg. 46949 (August 7, 2012)
78 Fed. Reg. 9313 (February 8, 2013)
78 Fed. Reg. 69549 (November 20, 2013)
79 Fed. Reg. 20629 (April 11, 2014)
79 Fed. Reg. 56960 (September 24, 2014)
80 Fed. Reg. 60036 (October 5, 2015)
81 Fed. Reg. 16090 (March 25, 2016)
81 Fed. Reg. 16861 (March 25, 2016)
81 Fed. Reg. 82981 (November 18, 2016)
82 Fed. Reg. 2735 (January 9, 2017)
83 Fed. Reg. 19948 (May 7, 2018)
84 Fed. Reg. 21457 (May 14, 2019)
84 Fed. Reg. 50755 (September 26, 2019)
84 Fed. Reg. 68795 (December 17, 2019)
85 Fed. Reg. 8731 (February 18, 2020)
86 Fed. Reg. 32620 (June 21, 2021)
86 Fed. Reg. 32620 (June 22, 2021)
83 Fed. Reg. 31045 (July 3, 2018)
85 Fed. Reg. 42625 (July 14, 2020)
89 Fed. Reg. 44144 (May 20, 2024)
89 Fed. Reg. 81829 (October 9, 2024)

[**ARC 8411C**, IAB 11/27/24, effective 11/6/24; **ARC 9069C**, IAB 4/2/25, effective 3/12/25; Editorial change: IAC Supplement 7/9/25]

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CHAPTER 211
CONSTRUCTION SAFETY AND HEALTH RULES

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/7/98, see 347—Ch 26]
[Prior to 7/9/25, see Labor Services Division[875] Ch 26]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/15/30

481—211.1(88) Adoption by reference. Federal Safety and Health Regulations for Construction beginning at 29 CFR 1926.16 and continuing through 29 CFR, Chapter XVII, Part 1926, are hereby adopted by reference for implementation of Iowa Code chapter 88. These federal rules shall apply and be interpreted to apply to the Iowa Occupational Safety and Health Act, Iowa Code chapter 88, not the Contract Work Hours and Safety Standards Act, and shall apply and be interpreted to apply to enforcement by the Iowa labor commissioner, not the United States Secretary of Labor or the Federal Occupational Safety and Health Administration. The amendments to 29 CFR 1926 are adopted as published at:
38 Fed. Reg. 16856 (June 27, 1973)
38 Fed. Reg. 27594 (October 5, 1973)
38 Fed. Reg. 33397 (December 4, 1973)
39 Fed. Reg. 19470 (June 3, 1974)
39 Fed. Reg. 24361 (July 2, 1974)
40 Fed. Reg. 23072 (May 28, 1975)
41 Fed. Reg. 55703 (December 21, 1976)
42 Fed. Reg. 2956 (January 14, 1977)
42 Fed. Reg. 37668 (July 22, 1977)
43 Fed. Reg. 56894 (December 5, 1978)
45 Fed. Reg. 75626 (November 14, 1980)
51 Fed. Reg. 22733 (June 20, 1986)
51 Fed. Reg. 25318 (July 11, 1986)
52 Fed. Reg. 17753 (May 12, 1987)
52 Fed. Reg. 36381 (September 28, 1987)
52 Fed. Reg. 46291 (December 4, 1987)
53 Fed. Reg. 22643 (June 16, 1988)
53 Fed. Reg. 27346 (July 20, 1988)
53 Fed. Reg. 29139 (August 2, 1988)
53 Fed. Reg. 35627 (September 14, 1988)
53 Fed. Reg. 35953 (September 15, 1988)
53 Fed. Reg. 36009 (September 16, 1988)
53 Fed. Reg. 37080 (September 23, 1988)
54 Fed. Reg. 15405 (April 18, 1989)
54 Fed. Reg. 23850 (June 2, 1989)
54 Fed. Reg. 30705 (July 21, 1989)
54 Fed. Reg. 41088 (October 5, 1989)
54 Fed. Reg. 45894 (October 31, 1989)
54 Fed. Reg. 49279 (November 30, 1989)
54 Fed. Reg. 52024 (December 20, 1989)
54 Fed. Reg. 53055 (December 27, 1989)
55 Fed. Reg. 3732 (February 5, 1990)
55 Fed. Reg. 42328 (October 18, 1990)
55 Fed. Reg. 47687 (November 14, 1990)
55 Fed. Reg. 50687 (December 10, 1990)
56 Fed. Reg. 2585 (January 23, 1991)
56 Fed. Reg. 5061 (February 7, 1991)

56 Fed. Reg. 41794 (August 23, 1991)
56 Fed. Reg. 43700 (September 4, 1991)
57 Fed. Reg. 7878 (March 5, 1992)
57 Fed. Reg. 24330 (June 8, 1992)
57 Fed. Reg. 29119 (June 30, 1992)
57 Fed. Reg. 35681 (August 10, 1992)
57 Fed. Reg. 42452 (September 14, 1992)
58 Fed. Reg. 21778 (April 23, 1993)
58 Fed. Reg. 26627 (May 4, 1993)
58 Fed. Reg. 35077 (June 30, 1993)
58 Fed. Reg. 35310 (June 30, 1993)
58 Fed. Reg. 40468 (July 28, 1993)
59 Fed. Reg. 215 (January 3, 1994)
59 Fed. Reg. 6170 (February 9, 1994)
59 Fed. Reg. 36699 (July 19, 1994)
59 Fed. Reg. 40729 (August 9, 1994)
59 Fed. Reg. 41131 (August 10, 1994)
59 Fed. Reg. 43275 (August 22, 1994)
59 Fed. Reg. 65948 (December 22, 1994)
60 Fed. Reg. 9625 (February 21, 1995)
60 Fed. Reg. 11194 (March 1, 1995)
60 Fed. Reg. 33345 (June 28, 1995)
60 Fed. Reg. 34001 (June 29, 1995)
60 Fed. Reg. 36044 (July 13, 1995)
60 Fed. Reg. 39255 (August 2, 1995)
60 Fed. Reg. 50412 (September 29, 1995)
61 Fed. Reg. 5509 (February 13, 1996)
61 Fed. Reg. 9248 (March 7, 1996)
61 Fed. Reg. 31431 (June 20, 1996)
61 Fed. Reg. 41738 (August 12, 1996)
61 Fed. Reg. 43458 (August 23, 1996)
61 Fed. Reg. 46104 (August 30, 1996)
61 Fed. Reg. 56856 (November 4, 1996)
61 Fed. Reg. 59831 (November 25, 1996)
62 Fed. Reg. 1619 (January 10, 1997)
63 Fed. Reg. 1295 (January 8, 1998)
63 Fed. Reg. 1919 (January 13, 1998)
63 Fed. Reg. 3814 (January 27, 1998)
63 Fed. Reg. 13340 (March 19, 1998)
63 Fed. Reg. 17094 (April 8, 1998)
63 Fed. Reg. 20099 (April 23, 1998)
63 Fed. Reg. 33468 (June 18, 1998)
63 Fed. Reg. 35138 (June 29, 1998)
63 Fed. Reg. 66274 (December 1, 1998)
64 Fed. Reg. 22552 (April 27, 1999)
66 Fed. Reg. 5265 (January 18, 2001)
66 Fed. Reg. 37137 (July 17, 2001)
67 Fed. Reg. 57736 (September 12, 2002)
69 Fed. Reg. 31881 (June 8, 2004)
70 Fed. Reg. 1143 (January 5, 2005)
71 Fed. Reg. 2885 (January 18, 2006)
70 Fed. Reg. 76985 (December 29, 2005)

71 Fed. Reg. 10381 (February 28, 2006)
71 Fed. Reg. 36008 (June 23, 2006)
71 Fed. Reg. 76985 (August 24, 2006)
72 Fed. Reg. 64428 (November 15, 2007)
73 Fed. Reg. 75583 (December 12, 2008)
75 Fed. Reg. 12685 (March 17, 2010)
75 Fed. Reg. 27429 (May 17, 2010)
75 Fed. Reg. 48130 (August 9, 2010)
76 Fed. Reg. 33606 (June 8, 2011)
77 Fed. Reg. 17764 (March 26, 2012)
76 Fed. Reg. 80738 (December 27, 2011)
77 Fed. Reg. 23118 (April 18, 2012)
77 Fed. Reg. 37598 (June 22, 2012)
77 Fed. Reg. 42988 (July 23, 2012)
77 Fed. Reg. 46949 (August 7, 2012)
78 Fed. Reg. 23841 (April 23, 2013)
78 Fed. Reg. 32116 (May 29, 2013)
79 Fed. Reg. 20629 (April 11, 2014)
79 Fed. Reg. 56960 (September 24, 2014)
79 Fed. Reg. 57798 (September 26, 2014)
80 Fed. Reg. 25518 (May 4, 2015)
80 Fed. Reg. 60039 (October 5, 2015)
81 Fed. Reg. 16092 (March 25, 2016)
81 Fed. Reg. 16875 (March 25, 2016)
83 Fed. Reg. 56244 (November 9, 2018)
84 Fed. Reg. 21574 (May 14, 2019)
85 Fed. Reg. 8735 (February 18, 2020)
85 Fed. Reg. 53997 (August 31, 2020)
85 Fed. Reg. 57122 (September 15, 2020)
89 Fed. Reg. 100321 (December 12, 2024)

This rule is intended to implement Iowa Code sections 84A.1, 84A.2, 88.2 and 88.5.

[**ARC 8433C**, IAB 12/11/24, effective 1/15/25; **ARC 9192C**, IAB 4/30/25, effective 4/15/25; Editorial change: IAC Supplement 7/9/25]

481—211.2(88) Beryllium exposure limits. The eight-hour time-weighted average permissible exposure limit for beryllium is 0.2 micrograms per cubic liter, and the short-term exposure limit for beryllium is 2.0 micrograms per cubic meter over a 15-minute sampling period.

This rule is intended to implement Iowa Code section 88.5.

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CHAPTER 212
OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR AGRICULTURE

[Prior to 9/24/86, Labor, Bureau of[530]]
[Prior to 10/7/98, see 347—Ch 28]
[Prior to 7/9/25, see Labor Services Division[875] Ch 28]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/15/30

481—212.1(88) Adoption by reference. Rules 1928.1, 1928.21, 1928.51 through 1928.53 and 1928.57, as adopted by the United States Secretary of Labor, shall be rules for implementing Iowa Code chapter 88. This rule adopts the federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928 as published at 40 Fed. Reg. 18253-18268 (April 25, 1975) and as amended at:

41 Fed. Reg. 10190 (March 9, 1976)
41 Fed. Reg. 11022 (March 16, 1976)
41 Fed. Reg. 22268 (June 2, 1976)
41 Fed. Reg. 46598 (October 22, 1976)
42 Fed. Reg. 37668 (July 22, 1977)
42 Fed. Reg. 38569 (July 29, 1977)
43 Fed. Reg. 27463 (June 23, 1978)
43 Fed. Reg. 28474 (June 30, 1978)
43 Fed. Reg. 35036 (August 8, 1978)
46 Fed. Reg. 32022 (June 19, 1981)
52 Fed. Reg. 16095 (May 1, 1987)
58 Fed. Reg. 21778 (April 23, 1993)
59 Fed. Reg. 6170 (February 9, 1994)
59 Fed. Reg. 36699 (July 19, 1994)
59 Fed. Reg. 51748 (October 12, 1994)
61 Fed. Reg. 5510 (February 13, 1996)
61 Fed. Reg. 9255 (March 7, 1996)
70 Fed. Reg. 77003 (December 29, 2005)
76 Fed. Reg. 33606 (June 8, 2011)

These federal rules shall apply and be interpreted to apply to the Iowa occupational safety and health Act, Iowa Code chapter 88, and enforcement by the labor commissioner.

This rule is intended to implement Iowa Code sections 84A.1, 84A.2, 88.2 and 88.5.

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CHAPTER 213
SANITATION AND SHELTER RULES FOR RAILROAD EMPLOYEES

[Prior to 9/24/86, Labor, Bureau of[530]]
[Prior to 6/22/94, see 347—Chapter 52]
[Prior to 10/21/98, see 347—Ch 29]
[Prior to 7/9/25, see Labor Services Division[875] Ch 29]

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481—213.1(88) Definitions. As used herein or in connection with these rules, the following terms mean:

213.1(1) *Bunk or section house.* Any building or portion thereof, excepting a family dwelling, in which persons employed by railroad companies are furnished sleeping or living accommodations.

213.1(2) *Caboose.* Any car or coach used on a train to carry the train crew.

213.1(3) *Camp car.* Any group of sleeping, dining, kitchen or recreation cars, on or off rail, furnished for the use of any one gang or group of employees.

213.1(4) *Company.* A common carrier railroad company as an employer.

213.1(5) *Employee.* Any person employed by a company to which these rules apply.

213.1(6) *Dressing room.* A room used by employees either as a dressing room, or as a restroom, or for both purposes.

213.1(7) *Number of employees.* Unless otherwise specified, the maximum number of employees going on or coming off shift within any single hour.

213.1(8) *Railroads.* Common carrier railroads.

213.1(9) *Sanitary.* Free from or effective in preventing or checking agencies injurious to health, especially filth and infection.

213.1(10) *Station.* A location where freight or passenger traffic is ordinarily received and delivered and at which an employee is regularly assigned for duty.

213.1(11) *Terminal.* A location where engine and train crews in yard and train service and switchmen, switch tenders and car clerks are regularly required to report for or relieved from duty.

213.1(12) *Toilets.* Fixtures such as flush toilets, chemical closets, incinerator-type toilets, or privies for the purpose of defecation unless otherwise specified.

213.1(13) *Usual place of employment.* The place where an employee works with a reasonable measure of continuity throughout the major part of company service.

213.1(14) *Yards.* Yards, section headquarters, and locomotive and car shops.

213.1(15) *Office work area.* A yard office; station; depot; terminal; or freight, baggage and express office that is a permanent or semipermanent stationary facility located on railroad property and a usual place of employment for the performance of clerical or work concerned with or identified with the office functions of the company.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—213.2(88) Water supply—requirements.

213.2(1) *General specifications.* Water supplied for domestic and drinking purposes under these regulations will meet the standards of the department of health and human services. Cross-connections between a potable and nonpotable water supply are prohibited.

213.2(2) *Drinking water.*

a. An adequate supply of cool, clean, sanitary water that is satisfactory for drinking purposes will be made available to all employees.

b. When necessary, this water will be provided in suitable, clean, sterilized and sanitary containers conveniently placed for the use of employees, but not in toilet rooms. Each container will be equipped with an approved type of fountain, approved faucet or other approved dispenser.

c. Either single-service containers or drinking fountains with a sanitary angle head will be used.

213.2(3) *Required locations.*

a. Drinking water that meets the specifications of subrules 213.2(1) and 213.2(2) will be provided on the following equipment when in use and at the following locations:

(1) All locomotives.
(2) Baggage and express cars (where employees are assigned for work en route).
(3) Cabooses.
(4) Camp cars.
(5) All terminals.
(6) All yard offices.
(7) All stations.
(8) All freight, baggage, and express offices (located on railroad property).
(9) All shops and engine houses.
(10) All bunk or section houses and section headquarters.
(11) All lunchrooms located on railroad property.
(12) All permanent watchmen shelters at public highway crossings.
(13) All maintenance-of-way camps.
(14) All office work areas.

b. Reserved.

213.2(4) *Washing facilities.*

a. General specifications—wash basins—lavatories.

(1) Wash basins or lavatories will be made of vitrified glazed earthenware, vitreous enameled metal, or other smooth-finished material, impervious to moisture.

(2) Twenty-four inches of trough or circular wash basin will be considered the equivalent of one wash basin. The trough or circular wash basins will not be equipped with a plug or stopper.

(3) Spring-closing, hand-operated faucets are prohibited in trough wash sinks or circular basins.

b. Wash basins—availability.

(1) An adequate number of wash basins or lavatories for maintaining personal cleanliness will be provided within reasonable access for all employees normally assigned to work at the following locations: all terminals; all yard offices; all stations; all freight, baggage and express offices (located on railroad property); all shops and engine houses; all lunchrooms located on railroad property; and at all bunk or section houses.

(2) One lavatory for every 10 employees or portion thereof, up to 100 persons; and over 100 persons, one lavatory for each additional 15 persons or portion thereof will be provided.

(3) At least one wash basin will be located in or adjacent to each toilet room.

c. Wash basins—supplies.

(1) Hot and cold running water will be supplied.
(2) Mechanical drying facilities or individual towels, either paper or cloth, will be provided.
(3) Waste receptacles will be provided for used paper towels.
(4) Soap or other suitable cleansing agent will be supplied at each wash basin.

213.2(5) *Showers, locker rooms, dressing rooms and lockers.*

a. Showers.

(1) Showers will be required when such facilities are necessary at specified locations to protect employees whose work involves exposure to poisonous, infectious or irritating material or to excessive dirt, heat fumes or vapors or other materials or substances injurious to health. Such shower facilities will be provided in conjunction with adequate and necessary locker or dressing room facilities.

(2) Showers will be connected to an ample supply and pressure of hot and cold water, preferably mixed.

(3) Each shower room or compartment will be constructed of material impervious to moisture.

(4) Each shower compartment will be not less than 36 inches in width and 36 inches in depth.

b. Lockers or dressing rooms.

(1) In all places of employment where, because of the nature of the work, it is necessary to change clothing, a locker room will be provided separated from toilet rooms by solid partitions and doors. Such locker rooms will have not less than 80 square feet of floor space per ten employees, or portion thereof, and for each additional employee, not less than 4 additional square feet will be added thereto. Necessary furniture, such as benches and tables, will be provided.

(2) Such locker or dressing rooms will be properly lighted, heated to a minimum of 65°F and adequately ventilated. Where practicable, cross-ventilation will be provided.

c. Lockers. In all places of employment where the nature of the employment requires a change of clothing, individual metal lockers will be provided. The dimensions of metal lockers will be not less than 12 inches wide, 18 inches deep and 72 inches high, exclusive of legs or other base. The lockers will be equipped with a shelf and with not less than one clothes hook for each side or equivalent hanger bar, and sufficient openings in the door for purposes of ventilation. Wooden lockers are prohibited.

d. Separate facilities for women.

(1) In instances where women or girls are employed in such activities, the showers, lockers and dressing rooms used by them will be separate and apart from those used by the men and boys.

(2) Such facilities will have separate entrances and exits and will be so marked.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—213.3(88) Toilets—requirements.

213.3(1) *General.*

a. Where running water and sewer or septic tank connections are reasonably available, flush-type toilets and urinals will be maintained.

b. Chemical toilets or privies may be used where it is impractical to install inside toilet or urinal facilities.

c. No privy, urinal, cesspool, septic tank or other receptacle for human excrement will be constructed, maintained or used, except those maintained on moving equipment, which directly or indirectly drains or discharges over, into or upon the surface of the grounds, or into the waters of the state, either directly or indirectly, unless the contents of such urinal, cesspool, septic tank or receptacle for human excrement are subjected to some recognized sterilization treatment approved by the department of health and human services.

213.3(2) *Water closets.*

a. Every flush toilet will have a rim flush bowl or be so constructed as to prevent the accumulation of fecal matter on the bowl. The bowl will be constructed of smooth-finished material impervious to moisture.

b. Every such bowl will be so installed that the surroundings and floor space can be easily cleaned.

c. No pan, plunger or wash-out water closets are permitted, except that pan or double-pan types are permitted for running facilities.

d. Every flush toilet will have a separate hinged seat made of a material, other than metal, that does not absorb moisture or that will be finished with substances resistant to moisture.

213.3(3) *Urinals.*

a. Every urinal will be made of smooth-finished material impervious to moisture.

b. Every urinal will be located within a toilet room.

c. Twenty-four inches of trough urinal will be equivalent to an individual urinal.

d. Wherever a slab urinal is installed, the floor, for a distance of not less than 24 inches in front of the urinal, will be sloped toward the urinal drain with adequate splash guards.

e. Every urinal will be flushed from a water-supplied tank or through valve, and flush valves will be installed with an approved backflow preventer. Every such tank will furnish an adequate quantity of water for each discharge for every fixture. In place of such discharge from a tank or flush valve, water may be allowed to run continuously over slab or trough urinals.

f. Clear floor space allowed for each urinal or its equivalent will be not less than two feet in width; adequate passage will be allowed.

213.3(4) *Chemical toilets.* All chemical toilets installed will be of a type approved by the division of labor services. Containers will be charged with chemical solution of proper strength, and their contents will be agitated daily with proper devices provided for that purpose. When containers are more than two-thirds full, the contents will be disposed of in an approved manner, such as by burial or into a public sewer system. The stacks connecting the seats with the containers will be cleaned as often as is necessary to keep them in a clean and sanitary condition.

213.3(5) *Incinerator toilets.*

a. All incinerator toilets used on railroad equipment must be of a type approved by the division of labor services.

b. The installation and method of venting must be approved by the division of labor services.

c. Clear and concise instructions must be provided by the railroad company to ensure that the units are operated correctly.

213.3(6) *Privies.*

a. All privies will be located so as to avoid contaminating any water of the state.

b. A suitable approach, such as concrete, gravel or cinder walk, will be provided.

c. Privies will be constructed and maintained insect- and rodent-proof.

d. Every privy will be provided with a door, and such door will be self-closing.

e. The lids over the seats will be so constructed as to fall into a closed position when the seat is not occupied.

f. The pit or vault will be ventilated to the outside air by means of a stack protected at its outlet and by screens.

g. Individual seats will be provided in accordance with the ratio hereinafter set forth.

213.3(7) *Toilet rooms—specifications for.*

a. Separation.

(1) No toilet room will have direct communication with any room in which unwrapped food products are prepared, stored, handled or sold unless separated from said room by a self-closing door maintained in operating condition.

(2) Separate toilet facilities will be provided for each sex.

(3) There will be no direct connection between toilet rooms for men and women. Each will have a separate entrance, and each door leading thereto will have an automatic closing device maintained in operating condition.

b. Compartments. Each water closet in toilet rooms containing more than one water closet, or water closets, together with one or more urinals, will be in an individual compartment.

c. Ventilation. Every toilet room will be adequately ventilated.

d. Lighting. All toilet facilities will be well-lit during working hours.

e. Heating. Except privies, every toilet room will be kept adequately heated.

f. Screens. All windows, ventilators and other openings will be screened to prevent the entrance of insects. Toilet rooms will be kept free of insects and vermin.

213.3(8) *Toilets—number required—general.*

a. Adequate toilet facilities will be provided for all employees. Such facilities will be conveniently located and accessible and will be maintained in a usable and sanitary condition.

b. The following table will be used as a guide in determining the adequacy of toilet facilities.

Number of Employees	Minimum Number of Facilities
1 to 10 persons	1 toilet
11 to 24 persons	2 toilets
25 to 49 persons	3 toilets
50 to 74 persons	4 toilets
75 to 100 persons	5 toilets
Over 100	1 toilet for each additional 30 persons

c. Whenever urinals are provided, one urinal may be substituted for one toilet, provided the number of toilets will not be reduced to less than two-thirds of the number shown in the foregoing table.

213.3(9) *Toilets—supplies.*

a. Toilet paper. An adequate supply of toilet paper with holder will be supplied by the employer for each toilet.

b. Sanitary napkins. In all toilet rooms used by women, the company will permit the installation of dispensing machines for sanitary napkins.

213.3(10) *Toilets—location of and type.*

a. Appropriate toilets will be provided on the following facilities:

(1) All locomotives, except when used in yard service or as unmanned auxiliary units.

(2) Baggage and express cars where employees are required to work en route.
(3) Cabooses.
(4) All terminals.
(5) All yard offices.
(6) All stations or depots.
(7) All freight, baggage and express offices (located on railroad property).
(8) All engine houses and shops.
(9) All bunk or section houses and section headquarters.
(10) Lunchrooms located on railroad property.
(11) All maintenance-of-way camps.
(12) Crossing watchman locations, where practicable, and where such facilities are not otherwise readily and conveniently located.
(13) All office work areas.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—213.4(88) Eating places and lunchrooms—requirements.

213.4(1) *Eating places.*

a. Whenever practicable and at all permanent and semipermanent installations, an acceptable place, maintained in clean and sanitary condition, with adequate space for eating meals will be provided for employees who bring their meals to their place of employment or eat their meals prepared at the camp facilities.

b. Eating places will be so constructed as to permit their being readily cleaned, and they will be kept clean, in good repair and free of rodents, insects and vermin.

c. Kitchen cars or other camp facilities will have adequate equipment for the sanitary preparation, cooking and refrigeration of food.

213.4(2) *Lunchrooms.*

a. Concessionaire facilities provided by the company in lieu of direct company operation will comply with these rules with respect to adequate space, adequate food handling facilities and cleanliness.

b. Adequate table and seating facilities will be provided for the maximum number of employees using the room at any one time.

213.4(3) *Lunchrooms and eating places—additional requirements.*

a. General. The minimum area of lunchrooms, or the amount of space to be added to that required for a locker room where a lunchroom is not provided, will be based upon the maximum number of employees using the room or added space at any one time, generally in accordance with the following table:

Number of Employees	Square Feet Per Employee
25 and less	13
26 to 74	12
75 to 149	11
150 and over	10

b. Ventilation. Every eating place and lunchroom will be adequately ventilated. Where practicable, cross-ventilation will be provided.

c. Lighting. All lunchrooms will be clearly lighted at all times during hours of use.

d. Heating. Every lunchroom will be kept reasonably heated at all times.

e. Screens. The windows, ventilators and doors opening to the outside of all lunchrooms will be properly screened during the season when insects are prevalent.

f. Waste disposal. One or more covered receptacles, as may be necessary, will be furnished in lunchroom and eating places for the disposal of waste food and other waste matter. Such containers will be emptied regularly and cleaned as often as is necessary. The area where the receptacles are kept will be maintained free of litter occurring from the possible overflow of such receptacles.

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481—213.5(88) Sleeping accommodations—requirements.

213.5(1) *Running facilities.* Camp cars, other than passenger coaches, furnished for sleeping purposes, will provide at least 50 square feet of floor space for each person with a ceiling height of not less than 7 feet. Where double bunks are used, at least 30 square feet of floor space will be provided for each person so accommodated. Where passenger coaches are furnished, the division of labor services may designate the number of persons to be housed in each coach.

a. Walls, floors and ceilings will be so constructed as to permit them to be readily cleaned.

b. Exterior windows and doors will be weather stripped during the cold weather.

c. Screens will be provided during the season when insects are prevalent for outer doors and windows.

d. Heating facilities and adequate fuel will be provided with which employees may maintain a comfortable temperature as weather conditions may require.

e. Lighting by windows or acceptable artificial illumination will be provided.

f. Ventilation will be provided by windows opening directly to the outside air.

g. Beds, bunks or cots with proper mattresses will be provided. Such beds, bunks or cots will be raised at least 12 inches above the floor and be located 2 feet or more from the side of any other bed, bunk or cot located in the same room and have at least 27 inches of clear space above it.

213.5(2) *Stationary facilities.*

a. Dormitories or bunk rooms will be of such area as to provide at least 50 square feet of floor area for each person. Where double bunks are used, at least 30 square feet of floor space will be provided for each person so accommodated. The headroom of dormitories or bunk rooms will be at least 7 feet.

b. Specifications for walls, floors and ceilings, lockers, drinking water, toilet accommodations, washing facilities, ventilation, lighting, heat, weather stripping, screening, beds, bunks or cots as described in running facilities of this rule will apply to stationary facilities.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—213.6(88) Cleanliness and maintenance—requirements.

213.6(1) *General specifications.*

a. The company will provide for the cleanliness and maintenance of the facilities, fixtures and appurtenances referred to in these regulations. Said fixtures will be maintained in proper working order when offered for use.

b. Toilet rooms and washrooms will not be used for storage.

213.6(2) *Floors.* Floors will be maintained in a clean and, so far as practicable, dry condition.

213.6(3) *Screens.* Screens required by these rules will be of 16 mesh or equal.

213.6(4) *Receptacles for waste.* Suitable receptacles will be provided and used for the storage of waste and refuse and will be maintained in a sanitary condition.

213.6(5) *Yard servicing areas.* Toilet waste will not be discharged onto the ground surface from railroad cars within servicing areas of yards. Such areas will be kept free of refuse, litter, debris, vermin and rodents.

213.6(6) *Yard repair areas.* Where work is performed in repair yards or on repair tracks in the open or in open sheds of pits, adequate drainage will be provided.

213.6(7) *Running facilities.*

a. Locomotives and yard diesels. During use, the cabs on locomotives will be heated to a minimum of 50°F at floor level.

(1) When required by the season of the year, doors and windows of all locomotives will be equipped with adequate protection to occupants from the elements by means of weather stripping or other device sufficient to provide equally adequate protection.

(2) Reserved.

b. Cabooses.

(1) Cabooses will be maintained in a clean and sanitary condition.

(2) When required by the season of the year, doors and windows of cabooses will be equipped with adequate weather stripping.

(3) Every caboose used in any train in this state, regardless of service, will be provided with a stove or other adequate means of heating. Cabooses will be heated to a minimum of 50°F at floor level.

c. Running facilities will be equipped with shatterproof glass.

213.6(8) *Stationary facilities.*

a. Bed linen. Where bed linen is furnished by the railroad, it will be changed and fresh clean linen supplied at least once a week or for each new occupant.

b. Crossing watchmen facilities. Adequate shelter will be furnished and maintained for crossing watchmen. Such shelter will be adequately heated, sealed and insulated against cold and inclement weather.

c. Office work areas.

(1) Office work areas will be maintained in clean condition.

(2) Office work areas will be clearly lighted at all times during hours of use.

(3) Office work areas will be heated at all times during hours of use at not less than 65°F.

(4) Office work areas will be provided with cross-ventilation when possible.

(5) Windows, ventilators and doors opening to the outside of office work areas will be properly screened during the seasons when insects are prevalent.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

481—213.7(88) Conflicts resolved. In the event the rules in this chapter conflict or contain provisions inconsistent with the rules in 481—Chapter 210 or 481—Chapter 211, the applicable provisions of 481—Chapter 210 or 481—Chapter 211 prevail.

[**ARC 8450C**, IAB 12/11/24, effective 1/15/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code section 88.5(11).

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[Editorial change: IAC Supplement 7/9/25]

[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 214 to 219
Reserved

CHAPTER 220
COMMUNITY RIGHT TO KNOW HAZARDOUS CHEMICALS

[Prior to 9/24/86, Labor, Bureau of[530]]
[Prior to 10/21/98, see 347—Ch 130]
[Prior to 7/9/25, see Labor Services Division[875] Ch 130]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—220.1(89B) Employer's duty. Upon request, an employer has a duty to inform the public of the presence of hazardous chemicals in the community and the potential health and environmental hazards that the chemicals pose. Requests shall be made during normal office hours of the employer. The employer shall provide the information or reason for refusal within ten days. If the request is from a health professional, the information shall be provided immediately.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.2(89B) Records accessibility.

220.2(1) Accessible records include safety data sheets. The employer shall also provide information concerning the quantity of each hazardous chemical stored or used. Quantity information may include the manner of purchase, such as in gallon containers, barrels, tankers, etc. Additionally, the employer shall provide information specifying the quantity as less than 500 pounds, between 500 pounds and 1,000 pounds, between 1,000 pounds and 5,000 pounds, or in excess of 5,000 pounds.

220.2(2) An employer is not required to make a copy of a safety data sheet if the interested person is given an opportunity to review and make notes regarding the safety data sheet. If an employer provides a copy of a safety data sheet at the request of the interested person, a reasonable fee can be charged for the actual cost of copying.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.3(89B) Application for exemption. An employer shall make a written application to the commissioner setting forth the specific grounds for a claimed exemption. Upon receipt of an application, the commissioner will give the applicant notice and opportunity to be heard at a full evidentiary hearing before the commissioner.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.4(89B) Burden of proof and criteria.

220.4(1) *Trade secrets.* The employer-applicant has the burden of proof in showing that the information claimed as exempted qualifies as a trade secret. The commissioner may take official notice that similar information of the employer-applicant has been deemed a trade secret and may summarily grant the exemption based on the official notice.

220.4(2) *Relevance of public health and safety/damage to employer.* The employer-applicant has the burden of proof in showing that the information is not relevant to public health and safety or that the release of the information would damage the employer. Notification in writing by the employer is not, in and of itself, sufficient to allow the employer to obtain the exemption.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.5(89B) Formal ruling. The commissioner will issue a formal ruling upon application. The ruling will set forth findings of fact and conclusions of law and grant or deny the application. The ruling is the final agency action for purposes of Iowa Code chapter 17A.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.6(89B) Request for information. An interested person may request information from an employer. If the request is denied by the employer, the requesting party may then file an application for information with the division. The application will set forth the information being requested and that the information was refused by the employer or that the employer denies access or that the employer alleges that no records were kept. The applicant shall state the interest in the information requested to be received.

[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.7(89B) Filing with division. Upon receipt of application for information, the division will determine if the applicant has a legitimate interest, and if so, the division will make a written demand upon the employer to provide the requested information to the division. If the employer complies, the division will forward copies to the interested person. Requests for the information under rule 481—220.6(89B) will be kept confidential. The division shall not disclose the name of the interested person to any person.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.8(89B) Grounds for complaint against the employer. The commissioner may cite the employer on a formal written complaint on any of the following grounds:

220.8(1) The division has not received a reply within 30 days of the request for information pursuant to rule 481—220.7(89B); or

220.8(2) The division finds on an occupational safety and health inspection that the employer's records materially distort the information given to the public or an emergency response department so as to pose a serious hazard to community health, environment, or emergency response personnel.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.9(89B) Investigation or inspection upon complaint. Within 15 days of determining that there are grounds for a complaint, the commissioner shall either notify the employer in writing of the grounds for the complaint and request information or conduct an unannounced inspection of the employer's workplace at reasonable times and in a reasonable manner. Within 30 days of initiating an investigation or inspection, the division may find that the complaint is invalid and unfounded and so inform the interested person and the employer in writing.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—220.10(89B) Order to comply.

220.10(1) If, after conducting an investigation or inspection of the employer's workplace, the commissioner finds that the complaint is meritorious, the commissioner shall issue an order to comply to the employer that shall set forth with specificity the employer's noncompliance with Iowa Code chapter 89B or these rules. The commissioner shall give the employer a period of 30 days to take remedial steps for compliance. The commissioner may establish a shorter period of time if justification is provided in the order to comply.

220.10(2) An employer may request an administrative hearing on the order to comply at any time prior to the time set forth for compliance in the order to comply.

220.10(3) If the employer has not requested a hearing, the commissioner, after the time set forth for compliance with the order to comply, may reexamine records submitted by the employer or may reinspect the premises. If the employer has not taken the necessary remedial steps required by the order to comply, the commissioner, upon notice and administrative hearing, may issue a decision on the order to comply that is a final agency action pursuant to Iowa Code chapter 17A.

220.10(4) In the event that the employer fails to comply with a decision on the order to comply, the commissioner may commence an action in the Iowa district court for injunctive and other equitable relief that may be just and equitable.
[**ARC 8751C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code section 30.7 and chapter 89B.

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CHAPTER 221
PUBLIC SAFETY/EMERGENCY RESPONSE RIGHT TO KNOW
[Prior to 9/24/86, Labor, Bureau of[530]]
[Prior to 10/21/98, see 347—Ch 140]
[Prior to 7/9/25, see Labor Services Division[875] Ch 140]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—221.1(89B) Employer waiver applications.

221.1(1) An employer may, in writing, apply to the commissioner for a waiver for less stringent sign posting requirements.

221.1(2) The employer has the burden of proof to show that compliance imposes an undue hardship and that the less stringent sign posting requirements as proposed by the employer offer substantially the same degree of notice and protection to emergency responders as if Iowa Code section 89B.14 were strictly applied.

[**ARC 8752C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—221.2(89B) Agreement between an employer and fire department.

221.2(1) In instances where the posting of a sign for each hazardous chemical would be ambiguous or repetitive or where space is limited by the physical characteristics of the structure, or in situations, such as in a building, structure, or location where a wide variety of materials may be stored having varying degrees of hazards, the identifying symbol shall indicate the most severe degree of hazard in each category except when a high hazard rating would be misleading because of the presence of an insignificant quantity of the material requiring the rating.

221.2(2) The employer and the local fire department may enter into a written agreement providing for the posting of signs for the most hazardous chemical in each principal category. The agreement is subject to the approval of the division pursuant to the procedure for a waiver. If the waiver is approved, the employer shall post in the same location as the required posted signs a sign stating: "Signs not posted for all hazardous chemicals" in block letters at least three inches in height.

[**ARC 8752C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—221.3(89B) Information submitted to local fire department. The employer shall submit to the local fire department a list of hazardous chemicals that the employer's facility consistently generates, uses, stores, or transports. The employer shall submit updated information as it becomes available to the employer.

221.3(1) This rule applies to any amount of a hazardous chemical that meets at least one of the following criteria:

a. Is a U.S. Department of Transportation Division 1.1, Division 1.2, or Division 1.3 explosive;

b. Is a U.S. Department of Transportation Division 2.3 toxic gas;

c. Is a U.S. Department of Transportation Division 6.1 toxic substance;

d. Is a U.S. Department of Transportation Division 4.3 material;

e. Is a U.S. Department of Transportation Radioactive Yellow III material;

f. Has a National Fire Protection Association (NFPA) 704-2022 health rating of greater than or equal to 3;

g. Has an NFPA 704-2022 flammability rating of 4; or

h. Has an NFPA 704-2022 reactivity rating of 4.

221.3(2) This rule applies to a hazardous chemical that is present in aggregate quantities of 25 gallons of liquid, 250 pounds of nonliquid, or 250 combined pounds of liquid and nonliquid and has:

a. An NFPA 704-2022 health rating of greater than or equal to 2;

b. An NFPA 704-2022 flammability rating of greater than or equal to 3; or

c. An NFPA 704-2022 reactivity rating of greater than or equal to 2.

221.3(3) In addition to a list of the hazardous chemicals, the employer shall provide the following:

a. The employer's name;

b. The name, phone number, and email address of the employer's contact person;

c. The employer's mailing address;

d. The address of the facility where hazardous chemicals are present;

e. The NFPA numerical hazard rating in health, flammability, and reactivity for each hazardous chemical;

f. Any information that constitutes a special hazard pursuant to NFPA 704-2022, Chapter 5, for each listed chemical; and

g. Any other special hazard information from the safety data sheets that may be relevant.

221.3(4) If requested by the fire department, the employer shall provide to the fire department the information listed in this subrule, unless the fire department tours the facility annually.

a. A diagram that shows the permanent location of each hazardous chemical within the employer's facility, as well as easily recognizable reference points such as doorways, stairs, and windows; and

b. A copy of the safety data sheets.

[**ARC 8752C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—221.4(89B) Procedure for noncompliance. If an employer fails to comply with the requirements of this chapter, the fire chief in the jurisdiction of the employer may file a written complaint with the commissioner.

[**ARC 8752C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—221.5(89B) Notice of noncompliance. The commissioner may rely on the information provided by the fire chief and immediately issue a notice of noncompliance to the employer.

221.5(1) Opportunity for hearing. The notice of noncompliance shall be sent by certified mail and set forth that the employer may have an opportunity to be heard upon demand by the employer. In the event the employer demands a hearing, the commissioner may conduct an investigation or an inspection.

221.5(2) In the event the employer does not demand a hearing within 30 days of the receipt of notice of noncompliance, the commissioner shall, without further notice, issue an order for compliance that is a final agency action pursuant to Iowa Code chapter 17A.

221.5(3) In the event the issue of noncompliance comes for hearing before the commissioner, the commissioner may, at the conclusion of the hearing, issue an order for compliance that is final agency action pursuant to Iowa Code chapter 17A or dismiss the complaint.

[**ARC 8752C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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[Editorial change: IAC Supplement 7/9/25]

◊ Two or more ARCs

CHAPTERS 222 to 224
Reserved

INVESTIGATIONS DIVISION: WAGE AND CHILD LABOR UNIT

CHAPTER 225
WAGE CLAIMS

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 35]
[Prior to 7/9/25, see Labor Services Division[875] Ch 35]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—225.1(91A) Definitions.

"Claimant" means an employee who has submitted a wage claim form to the labor director.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Employee" includes a former employee and does not include an independent contractor.

"Enforceable" means eligible for the enforcement actions of the director.

"Legal action" means filing in a court of competent jurisdiction and subsequent activity pursuant to that filing.

"Wage claim form" means a document of the director that requests information pertinent to unpaid wages that an employee submits to the director to commence investigation.

[**ARC 8746C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—225.2(91A) Right of private action. If a claimant wishes to pursue a private action after assigning a wage claim to the director, the claimant shall so notify the director in writing prior to commencing it.

[**ARC 8746C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—225.3(91A) Filing a claim.

225.3(1) *Wage claim form.* An aggrieved employee shall supply such information as required by the director to commence the investigation of a claim. The claimant shall certify by signature that such information is true to the best of the claimant's knowledge and belief. A claim for wages may be sent to the director by mail, facsimile, or email.

225.3(2) *Assignment of claim.* By submitting a wage claim form to the director, a claimant assigns the claim to the director contingent on the director's determination that the claim is enforceable. A claimant may terminate the assignment by so notifying the director in writing. The director may terminate the assignment upon a determination that the claim is not enforceable.

225.3(3) *Denial of claim.* The director may deny claims within 14 days of receipt. Reasons for denying a claim without further investigation include but are not limited to the following:

a. The claim is received by the director more than one year after the date the wages became due and payable.

b. The claim must be heard in another forum or jurisdiction.

c. The claimant has begun a legal proceeding on the claim or has legal representation to pursue the claim.

d. The claim has been discharged in bankruptcy.

[**ARC 8746C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—225.4(91A) Investigation.

225.4(1) *Receipt of wage claim form.* Upon receipt by the director of a completed and signed wage claim form, the director will review the claim. The director's review is not a contested case as defined in Iowa Code chapter 17A.

225.4(2) *Employer notification of wage claim.* The director will notify the employer in writing of the allegations of the claimant and request a response from the employer within 14 days from the date of the letter. This period may be extended by the director for good cause.

225.4(3) *Failure of employer to respond.* If the employer fails to answer the director's request for response within the 14-day period, or as extended by the director, the director may determine the claim to be enforceable.

225.4(4) *Additional information from claimant.* If the employer answers the director's request for response within the established time, the director may notify the claimant of the employer's response and afford the claimant an opportunity to present additional information.

225.4(5) *Additional information from employer.* Upon receipt of the requested additional information from the employee, the director may determine additional information is required from the employer.

225.4(6) *Determination of enforceability.* Upon receipt of sufficient information, the director may determine the claim for wages to be enforceable and notify the claimant and the employer of that determination.

225.4(7) *Determination of unenforceability.* The director may, at any time, determine a claim to be unenforceable. Should the director determine the claim is unenforceable, the director shall so notify the claimant. Reasons for the director to determine that a claim is unenforceable include but are not limited to the following:

a. Doubtful legal validity or complexity of the claim.

b. Doubtful ability to collect money from the employer.

c. The claim may require extensive discovery or involve protracted proceedings.

d. The potential value of the claim is such that the cost of the claimant's obtaining legal counsel for a private action would not be prohibitive.

e. The claimant is not responsive to the reasonable requests of the director, including but not limited to requests to provide information and to participate in a legal action.

f. The claimant fails to notify the director of an address change.

g. The inequity of the claim in the particular situation.

h. Another jurisdiction or forum is preferable for the claim.

i. A substantial probability that the claimant was not an employee.

j. The claim has been included in a bankruptcy estate.

225.4(8) *Settlement of claim.* The director may settle a claim at any time with the consent of the claimant. Such consent may be included on the wage claim form.

[**ARC 8746C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—225.5(91A) Legal action on wage claims.

225.5(1) *Settlement opportunity.* The director will, in writing, afford the employer an opportunity to tender settlement 14 days prior to commencing a legal action.

225.5(2) *Counterclaims.* The director will not represent claimants on counterclaims or other legal actions brought by employers against claimants.

225.5(3) *Claimant participation.* The director may require the claimant to attend hearings and otherwise assist in the legal action as a condition of enforcing the claim.

[**ARC 8746C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 91A.

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CHAPTER 226
Reserved

CHAPTER 227
WAGE CIVIL PENALTIES
[Prior to 7/9/25, see Labor Services Division[875] Ch 34]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/29/30

481—227.1(91A) Civil penalties for Iowa Code chapter 91A violations. The director may, upon report of an affected employee or based on other credible information, seek to recover civil money penalties for violation(s) of Iowa Code chapter 91A.
[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—227.2(91A) Investigation.

227.2(1) Prior to initiating a contested case proceeding, the director will, in writing, request written information from the complaining employee(s). This request for written information may be omitted for good cause, including urgent circumstances or the possession of sufficient reliable evidence from another source(s).

227.2(2) Prior to initiating a contested case proceeding, the director will, in writing, inform the employer of the nature of the alleged violation(s) and request the employer to provide, within 14 days, a response with relevant information, including information necessary for the to assess penalties. This request for written information may be omitted for good cause, including urgent circumstances or the possession of sufficient reliable evidence from another source(s).

227.2(3) The director may secure evidence or witnesses by administrative subpoena.

227.2(4) The director may, in response to a written complaint, request a warrant to enter a place of employment to inspect records, ask questions, and investigate in relation to possible violations of Iowa Code chapter 91A.
[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—227.3(91A) Calculation of penalty.

227.3(1) The director will assess the penalty with due consideration for the size of the employer's business, the gravity of the violation(s), the good faith of the employer, and the history of previous violations by granting appropriate penalty reductions.

227.3(2) The gross penalty for each distinguishable violation will be $500. The following are examples of distinguishable violations:

a. If the act or omission occurs during five consecutive pay periods affecting a single employee, there are five distinguishable violations.

b. If the act or omission occurs during a single pay period affecting 50 employees, there are 50 distinguishable violations.

227.3(3) The size of the business will be considered as follows:

Number of Employees	Penalty Reduction
1-25	25%
26-100	15%
101-250	5%
251+	0%

227.3(4) Gravity will be considered by giving a 20 percent penalty reduction for a low-gravity violation or a 10 percent reduction for a medium-gravity violation. High-gravity violations will receive no gravity reduction. The gravity of a violation will be based primarily on its actual or potential harm to employees. Following are examples of gravity determinations:

a. A low-gravity violation includes any merely technical violation of Iowa Code chapter 91A that does not substantially prejudice any employee.

b. A high-gravity violation includes any violation causing financial injury to an employee.

227.3(5) Good faith will be considered by giving a 15 percent penalty reduction when there is sufficient evidence that the employer made earnest attempts to be well-informed about and in compliance

with Iowa Code chapter 91A. A good-faith reduction will not be given if the employer committed a violation(s) after having received a complaint(s) or warning(s) about a practice clearly in violation of Iowa Code chapter 91A.

227.3(6) History will be considered by giving a 10 percent penalty reduction if the violation(s) was isolated. Consideration will be given to prior civil penalty complaints and may include prior wage claims. A history reduction will not be given if the violation(s) for which the penalty is being calculated occurred over an extended period of time.

227.3(7) If the employer does not, upon request of the director, provide information relevant to the penalty assessment, the director may deny any penalty reduction for which the employer does not provide responsive information.

[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—227.4(91A) Settlement opportunity. Prior to initiating a contested case proceeding, the director will normally request, in writing, that the employer enter into settlement negotiations. This request may be omitted for good cause, including urgent circumstances or reasonable belief that the employer will not comply with the relevant section(s) of Iowa Code chapter 91A as part of a settlement. The director may, in consideration of the overall nature of the violations, the promptness of the employer's remedial action, and administrative efficiency, accept less than the full penalty from the employer at any time as a settlement.

[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—227.5(91A) Notice of penalty assessment; contested case proceedings.

227.5(1) To initiate an Iowa Code chapter 17A contested case proceeding, the director will serve a notice of penalty assessment in a manner consistent with service of original notice under the Iowa Rules of Civil Procedure. Such notice will include the following:

a. A statement that the notice concerns a civil penalty assessment for violation of wage laws.

b. A statement that, if a hearing is requested by the employer, the director will determine, after the hearing is held pursuant to Iowa Code sections 91A.12(2) and 91A.12(3), whether the penalty assessment will be upheld.

c. References to this chapter, Iowa Code section 91A.12, and any sections of Iowa Code chapter 91A that are alleged to have been violated.

d. The type of violation(s).

e. The number of violations.

f. The amount of the penalty.

g. A demand that the employer comply with the notice and recordkeeping requirements of Iowa Code section 91A.6(1).

h. A statement that the employer has the right to request a hearing within 30 days.

227.5(2) Employer nonresponse. If the employer does not respond to the notice of penalty assessment within 30 days of being served, the director will assess the full proposed penalty, and such assessment will be final.

227.5(3) Employer request for hearing. The employer may request a hearing within 30 days of being served by mailing such request to the director. Such request will include the address to which notice of hearing should be mailed. Upon such request, notice of the time and place of hearing will be mailed to the employer and a hearing pursuant to Iowa Code chapter 17A will be conducted before an administrative law judge.

227.5(4) Failure to request judicial review. If, after hearing, the employer does not request judicial review of an adverse decision within 30 days, the ruling is final.

[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—227.6(91A) Judicial review.

227.6(1) *Employer petition for Iowa Code chapter 17A judicial review.* The employer may request judicial review of an adverse ruling within 30 days. Such petition for review shall name the agency as respondent and shall contain a concise statement of the following:

a. The nature of the agency action for which review is requested.

b. The action for which review is requested.

c. The facts on which venue is based.

d. The grounds for the relief sought.

e. The relief sought.

227.6(2) *Jurisdiction.* Judicial review will be in the district court of a county in which at least one violation occurred.

227.6(3) *Transmittal of record.* Within 30 days of the petition for judicial review, or longer as allowed by the court, the director shall transmit the record of the case to the reviewing court.

227.6(4) *District court remedies.* The district court may require the employer to deposit the amount of the assessed penalty with the clerk of court pending the outcome of the judicial review, may uphold the penalty, and may order that the employer comply with the notice and recordkeeping requirements of Iowa Code section 91A.6(1).

[**ARC 8681C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 91A and 17A.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 228 and 229
Reserved

CHAPTER 230
MINIMUM WAGE SCOPE AND COVERAGE

[Prior to 10/21/98, see 347—Ch 215]
[Prior to 7/9/25, see Labor Services Division[875] Ch 215]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—230.1(91D) Initial employment wage rate.

230.1(1) The 90-calendar-day period set forth in Iowa Code section 91D.1(1)*"d"* is counted from the employee's initial day of work.

230.1(2) If the state minimum initial employment wage rate changes during the 90-calendar-day period, the employer shall pay the new effective rate.

230.1(3) If, after less than 90 calendar days from the initial day of work, the employee's employment is terminated and the employee is rehired by the same employer within three years of the initial hiring, the initial employment wage rate in effect at rehiring may be paid until the 90-calendar-day employment period is reached. If, after 90 calendar days from the initial day of work, the employee's employment is terminated and the employee is rehired in less than three years from the last date of employment, the employee shall not be employed at the initial employment wage rate.

[**ARC 8747C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—230.2(91D) Definitions. As used in 481—Chapters 231 through 234:

"Agriculture" includes farming in all its branches and among other things includes the cultivation and tillage of the soil; dairying; the production, cultivation, growing, and harvesting of any agricultural or horticultural commodities; the raising of livestock, bees, furbearing animals, or poultry; and any practices (including any forestry or lumbering operations) performed by a farmer or on a farm incident to or in conjunction with farming operations, including preparation for market, delivery to storage or to market or to carriers for transportation to market.

"Commerce" means trade, commerce, transportation, transmission, or communication among the several states or between any state and any place outside thereof.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Employee" means any individual employed by an employer. In the case of an individual employed by a public agency, the term means any individual employed by the state, political subdivision of the state, or an interstate governmental agency, other than the individual:

1. Who is not subject to the civil service laws of the state, political subdivision, or agency that employs the individual; and
2. Who:

- Holds a public elective office of that state, political subdivision, or agency,
- Is selected by the holder of the office to be a member of the holder's personal staff,
- Is appointed by the officeholder to serve on a policy-making level,
- Is an immediate adviser to the officeholder with respect to the constitutional or legal powers of the office, or
- Is an employee in the legislative branch or legislative body of that state, political subdivision, or agency and is not employed by the legislative library of the state, political subdivision, or agency.

"Employee" does not mean:

1. For purposes of the definition of "person-day," any individual employed by an employer engaged in agriculture if the individual is the parent, spouse, child, or other member of the employer's immediate family.
2. Any individual who volunteers to perform services for a public agency that is the state, a political subdivision of the state, or an interstate government agency, if:

- The individual receives no compensation or is paid expenses, reasonable benefits, or a nominal fee to perform the services for which the individual volunteered; and

- The services are not the same type of services that the individual is employed to perform for the public agency.

However, an employee of a public agency that is the state, a political subdivision of the state, or an interstate governmental agency may volunteer to perform services for any other state, political subdivision, or interstate governmental agency, including a state, political subdivision or agency with which the employing state, political subdivision, or agency has a mutual aid agreement.

"Employer" includes any person acting directly or indirectly in the interest of an employer in relation to an employee and includes a public agency but does not include any labor organization (other than when acting as an employer) or anyone acting in the capacity of officer or agent of the labor organization.

"Enterprise" means the related activities performed (either through unified operation or common control) by any person or persons for a common business purpose, and includes all activities whether performed in one or more establishments or by one or more corporate or other organizational units including departments of an establishment operated through leasing arrangements. Any establishment that has as its only regular employees the owner thereof or the parent, spouse, child, or other member of the immediate family of the owner is considered to be an enterprise engaged in commerce or in the production of goods for commerce or a part of an enterprise.

"Industry" means a trade, business, industry, or other activity, or branch or group thereof, in which individuals are gainfully employed.

"Person" means an individual, partnership, association, corporation, business trust, legal representative, or any organized group of persons.

"Person-day" means any day during which an employee performs any agricultural labor for not less than one hour.

"Produced" means produced, manufactured, mined, handled, or in any other manner worked on in any state; and an employee is engaged in the production of goods if the employee is employed in producing, manufacturing, mining, handling, transporting, or in any other manner working on the goods, or in any closely related process or occupation directly essential to the production thereof, in any state.

"Public agency" means the government of the state of Iowa, its various departments and agencies, and any political subdivision of the state.

"Resale" does not include the sale of goods to be used in residential or farm building construction, repair, or maintenance, provided that the sale is recognized as a bona fide retail sale in the industry.

"Sale" or *"sell"* includes any sale, exchange, contract to sell, consignment for sale, shipment for sale, or other disposition.

"Tipped employee" means any employee engaged in an occupation in which the employee customarily received more than $30 a month in tips.

"Wage" paid to any employee includes the reasonable cost, as determined by the director, to the employer of furnishing the employee with board, lodging, or other facilities. SOURCE: 29 U.S.C. 203.

[**ARC 8747C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—230.3(91D) Exceptions. The rules contained in 481—Chapters 231 through 234 do not apply with respect to:

230.3(1) Any employee employed by an establishment that is an amusement or recreational establishment, organized camp, or religious or nonprofit education conference center, if:

a. It does not operate for more than seven months in any calendar year, or

b. During the preceding calendar year, its average receipts for any six months of such year were not more than 33 1/3 percent of its average receipts for the other six months of the year, except that the exemption provided does not apply with respect to any employee of a private entity engaged in providing services or facilities (other than a private entity engaged in providing services and facilities directly related to skiing) in a national park or a national forest or on land in the National Wildlife Refuge System, under a contract with the Secretary of the Interior or the Secretary of Agriculture.

230.3(2) Any employee employed in agriculture:

a. If the employee is employed by an employer who did not, during any calendar quarter during the preceding calendar year, use more than 500 person-days of agricultural labor;

b. If the employee is the parent, spouse, child, or other member of the employer's immediate family;

c. If the employee:

(1) Is employed as a hand harvest laborer and is paid on a piece-rate basis in an operation that has been, and is customarily and generally recognized as having been, paid on a piece-rate basis in the region of employment,

(2) Commutes daily from the employee's permanent residence to the farm on which the employee is employed, and

(3) Has been employed in agriculture less than 13 weeks during the preceding calendar year;

d. If the employee (other than an employee described in paragraph 230.3(2)*"c"*):

(1) Is 16 years of age or under, is employed as a hand harvest laborer, is paid on a piece-rate basis in an operation that has been, and is customarily and generally recognized as having been, paid on a piece-rate basis in the region of employment,

(2) Is employed on the same farm as the employee's parent or person standing in the place of the employee's parent, and

(3) Is paid at the same piece rate as employees over age 16 are paid on the same farm; or

e. If the employee is principally engaged in the range production of livestock.

230.3(3) Any employee employed on a casual basis in domestic service employment to provide babysitting services or any employee employed in domestic service employment to provide companionship services for individuals who (because of age or infirmity) are unable to care for themselves.

230.3(4) Any employee to the extent that the employee is exempted by a certificate of the Secretary of Labor.

SOURCE:29 U.S.C. 213.

[**ARC 8747C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—230.4(91D) Interpretative guidelines. The rules contained in 481—Chapters 231 through 234 are based on the federal rules indicated at the end of each rule. The federal rules contained illustrative examples of the application of the rule. The examples are not adopted, but the commissioner will be guided in enforcement by the examples provided in the rules. The Secretary of Labor has adopted statements of general policy and interpretations not directly related to regulations at 29 CFR Parts 776, 779, 780, and 785. The commissioner will follow these statements and interpretations in the application and enforcement of Iowa Code chapter 91D.

[**ARC 8747C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 231
DOMESTIC SERVICE
[Prior to 11/4/98, see 347—Ch 219]
[Prior to 7/9/25, see Labor Services Division[875] Ch 219]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—231.1(91D) Purpose and scope.

231.1(1) Employees employed on a casual basis in domestic service employment to provide babysitting services and domestic service employees employed to provide companionship services for individuals who (because of age or infirmity) are unable to care for themselves are exempt from minimum wage.

231.1(2) The minimum wage protection applies to employees employed as domestic service employees under either of the following circumstances:

a. If the employee's compensation for services from the employer would constitute wages, that is, if the compensation during a calendar year totaled $100 or more, or

b. If the employee was employed in such domestic service work by one or more employers for more than eight hours in the aggregate in any workweek.

SOURCE: 29 CFR 552.2.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.2(91D) Domestic service employment. Domestic service employment refers to services of a household nature performed by an employee in or about a private home (permanent or temporary) of the person by whom the employee is employed.

SOURCE: 29 CFR 552.3.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.3(91D) Babysitting services. As an exemption, the term "babysitting services" means the custodial care and protection, during any part of the 24-hour day, of infants or children in or about the private home in which the infants or young children reside. The term "babysitting services" does not include services relating to the care and protection of infants or children that are performed by trained personnel, as registered, vocational, or practical nurses. While trained personnel do not qualify as babysitters, this fact does not remove them from the category of a covered domestic service employee when employed in or about a private household.

SOURCE: 29 CFR 552.4.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.4(91D) Casual basis. "Casual basis," when applied to babysitting services, means employment that is irregular or intermittent and that is not performed by an individual whose vocation is babysitting. Casual babysitting services may include the performance of some household work not related to caring for the children, provided that the work is incidental (i.e., does not exceed 20 percent of the total hours worked on the particular babysitting assignment).

SOURCE: 29 CFR 552.5.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.5(91D) Companionship services for the aged or infirm. "Companionship services" means those services that provide fellowship, care, and protection for persons who, because of advanced age or physical or mental infirmity, cannot care for their own needs. The services may include household work related to the care of the aged or infirm person such as meal preparation, bed making, washing of clothes, and other similar services. They may also include the performance of general household work, provided that such work is incidental (i.e., does not exceed 20 percent of the total weekly hours worked). The term "companionship services" does not include services relating to the care and protection of the aged or infirm that require and are performed by trained personnel, as a registered or practical nurse. While trained

personnel do not qualify as companions, this fact does not remove them from the category of covered domestic service employees when employed in or about a private household.

SOURCE: 29 CFR 552.6.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.6(91D) Application of minimum wage provisions.

231.6(1) Employers may take appropriate credit for the reasonable cost or fair value of food, lodging and other facilities customarily furnished to the employee by the employer such as drugs, cosmetics, dry cleaning, etc. Credit may be taken for the reasonable cost or fair value of these facilities only when the employee's acceptance of them is voluntary and uncoerced. Where uniforms are required by the employer, the cost of the uniforms and their care may not be included in the credit.

231.6(2) The department will accept meal credit taken by the employer consistent with 29 CFR §552.100(c) (2024).

231.6(3) The department will accept lodging credit taken by the employer consistent with 29 CFR §552.100(d) (2024).

SOURCE: 29 CFR 552.100.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.7(91D) Domestic service employment. In determining the total hours worked, the employer must include all time the employee is required to be on the premises or on duty and all time the employee is suffered or permitted to work.

SOURCE: 29 CFR 552.101.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.8(91D) Live-in domestic service employees. Domestic service employees who reside in the household where they are employed are entitled to the same minimum wage as domestic service employees who work by the day. In determining the number of hours worked by a live-in worker, the employee and the employer may exclude, by agreement between themselves, the amount of sleeping time, mealtime and other periods of complete freedom from all duties when the employee may either leave the premises or stay on the premises for purely personal pursuits. For periods of free time (other than those relating to meals and sleeping) to be excluded from hours worked, the periods must be of sufficient duration to enable the employee to make effective use of the time. If the sleeping time, meal periods or other periods of free time are interrupted by a call to duty, the interruption must be counted as hours worked.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.9(91D) Babysitting services in general. Babysitting is a form of domestic service, and babysitters other than those working on a casual basis are entitled to the same benefits as other domestic service employees.

SOURCE: 29 CFR 552.103.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.10(91D) Babysitting services performed on a casual basis.

231.10(1) Employees performing babysitting services on a casual basis are excluded from the minimum wage provisions.

231.10(2) Employment in babysitting services would usually be on a casual basis, whether performed for one or more employers, if the employment by all employers does not exceed 20 hours per week in the aggregate. Employment in excess of these hours may still be on a casual basis if the excessive hours of employment are without regularity or are for irregular or intermittent periods. Employment in babysitting services is on a casual basis (regardless of the number of weekly hours worked by the babysitter) in the case of individuals whose vocations are not domestic service who accompany families for a vacation period to take care of the children if the duration of employment does not exceed six weeks.

231.10(3) If the individual performing babysitting services on a casual basis devotes more than 20 percent of the individual's time to household work during a babysitting assignment, the exemption for "babysitting services on a casual basis" does not apply during that assignment and the individual must

be paid in accordance with the minimum wage requirement. This does not affect the application of the exemption for previous or subsequent babysitting assignments where the 20 percent tolerance is not exceeded.

231.10(4) Individuals who engage in babysitting as a full-time occupation are not employed on a casual basis.

SOURCE: 29 CFR 552.104.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.11(91D) Individuals performing babysitting services in their own homes.

231.11(1) The coverage of domestic service employees is limited to those persons who perform such services in or about the private household of the employer.

231.11(2) An individual in a local neighborhood who takes four or five children into the individual's home, which is operated as a day care home, and who does not have more than one employee or whose only employees are members of that individual's immediate family is not covered by Iowa Code chapter 91D.

SOURCE: 29 CFR 552.105.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.12(91D) Companionship services for the aged or infirm. Persons who provide care and protection for babies and young children, who are not physically or mentally infirm, are considered babysitters, not companions. The companion must perform the services with respect to the aged or infirm persons and not generally to other persons. The casual limitation does not apply to companion services.

SOURCE: 29 CFR 552.106.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.13(91D) Yard maintenance workers. Persons who mow lawns and perform other yard work in a neighborhood community generally provide their own equipment, set their own work schedule and occasionally hire other individuals. These persons will be recognized as independent contractors who are not covered by Iowa Code section 91D.1 as domestic service employees.

SOURCE: 29 CFR 552.107.

[**ARC 8754C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—231.14(91D) Third-party employment.

231.14(1) Employees who are engaged in providing companionship services and who are employed by an employer or agency other than the family or household using their services are exempt from the minimum wage requirement. Assigning an employee to more than one household or family in the same workweek would not defeat the exemption for that workweek, provided that the services rendered during each assignment come within the definition of companionship services.

231.14(2) Employees who are engaged in providing babysitting services and who are employed by an employer or agency other than the family or household using their services are not employed on a casual basis for purposes of the exemption. The employees are engaged in this occupation as a vocation.

SOURCE: 29 CFR 552.109.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 232
EMPLOYEES OF STATE AND LOCAL GOVERNMENTS

[Prior to 11/4/98, see 347—Ch 220]
[Prior to 7/9/25, see Labor Services Division[875] Ch 220]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—232.1(91D) Definition.

"Public agency" means the state of Iowa or political subdivision of the state.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.2(91D) Exclusion for elected officials and their appointees.

232.2(1) Elected officials are excluded from minimum wage. Also excluded under this provision are personal staff members and officials in policymaking positions who are selected or appointed by the elected public officials and certain advisers to such officials.

232.2(2) The statutory term "member of personal staff" generally includes only persons who are under the direct supervision of the selecting elected official and have regular contact with the official.

232.2(3) In order to qualify as personal staff members or officials in policymaking positions, the individuals in question must not be subject to the civil service laws of their employing agencies. The term "civil service laws" refers to a personnel system established by law that is designed to protect employees from arbitrary action, personal favoritism, and political coercion, and that uses a competitive or merit examination process for selection and placement. Continued tenure of employment of employees under civil service, except for cause, is provided. In addition, personal staff members must be appointed by, and serve solely at the pleasure or discretion of, the elected official.

232.2(4) The exclusion for "immediate adviser" to elected officials is limited to staff who serve as advisers on constitutional or legal matters, and who are not subject to the civil service rules of their employing agency.

SOURCE: 29 CFR 553.11.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.3(91D) Exclusion for employees of legislative branches.

232.3(1) Individuals who are not subject to the civil service laws of their employing agencies and are employed by legislative branches or bodies of the state and its political subdivisions are excluded from minimum wage.

232.3(2) Employees of the state or local legislative libraries do not come within this statutory exclusion. Also, employees of school boards, other than elected officials and their appointees, do not come within this exclusion.

SOURCE: 29 CFR 553.12.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.4(91D) Introduction. A public agency that is the state or a political subdivision of the state is authorized to provide compensatory time off in lieu of monetary overtime compensation.

SOURCE: 29 CFR 553.20.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.5(91D) Compensatory time and compensatory time off. The terms "compensatory time" and "compensatory time off" mean hours during which an employee is not working, which are not counted as hours worked during the applicable workweek or other work period for purposes of overtime compensation, and for which the employee is compensated at the employee's regular rate.

SOURCE: 29 CFR 553.21.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.6(91D) Payments for unused compensatory time.

232.6(1) Payments for accrued compensatory time may be made at any time and shall be paid at the regular rate earned by the employee at the time the employee receives such payment.

232.6(2) Upon termination of employment, an employee shall be paid for unused compensatory time at a rate of compensation not less than:

a. The average regular rate received by the employee during the last three years of the employee's employment, or

b. The final regular rate received by the employee, whichever is higher.

232.6(3) The phrase "last three years of employment" means the three-year period immediately prior to termination. Where an employee's last three years of employment are not continuous because of a break in service, the period of employment after the break in service will be treated as new employment. However, a break in service must have been intended to be permanent and any accrued compensatory time must have been cashed out at the time of initial separation. Where the final period of employment is less than three years, the average rate still must be calculated based on the rate(s) in effect during the period.

SOURCE: 29 CFR 553.27.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.7(91D) Other compensatory time.

232.7(1) Compensatory time that is earned and accrued by an employee for employment in excess of a nonstatutory requirement is considered "other" compensatory time. The term "other" compensatory time off means hours during which an employee is not working and that are not counted as hours worked during the period when used.

232.7(2) The rate at which "other" compensatory time is earned is not required to be at a rate of one and one-half hours for each hour of employment. The rate at which "other" compensatory time is earned may be some lesser or greater multiple of the rate or the straight-time rate itself.

SOURCE: 29 CFR 553.28.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

OTHER EXEMPTIONS

481—232.8(91D) Substitution.

232.8(1) Individuals employed in any occupation by the same public agency may agree, solely at their option and with the approval of the public agency, to substitute for one another during scheduled work hours in performance of work in the same capacity. Where one employee substitutes for another, each employee will be credited as if the employee had worked the normal work schedule for that shift.

232.8(2) An employee's decision to substitute will be considered to have been made at the employee's sole option when it has been made:

a. Without fear of reprisal or promise of reward by the employer, and

b. Exclusively for the employee's own convenience.

SOURCE: 29 CFR 553.31.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

RECORDKEEPING

481—232.9(91D) Records to be kept of compensatory time. For each employee subject to the compensatory time and compensatory time off provisions of the federal Fair Labor Standards Act, 29 U.S.C. 207(o) as amended to January 1, 2007, a public agency shall maintain and preserve the following records:

232.9(1) The number of hours of compensatory time earned each work period, by each employee at the rate of one and one-half hour for each overtime hour worked;

232.9(2) The number of hours of compensatory time used each workweek, or other applicable work period, by each employee;

232.9(3) The number of hours of compensatory time compensated in cash, the total amount paid and the date of payment; and

232.9(4) Any collective bargaining agreement or written understanding or agreement with respect to earning and using compensatory time off.

SOURCE: 29 CFR 553.50.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

VOLUNTEERS

481—232.10(91D) General. Individuals performing volunteer services for units of the state and local governments will not be regarded as "employees."

SOURCE: 29 CFR 553.100.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.11(91D) Volunteer defined.

232.11(1) An individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered, is considered to be a volunteer.

232.11(2) Individuals are considered volunteers only where their services are offered freely and without pressure or coercion, direct or implied, from an employer.

232.11(3) An individual is not to be considered a volunteer if the individual is otherwise employed by the same public agency to perform the same type of services as those for which the individual proposes to volunteer.

SOURCE: 29 CFR 553.101.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.12(91D) Employment by the same public agency. An individual may not perform hours of volunteer service for a public agency when the hours involve the same type of services that the individual is employed to perform for the same public agency.

SOURCE: 29 CFR 553.102.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.13(91D) Same type of services defined. The duties and all the facts and circumstances in a particular case will be considered in determining whether the volunteer activities constitute the "same type of services" as the employment activities.

SOURCE: 29 CFR 553.103.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.14(91D) Private individuals who volunteer services to public agencies. Individuals who are not employed in any capacity by state or local government agencies are considered volunteers and not employees of such public agencies if the individual's hours of service are provided with no promise, expectation, or receipt of compensation for the services rendered.

SOURCE: 29 CFR 553.104.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.15(91D) Payment of expenses, benefits, or fees.

232.15(1) Individuals would not lose their volunteer status because they are reimbursed for the approximate out-of-pocket expenses incurred incidental to providing volunteer services; for example, payment for the cost of meals and transportation expenses.

232.15(2) Individuals do not lose their status as volunteers because they are reimbursed for tuition, transportation and meal costs involved in their attending classes intended to teach them to perform efficiently the services they provide or will provide as volunteers. Likewise, the volunteer status of individuals is not lost if they are provided books, supplies, or other materials essential to their volunteer training or reimbursement for the cost thereof.

232.15(3) Individuals do not lose their volunteer status if they are provided reasonable benefits by a public agency for whom they perform volunteer services. Benefits would be considered reasonable, for

example, when they involve inclusion of individual volunteers in group insurance plans (such as liability, health, life, disability, workers' compensation) or pension plans or length of service awards, commonly or traditionally provided to volunteers of government agencies.

232.15(4) Individuals do not lose their volunteer status if they receive a nominal fee from a public agency. A nominal fee is not a substitute for compensation and shall not be tied to productivity. However, this does not preclude the payment of a nominal amount on a "per call" or similar basis to volunteer firefighters. The following factors will be among those examined in determining whether a given amount is nominal:

a. The distance traveled and the time and effort expended by the volunteer;

b. Whether the volunteer has agreed to be available around the clock or only during certain specified time periods; and

c. Whether the volunteer provides services as needed or throughout the year. An individual who volunteers to provide periodic services on a year-round basis may receive a nominal monthly or annual stipend or fee without losing volunteer status.

232.15(5) Whether the furnishing of expenses, benefits, or fees would result in individuals losing their status as volunteers can only be determined by examining the total amount of payments made (expenses, benefits, fees) in the context of the economic realities of the particular situation.

SOURCE: 29 CFR 553.106.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

FIRE PROTECTION AND LAW ENFORCEMENT
EMPLOYEES OF PUBLIC AGENCIES

481—232.16(91D) Compensable hours of work.

232.16(1) Compensable hours of work generally include all of the time during which an employee is on duty on the employer's premises or at a prescribed workplace, as well as all other time during which the employee is suffered or permitted to work for the employer. The time includes all preshift and postshift activities that are an integral part of the employee's principal activity or that are closely related to the performance of the principal activity, such as attending roll call, writing up and completing tickets or reports, and washing and reracking fire hoses.

232.16(2) Time spent away from the employer's premises under conditions that are so circumscribed that they restrict the employee from effectively using the time for personal pursuits also constitutes compensable hours of work.

232.16(3) Normal home-to-work travel is not compensable, even where the employee is expected to report to work at a location away from the location of the employer's premises.

232.16(4) A police officer, who has completed the tour of duty and who is given a patrol car to drive home and use on personal business, is not working during the travel time, even where the radio must be left on so that the officer can respond to emergency calls.

SOURCE: 29 CFR 553.221.

[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.17(91D) Sleep time.

232.17(1) Sleep time cannot be excluded from the compensable hours of work where:

a. The employee is on a tour of duty of less than 24 hours, and

b. Where the employee is on a tour of duty of exactly 24 hours.

232.17(2) Sleep time can be excluded from compensable hours of work in the case of police officers or firefighters who are on a tour of duty of more than 24 hours, but only if there is an expressed or implied agreement between the employer and the employees to exclude the time. In the absence of such an agreement, the sleep time is compensable. In no event shall the time excluded as sleep time exceed 8 hours in a 24-hour period. If the sleep time is interrupted by a call to duty, the interruption must be counted as hours worked. If the sleep period is interrupted to such an extent that the employee cannot get a reasonable night's sleep (which, for enforcement purposes means at least five hours), the entire time must be counted as hours of work.

SOURCE: 29 CFR 553.222.
[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.18(91D) Early relief. It is a common practice among employees engaged in fire protection activities to relieve employees on the previous shift prior to the scheduled starting time. This practice will not have the effect of increasing the number of compensable hours of work where it is voluntary on the part of the employees. If the practice is required by the employer, the time involved must be treated as compensable hours of work.
SOURCE: 29 CFR 553.225.
[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—232.19(91D) Training time.

232.19(1) While time spent in attending training required by an employer is normally considered compensable hours of work, the following are situations where time spent by employees of governments in required training is considered to be noncompensable.

a. Attendance outside of regular working hours at specialized or follow-up training, which is required by law for certification of public and private sector employees within a particular governmental jurisdiction (e.g., certification of public and private emergency rescue workers), does not constitute compensable hours of work for public employees within that jurisdiction and subordinate jurisdictions.

b. Attendance outside of regular working hours at specialized or follow-up training, which is required for certification of employees of a governmental jurisdiction by law of a higher level of government, does not constitute compensable hours of work.

232.19(2) Police officers or firefighters who are in attendance at a police or fire academy or other training facility are not considered to be on duty during those times when they are not in class or at a training session, if they are free to use such time for personal pursuits.
SOURCE: 29 CFR 553.226.
[**ARC 8755C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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CHAPTER 233
WAGES

[Prior to 11/4/98, see 347—Ch 217]
[Prior to 7/9/25, see Labor Services Division[875] Ch 217]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—233.1(91D) Purpose and scope. This chapter addresses the definition of wages. Wages include the reasonable cost, as determined by the director, to an employer of furnishing any employee with board, lodging, or other facilities. Nothing in this chapter shall excuse any party from complying with any requirement imposed by any other federal, state, or local law, ordinance, regulation, or rule.
[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.2(91D) Reasonable cost.

233.2(1) Reasonable cost is determined to be not more than the actual cost to the employer of the board, lodging, or other facilities furnished by the employer to the employees.

233.2(2) The cost of furnishing facilities found by the director to be primarily for the benefit or convenience of the employer will not be recognized as reasonable and may not be included in computing wages.

233.2(3) The following is a list of facilities found by the director to be primarily for the benefit or convenience of the employer. The list is intended to be illustrative rather than exclusive:

a. Tools of the trade and other materials and services incidental to carrying on the employer's business.

b. The cost of any construction by and for the employer.

c. The cost of uniforms and of their laundering, where the nature of the business requires the employee to wear a uniform.

SOURCE: 29 CFR 531.3.
[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.3(91D) Free and clear payment; kickbacks. Whether in cash or in facilities, wages cannot be considered to have been paid by the employer and received by the employee unless they are paid finally and unconditionally or free and clear. The wage requirements will not be met where the employee kicks back directly or indirectly to the employer or to another person for the employer's benefit the whole or part of the wage delivered to the employee. This is true whether the kickback is made in cash or in other than cash.

SOURCE: 29 CFR 531.35.
[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.4(91D) General characteristics of tips. A tip is a sum presented by a customer as a gift or gratuity in recognition of some service performed for the customer. The payment is to be distinguished from payment of a charge, if any, made for the service. In the absence of an agreement to the contrary between the recipient and a third party, a tip becomes the property of the person in recognition of whose service it is presented by the customer. Only tips actually received by an employee as money belonging to that employee, which the employee may freely use absent of any control by the employer, may be counted in determining whether the employee is a tipped employee and in applying the provisions that govern wage credits for tips.

SOURCE: 29 CFR 531.52.
[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.5(91D) Payments that constitute tips. In addition to cash sums presented by customers that an employee keeps, tips received by an employee include amounts paid by bank check or other negotiable instrument payable at par and amounts transferred by the employer to the employee pursuant to directions from credit customers who designate amounts to be added to their bills as tips. Special gifts in forms other

than money or its equivalent as above described, such as theater tickets, passes, or merchandise, are not counted as tips received by the employee for purposes of this chapter.

SOURCE: 29 CFR 531.53.

[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.6(91D) Tip pooling. Where employees practice tip splitting, as where food servers give a portion of their tips to the bussers, both the amounts retained by the food servers and those given the bussers are considered tips of the individuals who retain them. Similarly, where an accounting is made to an employer for information only or in furtherance of a pooling arrangement whereby the employer redistributes the tips to the employees upon some basis to which they have mutually agreed among themselves, the amounts received and retained by each employee as the individual's own are counted as the employee's tips.

SOURCE: 29 CFR 531.54.

[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—233.7(91D) Dual jobs. When an employee is employed in two occupations, no tip credit can be taken for hours of employment in the occupation for which the employee does not meet the tip qualification.

SOURCE: 29 CFR 531.56.

[**ARC 8749C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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CHAPTER 234
RECORDS TO BE KEPT BY EMPLOYERS

[Prior to 10/21/98, see 347—Ch 216]
[Prior to 7/9/25, see Labor Services Division[875] Ch 216]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—234.1(91D) Employees subject to minimum wage.

234.1(1) *Items required.* Every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:

a. Name in full, as used for social security recordkeeping purposes, and on the same record, the employee's identifying symbol or number if such is used in place of name on any time, work, or payroll records;

b. Home address, including ZIP code;

c. Basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis;

d. Hours worked each workday and total hours worked each workweek (for purposes of this rule, a "workday" is any fixed period of 24 consecutive hours and a "workweek" is any fixed and regularly recurring period of seven consecutive workdays);

e. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments. Also, in individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;

f. Date of payment and the pay period covered by payment.

234.1(2) Reserved.

SOURCE: 29 CFR 516.2.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.2(91D) Exempt employees. With respect to each exempt employee, employers shall maintain and preserve records containing all the information and data required by subrule 234.1(1), except paragraphs 234.1(1)*"c"* and *"d,"* and, in addition, the basis on which wages are paid in sufficient detail to permit calculation for each pay period of the employee's total remuneration for employment, including fringe benefits and perquisites.

SOURCE:29 CFR 516.3.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.3(91D) Posting of notices. Every employer employing any employees subject to the minimum wage provisions of the Iowa minimum wage Act shall post and keep posted a notice explaining the Act, as prescribed by the director, in conspicuous places in every establishment where such employees are employed so as to permit them to readily observe a copy.

SOURCE: 29 CFR 516.4.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.4(91D) Records to be preserved three years. Each employer shall preserve payroll records for at least three years from the last date of entry, all payroll or other records containing the employee information and data required under any of the applicable rules.

SOURCE: 29 CFR 516.6.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.5(91D) Records to be preserved two years.

234.5(1) *Supplementary basic records.* Each employer required to maintain records under this chapter shall preserve for a period of at least two years basic employment and earnings records. From the date of last entry, all basic time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished

by individual employees on a daily, weekly, or pay-period basis (for example, units produced) when those amounts determine, in whole or in part, the pay-period earnings or wages of those employees.

234.5(2) *Records.* Records of additions to or deductions from wages paid include those records relating to individual employees referred to in paragraph 234.1(1)*"e."*

SOURCE:29 CFR 516.6.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.6(91D) Tipped employees.

234.6(1) With respect to each tipped employee whose wages are determined pursuant to the definition of "wage" in Iowa Code section 91D.1(1)*"c,"* the employer shall maintain and preserve payroll or other records containing all the information and data otherwise required and the following:

a. Weekly or monthly amount reported by the employee, to the employer, of tips received (this may consist of reports made by the employees to the employer on IRS Form 4070);

b. Amount by which the wages of each tipped employee have been deemed to be increased by tips as determined by the employer (not in excess of 40 percent of the applicable statutory minimum wage);

c. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or weekly straight-time payment made by the employer for such hours; and

d. Hours worked each workday in occupations in which the employee receives tips, and total daily or weekly straight-time earnings for such hours.

SOURCE: 29 CFR 516.28.

234.6(2) Federal special minimum wage certificates will be honored at the applicable Iowa minimum wage rate as applied to the certificate.

SOURCE: 29 CFR 516.30.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.7(91D) Industrial homeworkers.

234.7(1) *Definitions.*

"Industrial homework," as used in this rule, means the production by any person in or about a home, apartment, tenement, or room in a residential establishment of goods for an employer who suffers or permits production, regardless of the source (whether obtained from an employer or elsewhere) of the materials used by the homeworker in production.

"Industrial homeworker" or *"homeworker,"* as used in this rule, means any employee employed or suffered or permitted to perform industrial homework for an employer.

234.7(2) *Items required.* Every employer shall maintain and preserve payroll or other records containing the following information and data with respect to every industrial homeworker employed:

a. Name in full, and on the same record, the employee's identifying symbol or number if used in place of name on any time, work, or payroll records. This shall be the same as that used for social security purposes.

b. House address, including ZIP code.

c. Date of birth, if under 19.

d. With respect to each lot of work:

(1) Piece rates paid,

(2) Hours worked on each lot of work turned in,

(3) Wages paid for each lot of work turned in, and

(4) Date of wage payment and pay period covered by payment.

e. With respect to each week:

(1) Hours worked each week,

(2) Wages earned for each week at regular piece rates,

(3) Extra pay due each week for overtime worked, and

(4) Total wages earned each week.

SOURCE: 29 CFR 516.31.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.8(91D) Employees in agriculture. No records need to be maintained by an employer who did not use more than 500 days of agricultural labor in any quarter of the preceding calendar year unless it can be reasonably anticipated that more than 500 days of agricultural labor will be used in at least one calendar quarter of the current calendar year. The 500-day test includes the work of agricultural workers supplied by crew leaders, or farm labor contractors, if the farmer is an employer of the workers, or a joint employer of the workers with the crew leader or farm labor contractor. However, members of the employer's immediate family are not included. A "day" is any day during which an employee does agricultural work for one hour or more.

SOURCE: 29 CFR 516.33.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—234.9(91D) Relationship to other recordkeeping and reporting requirements. Nothing in this chapter shall excuse any party from complying with any recordkeeping or reporting requirement imposed by any other federal, state, or local law, ordinance, regulation or rule.

[**ARC 8748C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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CHAPTER 235
Reserved

CHAPTER 236
WAGE DISCRIMINATION

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 36]
[Prior to 7/9/25, see Labor Services Division[875] Ch 36]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/29/30

481—236.1(91A) Definitions.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"The Act" means Iowa Code chapter 91A.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.2(91A) General requirements. An employer shall not discharge or in any manner discriminate against any employee because the employee has:

1. Filed any complaint under or related to the Act;
2. Assigned a wage claim to the director;
3. Instituted or caused to be instituted any proceeding under or related to the Act;
4. Cooperated in bringing any action against an employer under or related to the Act;
5. Exercised on the employee's behalf or on behalf of others any right afforded by the Act.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.3(91A) Unprotected activities distinguished.

236.3(1) Wage discrimination occurs when an employer engages in adverse action because the employee engaged in a protected activity. An employee's engagement in activities protected by the Act does not automatically render the employee immune from adverse action dictated by nonprohibited considerations.

236.3(2) A violation exists if the protected activity was a substantial reason for the action, or if the discharge or other adverse action would not have taken place "but for" engagement in the protected activity.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.4(91A) Complaint under or related to the Act. Discharge or discriminatory actions to an employee because the employee has filed a wage claim or asserted in good faith rights covered by the Act are prohibited.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.5(91A) Proceedings related to the Act. Discharge of or discrimination against any employee because the employee has cooperated in bringing any action against an employer related to the Act is prohibited. Protection under the Act would extend to any statements given in the course of judicial, quasi-judicial, and administrative proceedings, including inspections, investigations, or adjudicative functions.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.6(91A) Filing of complaint for discrimination or discharge.

236.6(1) Any employee who believes that discrimination in violation of Iowa Code section 91A.10(5) has occurred may, within 30 days after the violation occurs, lodge a complaint with the director alleging the violation. No particular form is required. If, as a result of the investigation, the director determines that Iowa Code section 91A.10(5) has been violated, civil action may be instituted in any appropriate district court to restrain the violations and to obtain other appropriate relief.

236.6(2) Complaints not filed within 30 days of an alleged violation will ordinarily be presumed to be untimely. However, there may be circumstances that would justify tolling of the 30-day period on recognized equitable principles or because of strongly extenuating circumstances.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

481—236.7(91A) Decision of the director.

236.7(1) Upon receipt of all requested information, the director may determine the employee's complaint alleging discharge or discrimination is enforceable and notify the employee of that determination.

236.7(2) Upon a determination that the employee's complaint alleging discharge or discrimination is enforceable, the director will notify the employer of that determination in writing and afford the employer an opportunity to tender settlement within 14 days of the writing prior to initiating judicial proceedings.

236.7(3) Upon a determination that the employee's complaint alleging discharge or discrimination is unenforceable, the director shall notify the employee of that decision in writing. The employee shall have 14 days from the date of the written notification to appeal the decision to the director. If the appeal is not made in writing within the 14-day period, then the employee loses the right to appeal the unenforceable decision.

[**ARC 8682C**, IAB 12/25/24, effective 1/29/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code section 91A.10(5).

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CHAPTERS 237 to 239
Reserved

CHAPTER 240
CHILD LABOR

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 32]
[Prior to 7/9/25, see Labor Services Division[875] Ch 32]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—240.1(92) Definitions.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Filing date" means the date a document is postmarked by the U.S. Postal Service, if the document is filed by mailing and the U.S. postmark is legible. For a document filed via facsimile transmission, "filing date" means the date the document is transmitted. For any other document, "filing date" means the date the document is received by the director.

"Operated by the child's parents," as used in Iowa Code section 92.17(2), means a business operated by the child's parent or licensed foster parent who has control of the day-to-day operation of the business.

"Serious injury or illness" means an illness or injury requiring medical attention beyond first aid.

"Week," as used in Iowa Code section 92.7, means Sunday through Saturday.

"Willfully volunteering" means performing service for a charitable or public purpose without promise, expectation, or receipt of compensation. A child is a volunteer only if services are offered freely and without direct or implied pressure or coercion from an employer. A child is not a volunteer if the child is otherwise employed by the same charitable or public organization to perform the same type of services as those for which the child proposes to volunteer. A child is a volunteer while working in commercial activities incidental to the stated purpose of a nonprofit organization.

"Working days," as used in rule 481—240.12(92), means Mondays through Fridays but does not include Saturdays, Sundays or federal or state holidays. In computing 15 working days, the day of receipt of any notice is not included and the last day of the 15 working days is included.

This rule is intended to implement Iowa Code chapter 92.

[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.2 to **240.4** Reserved.

481—240.5(92) Terms. The terms used in Iowa Code section 92.5 are defined and applied as specified in this rule.

240.5(1) *Cleaning products that require personal protective equipment.* Prior to allowing a 14- or 15-year-old to use cleaning products that require personal protective equipment, the employer shall submit to the director the following:

a. The safety data sheets of all such chemicals the minor will use.

b. What personal protective equipment the minor will be using with each chemical that requires it.

c. Proof of training the minor on the use of the required personal protective equipment.

240.5(2) *Definitions.*

"Car cleaning, washing, and polishing" as used in Iowa Code section 92.5(9) does not include using chemicals that recommend personal protective equipment.

"Laundering" as used in Iowa Code section 92.5(12) includes laundering with residential-style machines and includes laundromats. It includes industrial laundering on the following conditions:

1. A parent or guardian gives written permission, to be kept on file by the employer, for the minor to do industrial laundering.
2. The minor is not exposed to any chemicals that recommend personal protective equipment.
3. The employer provides nonslip shoes.
4. The employer provides training on bloodborne pathogens.
5. The minor lifts loads of no more than 30 pounds.

"Light tools" as used in Iowa Code section 92.5(11) includes the listed tools that are up to 30 pounds.

This rule is intended to implement Iowa Code section 92.5.
[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.6(92) Terms. The terms used in Iowa Code section 92.6A are defined and applied as specified in this rule.

240.6(1) *Definitions.*

"Light assembly work" means assembling with nonpower hand tools and does not include welding.

"Properly licensed" means a minor who holds a current license from the National Pool and Waterpark Lifeguard Training Program in one of the following programs:

1. National Pool and Waterpark Pool Lifeguard.
2. National Pool and Waterpark Lifeguard Training.
3. National Pool and Waterpark Deep Water Lifeguard.

If there is a question whether a specific training course meets the requirements of these rules, information about the course should be submitted to the director for evaluation.

240.6(2) *Waiver of weight limitation.* An employer may submit an application for waiver to allow a 15-year-old person to load, unload, or lift up to 50 pounds for work allowed under Iowa Code section 92.6A(1). The application shall:

a. Include information required by the director in an application form.

b. Be signed by the employer, the minor employee, and a parent or guardian.

c. Include documentation from a physician or physician's assistant that the minor is physically capable of this work activity.

240.6(3) *Waiver to unload lawn machines.* An employer may submit an application consistent with paragraphs 240.6(2)*"a"* through *"c"* for a waiver to allow a 15-year-old person to unload lawn machines under Iowa Code section 92.6A(3).

This rule is intended to implement Iowa Code section 92.6A.
[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.7 Reserved.

481—240.8(92) Terms. The terms used in Iowa Code section 92.8 are defined and applied as specified in this rule.

240.8(1) "Work activities in or about plants or establishments manufacturing or storing explosives or articles containing explosive components" means:

a. All activities in or about any plant or establishment (other than retail establishments or plants or establishments of the type described in paragraph 240.8(1)*"b"*) manufacturing or storing explosives or articles containing explosive components except where the activities are performed in a nonexplosive area.

b. The following activities in or about any plant or establishment manufacturing or storing small-arms ammunition not exceeding .60 caliber in size, shotgun shells, or blasting caps when manufactured or stored in conjunction with the manufacture of small-arms ammunition:

(1) All activities involved in the manufacturing, mixing, transporting, or handling of explosive compounds in the manufacture of small-arms ammunition and all other activities requiring the performance of any duties in the explosives area in which explosive compounds are manufactured or mixed.

(2) All activities involved in the manufacturing, transporting, or handling of primers and all other activities requiring the performance of any duties in the same building in which primers are manufactured.

(3) All activities involved in the priming of cartridges and all other activities requiring the performance of any duties in the same workroom in which rim-fire cartridges are primed.

(4) All activities involved in the plate loading of cartridges and in the operation of automatic loading machines.

(5) All activities involved in the loading, inspecting, packing, shipping and storage of blasting caps.

c. Definitions.

"Explosives" or *"articles containing explosive components"* means and includes ammunition, black powder, blasting caps, fireworks, high explosives, primers, smokeless powder, and all goods classified and defined as explosives by the Interstate Commerce Commission in regulations for the transportation

of explosives and other dangerous substances by common carriers (49 CFR Parts 71-78, in effect July 1, 1987).

"Nonexplosive area" means an area where none of the work performed in the area involves the handling or use of explosives; the area is separated from the explosives area by a distance not less than that prescribed in the American Table of Distances for the protection of inhabited buildings; the area is separated from the explosives area by a fence or is otherwise located so that it constitutes a definite designated area; and satisfactory controls have been established to prevent employees under 18 years of age within the area from entering any area in or about the plant that does not meet the criteria of this definition.

"Plant or establishment manufacturing or storing explosives or articles containing explosive components" means the land with all the buildings and other structures thereon used in connection with the manufacturing or processing or storing of explosives or articles containing explosive components.

d. Nothing in this subrule prohibits light assembly work that is away from machines, and nothing in this subrule prohibits selling or assisting in the sale of consumer fireworks in accordance with Iowa Code section 10A.519.

This subrule is intended to implement Iowa Code section 92.8(1).

240.8(2) "Logging and the operation of any sawmill, lath mill, shingle mill, or cooperage-stock mill" means all related activities with the following exceptions:

a. Exceptions applying to logging:

(1) Work in offices or in repair or maintenance shops.

(2) Work in the construction, operation, repair or maintenance of living and administrative quarters or logging camps.

(3) Work in timber cruising, surveying, or logging-engineering parties; work in the repair or maintenance of roads, railroads, or flumes; work in forest protection, such as clearing fire trails or roads, piling and burning slash, maintaining firefighting equipment, constructing and maintaining telephone lines, or acting as fire lookout or fire patrol person away from the actual logging operations. This exception does not apply to the felling or bucking of timber, the collecting or transporting of logs, the operation of power-driven machinery, the handling or use of explosives, and work on trestles.

(4) Peeling of fence posts, pulpwood, chemical wood, excelsior wood, cordwood, or similar products, when not done in conjunction with and at the same time and place as other logging activities prohibited by this subrule.

(5) Work in the feeding or care of animals.

b. Exceptions applying to the operation of any permanent sawmill or the operation of any lath mill, shingle mill, or cooperage-stock mill:

(1) Work in offices or in repair or maintenance shops.

(2) Straightening, marking, or tallying lumber on the dry chain or the dry drop sorter.

(3) Pulling lumber from the dry chain.

(4) Cleanup in the lumberyard.

(5) Piling, handling, or shipping of cooperage stock in yards or storage sheds, other than operating or assisting in the operation of power-driven equipment.

(6) Clerical work in yards or shipping sheds, such as done by order persons, tally persons, and shipping clerks.

(7) Cleanup work outside shake and shingle mills, except when the mill is in operation.

(8) Splitting shakes manually from precut and split blocks with a froe and mallet, except inside the mill building or cover.

(9) Packing shakes into bundles when done in conjunction with splitting shakes manually with a froe and mallet, except inside the mill building or cover.

(10) Manual loading of bundles of shingles or shakes into trucks or railroad cars, provided that the employer has on file a statement from a licensed doctor of medicine or osteopathy certifying the minor capable of performing this work without injury. The exceptions in subparagraphs 240.8(2)*"b"*(1) through *"b"*(10) do not apply to a portable sawmill if the lumberyard of the sawmill is used only for the temporary storage of green lumber and in connection with which no office or repair or maintenance shop is ordinarily maintained and work that entails entering the sawmill building.

Definitions.

"All activities in the operation of any sawmill, lath mill, shingle mill, or cooperage-stock mill" means all work performed in or about any mill in connection with storing of logs and bolts; converting logs or bolts into sawn lumber, laths, shingles, or cooperage stock; storing, drying, and shipping lumber, laths, shingles, cooperage stock, or other products of the mills and other work performed in connection with the operation of any sawmill, lath mill, shingle mill, or cooperage-stock mill. The term does not include work performed in the planing-mill department or other remanufacturing departments of any sawmill, or in any planing mill or remanufacturing plant not a part of a sawmill.

"Logging" means all work performed in connection with the felling of timbers; the bucking or converting of timber into logs, poles, piles, ties, bolts, pulpwood, chemical wood, excelsior wood, cordwood, fence posts, or similar products; the collecting, skidding, yarding, loading, transporting and unloading of these products in connection with logging; the constructing, repairing and maintaining of roads, railroads, flumes, or camps used in connection with logging; the moving, installing, rigging, and maintenance of machinery or equipment used in logging; and other work performed in connection with logging. The term does not apply to work performed in timber culture, to timber-stand improvement, or in emergency firefighting.

This subrule is intended to implement Iowa Code section 92.8(2).

240.8(3) "Operation of power-driven woodworking machines" means operating power-driven woodworking machines, including supervision or controlling the operation of the machines, feeding material into the machines, and helping the operator to feed material into the machines, but not including the placing of material on a moving chain or in a hopper or slide for automatic feeding. Also included are activities of setting up, adjusting, repairing, oiling or cleaning power-driven woodworking machines and the operations of off-bearing from circular saws and from guillotine-action veneer clippers.

Definitions.

"Off-bearing" means the removal of material or refuse directly from a saw table or from the point of operation. Operations not considered as off-bearing within the intent of this subrule include:

1. The removal of material or refuse from a circular saw or guillotine-action veneer clipper where the material or refuse has been conveyed away from the saw table or point of operation by a gravity chute or by some mechanical means such as a moving belt or expansion roller, and
2. The following operations when they do not involve the removal of material or refuse directly from a saw table or from the point of operation: the carrying, moving or transporting of materials from one machine to another or from one part of a plant to another; the piling, stacking, or arranging of materials for feeding into a machine by another person; and the sorting, tying, bundling or loading of materials.

"Power-driven woodworking machines" means all fixed or portable machines or tools driven by power and used or designed for cutting, shaping, forming, surfacing, nailing, stapling, wire stitching, fastening or otherwise assembling, pressing or printing wood or veneer.

This subrule is intended to implement Iowa Code section 92.8(3).

240.8(4) "Work activities involving exposure to radioactive substances and to ionizing radiations" means activity in any workroom in which radium is stored or used in the manufacture of self-luminous compound; self-luminous compound is made, processed or packaged; self-luminous compound is stored, used or worked upon; incandescent mantles are made from fabric and solutions containing thorium salts, or are processed or packaged; and other radioactive substances are present in the air in average concentrations exceeding 10 percent of the maximum permissible concentrations in the air recommended for occupational exposure by the National Committee on Radiation Protection, as set forth in the 40-hour week column of Table One of the National Bureau of Standards Handbook No. 69 entitled "Maximum Permissible Body Burdens and Maximum Permissible Concentrations of Radionuclides in Air and in Water for Occupational Exposure," June 5, 1959.

Also included is any other work that involves exposure to ionizing radiations in excess of 0.5 rem per year.

Definitions.

"Ionizing radiations" means alpha and beta particles, electrons, protons, neutrons, gamma and X-ray and all other radiations that produce ionizations directly or indirectly, but does not include electromagnetic radiations other than gamma and X-ray.

"Self-luminous compound" means any mixture of phosphorescent material and radium, mesothorium or other radioactive element.

"Workroom" means the entire area bounded by walls of solid material and extending from floor to ceiling.

This subrule is intended to implement Iowa Code section 92.8(4).

240.8(5) "Operation of elevators and other power-driven hoisting apparatus" means:

a. Work of operating an elevator, crane, derrick, hoist, or high-lift truck, except operating an unattended automatic operation passenger elevator or an electric or air-operated hoist not exceeding one-ton capacity.

b. Work that involves riding on a manlift or on a freight elevator, except a freight elevator operated by an assigned operator.

c. Work of assisting in the operation of a crane, derrick or hoist performed by crane hookers, crane chasers, hookers-on, riggers, rigger helpers, and like activities.

d. Exception. Iowa Code section 92.8(5) does not prohibit the operation of an automatic elevator and an automatic signal operation elevator provided that the exposed portion of the car interior (exclusive of vents and other necessary small openings), the car door and the hoistway doors are constructed of solid surfaces without any opening through which a part of the body may extend; all hoistway openings at floor level have doors that are interlocked with the car door so as to prevent the car from starting until all doors are closed and locked; the elevator (other than hydraulic elevators) is equipped with a device that will stop and hold the car in case of overspeed or if the cable slackens or breaks; and the elevator is equipped with upper and lower travel limit devices that will normally bring the car to rest at either terminal and a final limit switch that will prevent the movement in either direction and will open in case of excessive over-travel by the car.

Definitions.

"Automatic elevator" means any passenger elevator, a freight elevator or a combination passenger-freight elevator, the operation of which is controlled by push buttons in a manner that the starting, going to the landing selected, leveling and holding, and the opening and closing of the car and hoistway doors are entirely automatic.

"Automatic signal operation elevator" means an elevator that is started in response to the operation of a switch (such as a lever or push button) in the car that when operated by the operator actuates a starting device that automatically closes the car and hoistway doors—from this point on, the movement of the car to the landing selected, leveling and holding when it gets there, and the opening of the car and hoistway doors are entirely automatic.

"Crane" means any power-driven machine for lifting and lowering a load and moving it horizontally, in which the hoisting mechanism is an integral part of the machine. The term includes all types of cranes, such as cantilever gantry, crawler, gantry, hammerhead, ingot pouring, jib, locomotive, motor truck, overhead traveling, pillar jib, pintle, portal, semigantry, semiportal, storage bridge, tower, walking jib, and wall cranes.

"Derrick" means any power-driven apparatus consisting of a mast or equivalent members held at the top by guys or braces, with or without a boom, for use with a hoisting mechanism or operating ropes. The term includes all types of derricks, such as A-frame, breast, Chicago boom, gin-pole, guy and stiff-leg derrick.

"Elevator" means any power-driven hoisting or lowering mechanism equipped with a car or platform that moves in guides in a substantially vertical direction. The term includes both passenger and freight elevators (including portable elevators or tiering machines) but does not include dumbwaiters.

"High-lift truck" means any power-driven industrial type of truck used for lateral transportation that is equipped with a power-operated lifting device usually in the form of a fork or platform capable of tiering loaded pallets or skids one above the other. Instead of a fork or platform, the lifting device may consist of a ram, scoop, shovel, crane, revolving fork, or other attachments for handling specific loads. The term means

and includes high-lift trucks known as fork lifts, fork trucks, fork-lift trucks, tiering trucks, or stacking trucks, but does not mean low-lift trucks or low-lift platform trucks that are designed for the transportation of, but not the tiering of, material.

"Hoist" means any power-driven apparatus for raising or lowering a load by the application of a pulling force that does not include a car or platform running in guides. The term includes all types of hoists, such as base-mounted electric, clevis suspension, hook suspension, monorail, overhead electric, simple drum and trolley suspension hoists.

"Manlift" means any device intended for the conveyance of persons that consists of platforms or brackets mounted on, or attached to, an endless belt, cable, chain or similar method of suspension; the belt, cable or chain operating in a substantially vertical direction and being supported by and driven through pulleys, sheaves or sprockets at the top and bottom.

This subrule is intended to implement Iowa Code section 92.8(5).

240.8(6) "Operation of power-driven metal forming, punching and shearing machines" means being the operator of or helper on the following power-driven metal forming, punching, and shearing machines:

a. All rolling machines, such as beading, straightening, corrugating, flanging, or bending rolls; and hot or cold rolling mills.

b. All pressing or punching machines, such as punch presses, except those provided with full automatic feed and ejection and with a fixed barrier guard to prevent the hands or fingers of the operator from entering the area between the dies; power presses; and plate punches.

c. All bending machines, such as apron brakes and press brakes.

d. All hammering machines, such as drop hammers and power hammers.

e. All shearing machines, such as guillotine or squaring shears, alligator shears and rotary shears.

Also included are the occupations of setting up, adjusting, repairing, oiling, or cleaning these machines including those with automatic feed and ejection.

Definitions.

"Forming, punching and shearing machines" means power-driven metal-working machines, other than machine tools, that change the shape of or cut metal by means of tools, such as dies, rolls or knives that are mounted on rams, plungers or other moving parts. Types of forming, punching, and shearing machines enumerated in this subrule are the machines to which the designation is by custom applied.

"Helper" means a person who assists in the operation of a machine covered by this subrule by helping place materials into or remove them from the machine.

"Operator" means a person who operates a machine covered by this subrule by performing functions such as starting or stopping the machine, placing materials into or removing them from the machine, or any other functions directly involved in operation of the machine.

This subrule is intended to implement Iowa Code section 92.8(6).

240.8(7) "Mining" means all work performed underground in mines and quarries; in an underground working, open-pit, or surface part of any coal-mining plant that contribute to the extraction, grading, cleaning, or other handling of coal; on the surface at underground mines and underground quarries; in or about open-cut mines, open quarries, clay pits, and sand and gravel operations; at or about placer mining operations; at or about dredging operations for clay, sand or gravel; at or about bore-hole mining operations; in or about all metal mills, washer plants, or grinding mills reducing the bulk of the extracted minerals; and at or about any other crushing, grinding, screening, sizing, washing or cleaning operations performed upon the extracted minerals except where the operations are performed as a part of a manufacturing process.

The term "mining" does not include:

a. Work performed in subsequent manufacturing or processing operations, such as work performed in smelters; electro-metallurgical plants; refineries; reduction plants; cement mills; plants where quarried stone is cut, sanded and further processed; or plants manufacturing clay, glass or ceramic products.

b. Work performed in connection with petroleum production, in natural gas production, or in dredging operations that are not a part of mining operations, such as dredging for construction or navigation purposes.

c. Work in offices, in the warehouse or supply house, in the change house, in the laboratory, and in repair or maintenance shops not located underground.

d. Work in the operation and maintenance of living quarters.

e. Work outside the mine in surveying, in the repair and maintenance of roads, and in general cleanup about the mine property such as clearing brush and digging drainage ditches.

f. Work of track crews in the building and maintaining of sections of railroad track located in those areas of open-cut metal mines where mining and haulage activities are not being conducted at the time and place that the building and maintenance work is being done.

g. Work in or about surface placer mining operations other than placer dredging operations and hydraulic placer mining operations.

h. Work in metal mills other than in mercury-recovery mills or mills using the cyanide process involving the operation of jigs, sludge tables, flotation cells, or drier-filters; hand-sorting at picking table or picking belts; or general cleanup.

Nothing in this subrule permits any employment of minors in any other activity otherwise prohibited by Iowa Code chapter 92.

This subrule is intended to implement Iowa Code section 92.8(7).

240.8(8) "Work activities in or about slaughtering and meat packing establishments and rendering plants" means:

a. All activities on the killing floor, in curing cellars, and in hide cellars, except the work of messengers, runners, hand truckers and similar activities that require entering workrooms or workplaces infrequently and for short periods of time.

b. All activities involved in the recovery of lard and oils, except packaging and shipping of the products and the operation of lard-roll machines.

c. All activities involved in tankage or rendering of dead animals, animal offal, animal fats, scrap meats, blood, and bones into stock feeds, tallow, inedible greases, fertilizer ingredients, and similar products.

d. All activities involved in the operation or feeding of the following power-driven meat processing machines, including setting up, adjusting, repairing, oiling, or cleaning the machines regardless of the product being processed by these machines (including, for example, the slicing in a retail delicatessen of meat, poultry, seafood, bread, vegetables, or cheese):

(1) Meat patty forming machines, meat and bone cutting saws, knives (except bacon-slicing machines), head splitters, and guillotine cutters;

(2) Snout pullers and jaw pullers;

(3) Skinning machines;

(4) Horizontal rotary washing machines;

(5) Casing-cleaning machines such as crushing, stripping, and finishing machines;

(6) Grinding, mixing, chopping, and hashing machines; and

(7) Presses (except belly-rolling machines).

e. All boning activities.

f. All activities involving the pushing or dropping of any suspended carcass, half carcass, or quarter carcass.

g. All activities involving hand-lifting or hand-carrying any carcass or half carcass of beef, pork, or horse or any quarter carcass of beef or horse.

Definitions.

"Boning" means the removal of bones from meat cuts. It does not include cutting, scraping or trimming meat from cuts containing bones.

"Curing cellar" means the workroom or workplace that is primarily devoted to the preservation and flavoring of meat by curing materials. It does not include the workroom or workplace where meats are smoked.

"Hide cellar" means the workroom or workplace where hides are graded, trimmed, salted, and otherwise cured.

"Killing floor" means the workroom or workplace where cattle, calves, hogs, sheep, lambs, goats, or horses are immobilized, shackled, or killed and the carcasses are dressed prior to chilling.

"Rendering plants" means establishments engaged in the conversion of dead animals, animal offal, animal fats, scrap meats, blood, and bones into stock feeds, tallow, inedible greases, fertilizer ingredients and similar products.

"Slaughtering and meat packing establishments" means places in or about which cattle, calves, hogs, sheep, lambs, goats, or horses, poultry, rabbits or small game are killed, processed or butchered and establishments that manufacture or process meat products or sausage casings from these animals.

This subrule is intended to implement Iowa Code section 92.8(8).

240.8(9) "Operation of certain power-driven bakery machines" means operating, assisting to operate or setting up, adjusting, repairing, oiling, or cleaning any horizontal or vertical dough mixer; batter mixer; bread dividing, rounding, or molding machine; dough brake; dough sheeter; combination bread slicing and wrapping machines; or cake cutting band saw and setting up or adjusting a cookie or cracker machine. However, this definition does not apply to the operation of pizza dough rollers that are a type of dough sheeter that have been constructed with safeguards contained in the basic design so as to prevent fingers, hands, or clothing from being caught in the in-running point of the rollers, that have gears that are completely enclosed, and that have microswitches that disengage the machinery if the backs or sides of the rollers are removed, only when all the safeguards detailed in Iowa Code section 92.8(9) are present on the machinery, are operational, and have not been overridden.

This subrule is intended to implement Iowa Code section 92.8(9).

240.8(10) "Operation of paper-products machines" means operating or assisting to operate any of the following power-driven paper-products machines and includes:

a. An arm-type wire stitcher or stapler, circular or band saw, corner cutter or mitering machine, corrugating and single- or double-facing machine, envelope die-cutting press, guillotine paper cutter or shear, horizontal bar scorer, laminating or combining machine, sheeting machine, scrap-paper baler, or vertical slotter.

b. A platen die-cutting press, platen printing press, or punch press that involves hand feeding of the machine.

c. The activities of setting up, adjusting, repairing, oiling, or cleaning the machines in paragraphs 240.8(10)*"a"* and *"b,"* including those that do not involve hand feeding.

d. Loading material into paper/cardboard balers, except when the machine is powered off and the key is stored in a separate area from the machine.

Definitions.

"Operating or assisting to operate" means all work that involves starting or stopping a machine covered by this subrule, placing materials into or removing them from the machine, or any other work directly involved in operating the machine except loading material into balers when the machine is powered off and the key is stored in a separate area from the machine.

"Paper-products machine" means power-driven machines used in:

1. The remanufacture or conversion of paper or pulp into a finished product, including the preparation of materials for recycling.

2. The preparation of materials for disposal. The term applies to the machines whether they are used in establishments that manufacture converted paper or pulp products, or in any other type of manufacturing or nonmanufacturing establishments.

This subrule is intended to implement Iowa Code section 92.8(10).

240.8(11) "Manufacturing brick, tile and related products" means the manufacture of brick, tile and related products; includes the manufacture of clay construction products and of silica refractory products; and includes:

a. All work in or about establishments in which clay construction products are manufactured, except work in storage and shippings; work in offices, laboratories, and storerooms; and work in the drying departments of plants manufacturing sewer pipe.

b. All work in or about establishments in which silica brick or other silica refractories are manufactured, except work in offices.

Nothing in this subrule permits any employment of minors in any other activities otherwise prohibited by Iowa Code chapter 92.

Definitions.

"Clay construction products" means brick, hollow structural tile, sewer pipe and kindred products, refractories, and other clay products such as architectural terra cotta, glazed structural tile, roofing tile, stove lining, chimney pipes and tops, wall coping, and drain tile. It does not include nonstructural-bearing clay products such as ceramic floor and wall tile, mosaic tile, glazed and enameled tile, faience, and similar tile, nor nonclay construction products such as sand-lime brick, glass brick, or nonclay refractories.

"Silica brick or other silica refractories" means refractory products produced from raw materials containing free silica as its main constituent.

This subrule is intended to implement Iowa Code section 92.8(11).

240.8(12) "Operation of circular saws, band saws, and guillotine shears" means:

a. Operator of or helper on power-driven fixed or portable circular saws, band saws, and guillotine shears except machines equipped with full automatic feed and ejection.

b. Setting up, adjusting, repairing, oiling, or cleaning circular saws, band saws, or guillotine shears.

Definitions.

"Band saw" means a machine equipped with an endless steel band having a continuous series of notches or teeth, running over wheels or pulleys, and used for sawing materials.

"Circular saw" means a machine equipped with an endless steel disc and having a continuous series of notches or teeth on the periphery, mounted on shafting, and used for sawing materials.

"Guillotine shear" means a machine equipped with a movable blade operated vertically and used to shear materials. The term does not include other types of shearing machines using a different form of shearing action, such as alligator shears or circular shears.

"Helper" means a person who assists in the operation of a machine covered by this subrule by helping place materials into or remove materials from the machine.

"Machines equipped with full automatic feed and ejection" means machines covered by this subrule that are equipped with devices for full automatic feeding and ejection and with a fixed barrier guard to prevent completely the operator or helper from placing any body part in the point-of-operation area.

"Operator" means a person who operates a machine covered by this subrule by performing functions such as starting or stopping the machine, placing materials into or removing materials from the machine, or any other function directly involved in the operation of the machine.

This subrule is intended to implement Iowa Code section 92.8(12).

240.8(13) "Wrecking, demolition and shipbreaking operations" means all work, including cleanup and salvage work, performed at the site of the total or partial razing, demolishing, or dismantling of a building, bridge, steeple, tower, chimney, other structure, ship or other vessel.

This subrule is intended to implement Iowa Code section 92.8(13).

240.8(14) "Roofing operations" means all work performed in connection with the application of weatherproofing materials and substances (such as tar or pitch; asphalt prepared paper; tile; slate; metal; translucent materials; and shingles of asbestos, asphalt or wood) to roofs of buildings or other structures. The term also includes all work performed in connection with the installation of roofs, including related metal work such as flashing; and alterations, additions, maintenance and repair, including painting and coating, of existing roofs. The term does not include gutter and downspout work; the construction of the sheathing or base of roofs; or the installation of television antennas, air conditioners, exhaust and ventilating equipment or similar appliances attached to roofs.

This subrule is intended to implement Iowa Code section 92.8(14).

240.8(15) "Excavation" means all activities involved with:

a. Excavating, working in, or backfilling (refilling) trenches, except manually excavated or manually backfilling trenches that do not exceed four feet in depth at any point or working in trenches that do not exceed four feet in depth at any point.

b. Excavating for buildings or other structures or working in the excavations, except manually excavating to a depth not exceeding four feet below any ground surface adjoining the excavation, working

in an excavation not exceeding four feet in depth, or working in an excavation where the side walls are shored or sloped to the angle or repose.

c. Working within tunnels prior to the completion of all driving and shoring operations.

d. Working within shafts prior to the completion of all sinking and shoring operations.

This subrule is intended to implement Iowa Code section 92.8(15).

240.8(16) to **32.8(19)** Reserved.

240.8(20) Work activities prohibited by the director include the following:

a. Activities involved in the operation of power cutters on corn detasseling machines.

b. Activities involved in the driving of power-driven detasseling machines unless the driver has a valid driver's license or a certificate issued by the Federal Extension Service showing that the driver has completed a 4-H farm and machinery program.

This subrule is intended to implement Iowa Code section 92.8(21).

This rule is intended to implement Iowa Code section 92.8.

[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.9(92) Terms. The terms used in Iowa Code section 92.8A are defined and applied as specified in this rule.

"Incidental" means not a primary activity of the minor.

"Intermittent and for short periods of time" may vary depending on the degree and type of hazard. The frequency and duration of an activity shall make it clear the employee is a learner rather than a production worker. The burden is on the employer to justify more than one hour per day or 20 percent of a shift.

"Written permission" includes a description of the activity that would otherwise be unlawful under Iowa Code section 92.8, including the expected frequency and duration of that activity.

This rule is intended to implement Iowa Code section 92.8A.

[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.10 Reserved.

481—240.11(92) Civil penalty calculation. An employer who violates this chapter or Iowa Code chapter 92 is subject to a civil penalty of not more than $10,000 per violation as set forth in this rule.

240.11(1) *Counting the number of violations.*

a. Each day that a child works too many hours, works at a prohibited time, or works in a prohibited occupation is a separate violation.

b. The director may waive or reduce the penalty if this method of counting the violations would result in a penalty that is disproportionate to the harm done to the minor(s), the size of the employer, or both.

240.11(2) *Determining whether a violation is a repeat violation.* The higher penalty amounts outlined in subrules 240.11(4) and 240.11(5)for repeat instances may be assessed by the director if citations regarding the earlier instance or instances are final action and occurred less than five years before.

240.11(3) Reserved.

240.11(4) *Hours violations.* If a child is killed while working at a prohibited time or for excessive hours, the civil penalty is $10,000 for each instance. For other time or hour violations, the penalties set forth in this subrule are applied.

a. The civil penalties for working less than 15 minutes before or after an allowed time are as set forth in the following schedule:

Instance	Penalty
First	Warning letter
Second	$100 civil penalty
Third	$200 civil penalty
Fourth	$500 civil penalty
Fifth	$1,000 civil penalty
Each additional instance	$2,500 civil penalty

b. For any time or hours violation not described elsewhere in this subrule, the following civil penalty schedule applies:

Instance	Penalty
First	$100 civil penalty
Second	$250 civil penalty
Third	$500 civil penalty
Fourth	$1,000 civil penalty
Each additional instance	$2,500 civil penalty

240.11(5) *Occupation violations.*

a. If no serious illness or injury results from the work, the civil penalties for allowing or permitting a child to perform prohibited work are as set forth in the following schedule:

Instance	Penalty
First	$500 civil penalty
Second	$1,500 civil penalty
Third	$2,500 civil penalty
Fourth	5,000 civil penalty
Fifth	$7,500 civil penalty
Each additional instance	$10,000 civil penalty

b. If a nonfatal but serious illness or injury results from the work, the civil penalties for allowing or permitting a child to perform prohibited work are as set forth in the following schedule:

Instance	Penalty
First	$2,500 civil penalty
Second	$5,000 civil penalty
Each additional instance	$10,000 civil penalty

c. If a fatality results from the work, the civil penalty for allowing or permitting a child to perform prohibited work is $10,000 for each instance.

240.11(6) *Penalty reduction factors.* Except for violations related to the death of a child while working, the director shall reduce the penalty calculated pursuant to subrules 240.11(1), 240.11(2),240.11(4) and 240.11(5) by the appropriate penalty reduction percentages set forth in this subrule. However, if the director requests information relevant to the penalty assessment and the employer does not provide responsive information, the director will not reduce the penalty.

a. Penalty reduction for size of business. The director shall reduce a penalty as follows:

(1) Thirty-five percent if the employer has 25 or fewer employees.

(2) Fifteen percent if the employer has 26 to 100 employees.

(3) Five percent if the employer has 101 to 250 employees.

b. Penalty reduction for good faith. The director may reduce a penalty by 15 percent based upon evidence that the employer made a good faith attempt to comply with the requirements. If at any time the director warned an employer in writing about a prohibited practice and a civil penalty is being assessed against the same employer for repeating the practice, the director shall not reduce the penalty based on good faith.

c. Penalty reduction for history. The director shall reduce a penalty by 10 percent if the director has not assessed a civil penalty under this chapter within the past five years.

This rule is intended to implement Iowa Code section 92.22.

[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—240.12(92) Civil penalty procedures.

240.12(1) *Notice of civil penalty.* The director shall serve a notice of proposed civil penalty by certified mail or in a manner consistent with service of original notice under the Iowa Rules of Civil Procedure with a 15-day grace period before issuing the notice. The notice shall include the following:

a. A statement that the notice proposes a civil penalty assessment for violation of child labor laws.

b. Descriptions of the alleged violations including the provisions allegedly violated, the number of violations, and the proposed penalties.

c. A statement that the employer has the right to request a hearing by filing a notice of contest with the director within 15 working days from the receipt of the notice of proposed civil penalty and that if a notice of contest is not timely filed, the proposed civil penalty will become final agency action.

d. A reference to the applicable procedural provisions.

240.12(2) *Notice of contest.* The civil penalty proposed by the director is final agency action if the employer does not timely file a notice of contest. The filing date for a timely notice of contest is within 15 working days of the date the notice of proposed civil penalty was received by the employer. The notice of contest shall include the name, address, and telephone number of the employer's representative. If a notice of contest is filed by fax, the original shall be mailed to the director.

240.12(3) *Contested case procedures.* Contested case procedures are set forth in the director's rules and Iowa Code chapter 17A.

This rule is intended to implement Iowa Code section 92.22.

[**ARC 8745C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

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[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 241 to 244
Reserved

CHAPTER 245
EMPLOYER REQUIREMENTS FOR NON-ENGLISH SPEAKING EMPLOYEES

[Prior to 10/21/98, see 347—Ch 160]
[Prior to 7/9/25, see Labor Services Division[875] Ch 160]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—245.1(91E) Purpose and scope. These rules apply to employees employed on an hourly basis. These rules apply to employers whose total employment of employees paid on an hourly basis in this state exceeds 100.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.2(91E) Definitions. The definitions in Iowa Code section 91E.1 are adopted with the following clarifications or additions:

"Act" means the non-English speaking employee services Act, Iowa Code chapter 91E.

"Applicant" means an employer, employee, or non-English speaking employee as those terms are defined in the Act.

"Business day" means those days an office is open and staffed with the person(s) capable of processing employees' requests for transportation provided in Iowa Code section 91E.3(2).

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Work site" means a single physical location where business is conducted or where services or industrial operations are performed (e.g., a factory, mill, store, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office).

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.3(91E) Knowledge of English. An employee who can understand the following in English is not covered by these rules:

245.3(1) The hours of work.

245.3(2) The hourly wage.

245.3(3) All mandatory and elective benefits.

245.3(4) The job duties.

245.3(5) The safety and health risks of the job and appropriate methods of protection.

245.3(6) Information and training on hazardous chemicals in the employee's work area.

245.3(7) Safety signs and symbols that warn of potential dangers and hazards at the work site.

245.3(8) The purpose of forms used by the employer including:

a. Orientation,

b. Insurance,

c. Accidents at the work site, and

d. Other forms the employee is required to complete or answer.

245.3(9) The employer's requirement to provide an interpreter if more than 10 percent of the employer's employees speak the same non-English language.

245.3(10) Communication with a nurse or other medical personnel at the work site.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.4(91E) Community services referral agent requirements.

245.4(1) *Referral agent available.* The employer provides to employees at each work site the name of the person who is designated as having the primary responsibility as the referral agent. The information shall be provided in the language of the non-English speaking employees.

245.4(2) *Referral agent's responsibilities.* The primary responsibility of the person employed as the employer's referral agent is to develop and maintain a list of contact persons and agencies, telephone

numbers, and addresses of the community services provided in the work site's community. The referral agent assists non-English speaking employees in working with and through those services.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.5(91E) Exemptions.

245.5(1) An applicant desiring an exemption may file a written application with the director that shall include:

a. The name, address and telephone number of the applicant;

b. The address or location of the work site affected;

c. A description of the operation or type of work site;

d. A listing of the section of the Act or rules to which the exemption would apply;

e. A representation of the impact of compliance on the part of the applicant;

f. A representation of why the exemption would be reasonable;

g. If the applicant is an employer, a description of how employees and non-English speaking employees have been informed of the application and their rights to petition the director for a hearing;

h. If the applicant is an employee or non-English speaking employee, a description of how the employer has been informed of the application and the employer's rights to petition the director for a hearing;

i. A request for a hearing if one is desired; and

j. Any other information the director may request.

245.5(2) At the time the application is received, the director shall promptly provide the applicant with a notice of receipt of application that shall be posted where notices are customarily posted for employees. If the applicant is an employee or non-English speaking employee, the employer shall post the notice when provided to the employer.

245.5(3) If the applicant is an employer, any affected employee or an affected non-English speaking employee may request a hearing. If the applicant is an employee or a non-English speaking employee, the affected employer may request a hearing. Any request for a hearing on the application is made by notifying the director within 14 calendar days of posting the notice.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.6(91E) Inspections. This rule pertains to enforcement of the Act.

245.6(1) Inspections shall take place at the times and places directed by the commissioner.

245.6(2) Inspections may be conducted without prior notice.

245.6(3) The commissioner may interview persons at the work site and utilize other reasonable inspection techniques including but not limited to correspondence, telephone conversation, review of written materials, and physical inspection of the work site.

245.6(4) Unnecessary disruptions to the operations at the work site will be avoided.

245.6(5) In the event the commissioner is not permitted to fully conduct an inspection, an administrative warrant may be sought.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—245.7(91E) Enforcement and penalties. If the director finds a violation subject to a civil penalty, the director will issue a notice of violation to the employer and propose a civil penalty that shall be sent to the employer by certified mail. The employer has 14 calendar days from receipt of the notice of violation or proposed civil penalty to inform the director by mail of the intent to contest the notification or proposed penalty. After receipt of the employer's notification, the director will afford the employer the opportunity for a hearing.

[**ARC 8753C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 91E.

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CHAPTERS 246 to 249
Reserved

IOWA ATHLETIC COMMISSION

CHAPTER 250
GENERAL REQUIREMENTS FOR ATHLETIC COMMISSION EVENTS
[Prior to 7/9/25, see Labor Services Division[875] Ch 169]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—250.1(90A) Scope and application. Unless otherwise noted, this chapter applies to each event covered by Iowa Code chapter 90A.
[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—250.2(92) Definitions. The following definitions apply to 481—Chapters 250 through 260:

"Commissioner" means the state commissioner of athletics, who is also the director of the department of inspections, appeals, and licensing, or the director's designee.

"Physician" includes a physician associate unless otherwise noted.

"Professional wrestling" is an exhibition in which the participants display their skills in a physical struggle against each other for entertainment and does not comprise a bona fide athletic contest or competition.
[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

481—250.3(90A) Prohibited events. No promoter shall arrange or advertise:

250.3(1) A match between persons of the opposite sex;

250.3(2) A match between more than two contestants; or

250.3(3) A match with a contestant who is younger than 18 years of age.
[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—250.4(90A) Advance notice of event. A promoter shall submit advance notice of an event, other than a professional wrestling event, to the commissioner on the form provided by the commissioner at least 60 days prior to the event but not more than six months prior to the event. The advance notice includes:

250.4(1) The date, time, type, and location of the event;

250.4(2) The promoter's name and contact information;

250.4(3) One-half of the required event license fee;

250.4(4) Whether the event is indoors or outdoors; and

250.4(5) Other relevant information requested by the commissioner on the form.
[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—250.5(90A) Event license. A promoter may hold a mixed martial arts match, professional boxing match, or wrestling match only if the commissioner has issued an event license.

250.5(1) *Application.* The promoter shall submit a completed application for a license on the form provided by the commissioner.

a. For a professional wrestling event, the application shall be submitted at least seven days prior to the event and include each of the following:

(1) The promoter's name, address, telephone number and other contact information as requested by the commissioner;

(2) The event date, venue name, and venue address;

(3) A nonrefundable $100 event license fee;

(4) The promoter's signature; and

(5) A bond as described in subparagraph 250.5(1)*"b"*(10).

b. For any other covered event, the application shall be submitted at least 60 days prior to the event and include each of the following:

(1) The date, time, type, and location of the event;

(2) The promoter's name, address, and contact information;

(3) One-half of the required event license fee;

(4) A copy of the medical license of the ringside physician or physician associate;

(5) The date, time, and location for the weighing of the contestants;

(6) The emergency medical services company, and the security company;

(7) The name and contact information for the certified law enforcement officer who will attend the event;

(8) The date, time, and location of the ringside physician's or physician associate's examination of the contestants;

(9) Certificates of insurance;

(10) A bond in the sum of $5,000, payable to the State of Iowa, conditioned upon the payment of the tax and penalties imposed by Iowa Code chapter 90A, unless the promoter has a current valid bond on file with the department;

(11) The name and telephone number of the person designated to clean between rounds; and

(12) Other information requested by the commissioner.

250.5(2) *Event license fees.* The nonrefundable event license fee is $100 for a professional wrestling event and $450 for all other covered events. A professional wrestling promoter shall submit the event license fee with the event license application at least 7 days prior to the event. For all other covered events, the promoter shall submit one-half of the event license fee with the advance notice of the event at least 60 days prior to the event, and one-half of the event license fee with the event license application at least 7 days prior to the event.

250.5(3) *Issuance.* The decision to issue an event license is solely within the discretion of the commissioner. The following factors will be considered by the commissioner when deciding whether to issue an event license:

a. Date the promoter filed advance notice of event.

b. The promoter's prior compliance with Iowa Code chapter 90A and applicable rules.

c. Applications for conflicting events.

d. Ability of the commissioner to provide staff.

e. The promoter's history of canceling events.

f. Anticipated tax revenue.

g. Completeness of application package.

h. Whether the event is indoors or outdoors.

250.5(4) *Revocation.* When the commissioner finds that failure to provide adequate security to maintain public safety requires emergency action, the commissioner may immediately suspend the event license, pending license revocation procedures pursuant to Iowa Code chapter 17A.

[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

481—250.6(90A) Promoter responsibilities. The promoter of a professional wrestling event is responsible for subrules 250.6(1) through 250.6(6). All other promoters are responsible for each of the following:

250.6(1) Ensure compliance with Iowa Code chapter 90A and applicable rules.

250.6(2) Ensure that the referees are familiar with and enforce the rules.

250.6(3) Be responsible for the conduct and attendance of all officials and participants.

250.6(4) Ensure that adequate public safety is maintained at all events. Adequate personnel provided by a private security company and at least one certified law enforcement officer shall be furnished by the promoter.

250.6(5) Ensure that a referee inspects the gloves, bandages, and body of each contestant for foreign substances that might be detrimental to an opponent.

250.6(6) Ensure that contestants have closely trimmed fingernails.

250.6(7) Provide officials and participants who are subject to approval by the commissioner.

250.6(8) Be available to the commissioner throughout an event or identify a designee who will be:

a. Available to the commissioner throughout an event; and

b. Authorized by the promoter to address issues that may arise.

250.6(9) Enter into a written contract with each contestant using the form furnished by the commissioner. Other adequate proof of acceptance of terms will be considered an agreement between a contestant, the contestant's manager and the promoter, pending the actual signing of the contract.

250.6(10) Provide appropriate gloves.

250.6(11) Provide and maintain a container with a solution able to clean bodily fluids from any part of the cage, cage enclosure, or floor.

250.6(12) Ensure that an ambulance and ambulance service authorized at the EMT-B, EMT-I, EMT-P or paramedic specialist level are present at the event. A promoter is fully responsible for all charges assessed by the ambulance service related to the event except:

a. Charges covered by insurance.

b. Charges for services provided to persons other than participants and officials.

250.6(13) Ensure that contestants are wearing appropriate attire, gloves, and other necessary equipment.

250.6(14) Provide a suitable, clean, and private space for contestants to change clothes.

250.6(15) Submit to the ringside physician or physician associate no later than at the time of the physicals test results showing that each contestant scheduled for the event tested negative for the human immunodeficiency, hepatitis B, and hepatitis C viruses within 12 months prior to the event. The contestant shall not participate and the physician or physician associate shall notify the promoter that the contestant is prohibited from participating for medical reasons if any of the following occurs:

a. The promoter does not produce timely proof of testing;

b. The test results are positive;

c. The laboratory is not properly certified;

d. The test was performed more than 12 months prior to the event; or

e. The test results are otherwise deficient.

250.6(16) Obtain from a company authorized to do business in the state of Iowa $10,000 of health insurance coverage on each contestant to provide for medical, surgical and hospital care for injuries sustained and illnesses contracted during the event. If there is a deductible, it shall not exceed $1,500. If the contestant pays for covered care, the insurance proceeds shall be paid to the contestant or the contestant's beneficiaries as reimbursement for payment. In the event of a claim, payment of the deductible is the sole responsibility of the promoter.

250.6(17) Obtain from a company authorized to do business in the state of Iowa no less than $10,000 of life insurance coverage on each contestant to cover death caused by injuries sustained or illnesses contracted during the event.

250.6(18) No later than the day of the event, ensure that each contestant makes available to the commissioner's representative suitable proof of age consisting of one of the following documents:

a. A certified birth certificate;

b. A passport;

c. A certified baptismal record;

d. A U.S. visa;

e. An identification card issued to the contestant by a governmental entity and that includes the contestant's photograph and birth date; or

f. A U.S. resident alien card.

250.6(19) Ensure that participants and officials behave in a professional manner at all times.

250.6(20) Ensure that participants and officials refrain from:

a. Fighting with anyone other than a scheduled opponent;

b. Fighting outside the ring;

c. Throwing objects; and

d. Making obscene gestures.

250.6(21) Establish through mixedmartialarts.com that no contestant on an amateur card has participated in a reported professional mixed martial arts match.

[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

481—250.7(90A) Taxes. No later than 20 days after an event, a promoter shall file with the commissioner a report and pay all taxes due from the event. The report is submitted on the form provided by the commissioner and includes the promoter's business name, name of a contact for the promoter, date of the event, event license number, location of the event, each price for which tickets were offered or sold,

number of tickets sold at each price, total gate receipts, and signatures of the licensee and the person who completed the report. The promoter shall submit with the report:

250.7(1) Proof of the number of tickets sold and the price of each ticket, which includes appropriate documentation from a ticketing service, if applicable.

250.7(2) Payment to the Iowa department of inspections, appeals, and licensing for the amount calculated using the report.

[**ARC 8835C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 90A.

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[Editorial change: IAC Supplement 7/9/25]
[Editorial change: IAC Supplement 11/26/25]
[Editorial change: IAC Supplement 6/10/26]

CHAPTER 251
PROFESSIONAL BOXING

[Prior to 9/24/86, Athletics Commissioner[110] Ch 2]
[Prior to 10/21/98, see 347—Ch 97]
[Prior to 8/16/06, see 875—Ch 97]
[Prior to 7/9/25, see Labor Services Division[875] Ch 173]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—251.1(90A) Limitation of rounds. Ten rounds is the maximum number of rounds for a boxing bout, except for a championship match that may not exceed 15 rounds. Three minutes of boxing will constitute a round, or, by special permission of the commissioner, two minutes. There will be a rest period of one minute between rounds.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.2(90A) Weight restrictions. Permission must be received from the commissioner before a contestant will be permitted to box an opponent 18 pounds heavier than the boxer in the welterweight or middleweight classes or 6 pounds heavier than the boxer in or under the lightweight class.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.3(90A) Injury. If a contestant claims to be injured during the bout, the referee shall stop the bout and request that the attending physician make an examination. If the physician decides that the contestant has been injured as the result of a foul, the physician shall advise the referee of the injury. If the physician is of the opinion that the injured contestant may be able to continue, the physician shall order a five-minute intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. It is the duty of the promoter to have an approved physician in attendance during the entire duration of all bouts.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.4(90A) Knockdown. If a contestant falls due to fatigue or is knocked down by the opponent, the contestant shall be allowed ten seconds in which to rise unassisted. When a contestant falls, the opponent shall go to the farthest neutral corner and remain there during the ten-second count. The referee shall stop counting should the opponent fail to go to a neutral corner.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.5(90A) Limitation on number of bouts. Any boxing contestant who has agreed to take part in a bout of five rounds or more is not permitted to participate in any other bout in Iowa or elsewhere five days prior to the date of the bout unless given permission by the commissioner.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.6(90A) Contestants' arrival. All main event contestants shall be in the city or locale at least 24 hours before the scheduled time of the bout or contest. The promoter shall advise the commissioner of the arrival time. Any exception to this rule shall be approved by the commissioner.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.7(90A) Persons allowed in the ring. No person other than the contestants and the referee may enter the ring during the bout, excepting the seconds between the rounds or the attending physician if asked by the referee to examine an injury to a contestant.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.8(90A) Protection of hands. Only one roll of cotton gauze surgical bandage, not to exceed 2 inches in width and 10 yards in length, shall be used for the protection of each hand. Only one winding of surgeons' adhesive tape not more than 1½ inches in width may be placed directly on the hand to protect

that part of the hand near the wrist. Said tape may cross the back of the hand twice, but not extend within 1 inch of the knuckles when the hand is clenched to make a fist.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.9(90A) Scoring. Twenty points will be the maximum number to be scored in any round. The contestant winning the round will receive ten points and the opponent proportionately less. If the round is even, each contestant will receive ten points.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.10(90A) Gloves. The gloves must not be twisted or manipulated in any way by the contestants or their handlers. If a glove breaks or a string becomes untied during the bout, the referee will instruct the timekeeper to take time out while the glove is being adjusted.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.11(90A) Proper attire. Contestants must wear proper athletic attire. Athletic attire of opposing contestants shall be of contrasting colors. Male contestants shall wear a foul proof protective cup. Female contestants shall wear foul proof pelvic area protection and breast protection.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.12(90A) Use of substances. Excessive use of cocoa butter, petroleum jelly, grease, ointments or strong-smelling liniment by a contestant in a bout will not be permitted.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.13(90A) "Down." A boxer will be deemed down when:

1. Any part of the boxer's body other than the boxer's feet is on the ring floor or while rising from a down position.
2. The boxer is hanging helplessly over the ring ropes, but then is not officially down until so pronounced by the referee, who may count the boxer out either on the ropes or on the floor.

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.14(90A) Foul. The following activities will be deemed a foul:

1. Hitting below the belt or after the bell has ended the round.
2. Hitting an opponent who is down or who is getting up after being down.
3. Holding an opponent or deliberately maintaining a clinch.
4. Holding an opponent with one hand and hitting with the other hand.
5. Butting with head or shoulders or using the knee.
6. Hitting with inside or butt of the hand, the wrist or the elbow and all backhand blows.
7. Hitting or "flicking" with the open glove or thumbing.
8. Wrestling or roughing at the ropes.
9. Purposely going down without being hit.
10. Striking deliberately at that part of the body over the kidneys.
11. Use of the pivot blow or rabbit punch.
12. Use of abusive or profane language.
13. Failure to obey the referee, or any physical actions that may injure a contestant, except by fair sportsmanlike boxing.

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.15(90A) Penalties. The referee will penalize a contestant who commits any foul by deducting points from the contestant's score for the round in which the foul is committed. If, in the referee's judgment, the foul is of a serious nature or intentionally inflicted, the referee may award the bout to the contestant who was fouled.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.16(90A) Weight classes. Scale of weights:

	[Pounds]
Flyweight	112
Bantamweight	118
Featherweight	126
Lightweight	135
Welterweight	147
Middleweight	160
Light heavyweight	175
Heavyweight	Over 175

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.17(90A) Attendance of commissioner. At each boxing card, the commissioner or the commissioner's designee shall be in attendance.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.18(90A) Weighing of contestants. Contestants shall be weighed and examined on the day of the scheduled match by the attending ring physician, at a time and place as allowed by the commissioner. Preliminary boxers may be allowed to weigh in and be examined not later than one hour before the scheduled time of the first match on the card. All weigh-ins will be conducted with the boxer stripped.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.19(90A) General requirements. The commissioner will not approve bout permits for bouts on Christmas Day. "Battles royal" or bouts in which more than two boxing contestants are to appear in the ring at the same time will not be approved. In programs where both amateur and professional contestants appear on the same card, there shall be no more than four amateur bouts of three rounds each. The amateur contests will be under the complete control and supervision of the United States of America Amateur Boxing Federation authority. On each card containing amateur and professional contests, there shall be at least an equal or greater number of bouts of professional boxing. The amateur section of the card shall be held first with at least a 15-minute intermission between the amateur and professional events.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.20(90A) Excessive coaching. Excessive coaching and other detracting activities by seconds, managers or trainers while the bouts are in progress are prohibited. Offenders will be warned and if the violation continues, the offending contestant may be charged with a foul and a loss of points.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.21(90A) Abusive language. The use of foul or abusive language or mannerisms by any person associated with any bout will not be tolerated.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.22 to **251.24** Reserved.

481—251.25(90A) Ring requirements. The ring is not less than 16 nor more than 22 feet square within the ropes, elevated 3½ feet above the floor and has suitable access by steps.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.26(90A) Ring posts. The ring posts will be constructed of metal not more than 4 inches in diameter, extend from the floor of the building to the height of 58 inches above the ring floor and be fastened securely to the floor or to the other posts.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.27(90A) Ropes. The ropes will be a minimum of 3 in number, extending in a triple line 18 inches, 35 inches and 52 inches from the floor of the ring; at least 1 inch in diameter; and wrapped in soft

materials. The ropes may not be closer to the ring posts than 18 inches. If 4 ropes are used, they will be proportionately spaced.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.28(90A) Ring floor. The ring floor will extend beyond the lower rope for a distance of at least 18 inches. The entire floor will be padded to the thickness of at least 1 inch with felt, corrugated paper, matting or other soft materials to be approved by the commissioner. A canvas covering stretched tightly and laced to the ring platform will cover the padding.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.29(90A) Bell. A suitable bell or gong shall be provided and used.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.30(90A) Gloves. Gloves shall not weigh less than 8 ounces for professional bouts and must be new for all main events and bouts of ten rounds or greater. All gloves shall be furnished by the promoter.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.31(90A) Referee's duties. The referee is charged with the enforcement of all rules of the commissioner that apply to the performance and conduct of contestants and their seconds while in the ring.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.32(90A) Chief second. Before starting each bout the referee shall ascertain the name of the chief second in each corner and will hold the chief second responsible for all conduct in the corner.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.33(90A) Naming referee. The promoters will be permitted to name a referee subject to approval by the commissioner.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.34(90A) Reasons for stopping bout. The referee shall stop a bout when the referee deems it advisable because of the physical condition of one or both of the contestants, when one of the contestants is clearly outclassed by an opponent, when the referee decides that the best effort is not being made by a contestant, or for any other reason the referee deems sufficient.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.35(90A) Forfeit of purse. The referee has the power to declare forfeited all or any part of a contestant's purse whenever in the referee's judgment the contestant is not performing in good faith.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.36(90A) Shaking hands. The contestants in all boxing bouts will be instructed by the referee to shake hands after the referee's final instructions and not to do so again until the start of the last scheduled round.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.37(90A) Assessing fouls. The referee will instruct the judges to mark their scorecards accordingly when the referee has assessed a foul and deduct a point from one of the contestants.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.38(90A) Delaying prohibited. The referee shall ensure that a bout is not delayed except to handle damaging fouls. A contestant who employs delay and avoiding tactics will be penalized in the scoring.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.39(90A) Count. When a fallen contestant rises and falls again, without being hit again, the referee shall continue the original count rather than starting a new count.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.40(90A) Intentional foul. In assessing fouls, the referee will weigh the cause as well as the act. A contestant who intentionally receives a foul will be penalized as if they committed the foul.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.41(90A) Use of the ropes. The referee shall penalize a contestant who uses the ropes to gain advantage. The penalty is the deduction of points, and a warning to the contestant against continued use of the ropes to gain advantage.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.42(90A) Attending ring physician. When a boxer has been injured seriously, knocked out or technically knocked out, the referee shall immediately summon the attending ring physician to aid the stricken boxer. Managers, handlers and seconds shall not attend to the stricken boxer, except at the request of the physician.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.43(90A) Technical knockout. Except for championship fights of national recognition, the referee shall stop the fight after a fighter is knocked down three times in one round and declare the opponent a winner on a technical knockout (TKO).
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.44(90A) Timekeeper. The timekeeper shall provide a stopwatch and maintain an accurate time of all bouts. The timekeeper will keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician, replacing a glove or adjusting any equipment during a round. The timekeeper shall provide a whistle and sound the whistle ten seconds before the start of each round of boxing bouts. The timekeeper shall be impartial.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.45(90A) Seconds. Unless special permission is given by the commissioner, there will not be more than two seconds. Before the start of the bout, each corner shall notify the referee of the name of the chief second.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.46(90A) Requirements for seconds. Seconds shall not enter the ring until the timekeeper indicates the end of the round and they must leave at the sound of the timekeeper's whistle before the beginning of each round. If the chief second or anyone for whom the promoter is responsible, such as a manager, enters the ring before the bell ending the round has sounded, the fight shall be ended and the decision awarded to the opponent. Seconds shall not smoke in the ring or corners.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.47 to **251.49** Reserved.

481—251.50(90A) Use of water. Seconds shall not throw or splash water upon a contestant. A wet sponge may be used between rounds to refresh the contestant. Excess water on the floor of the ring shall be wiped up immediately by the seconds. Water discharged from the mouth of a contestant shall be caught in a bucket.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.51(90A) Stopping the fight. The throwing of a towel into the ring to indicate the defeat of a contestant will not be recognized by the referee. The fight will be stopped when the second or manager appears on the ring apron.
[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.52(90A) Removing objects from ring. Before leaving the ring at the start of each round the seconds shall remove all obstructions, buckets, stools, bottles, towels and robes from the ring floor and ropes.

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.53(90A) Decision. Each judge shall reach a decision without conferring in any manner with any other official or person. Each judge will make out a scorecard in accordance with the rules governing boxing. At the end of the bout, the decision shall be written on the scorecard and the card shall be given to the commissioner or designee for verification who will then hand the cards to the referee who will then announce the decision. The winner is determined by the majority vote of the three judges, and each judge selects a choice based on the highest number of points.

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—251.54(90A) Boxer registration. The commissioner participates in the Association of Boxing Commissions (ABC) national boxer registration system that allows authorities from different states to share information concerning boxers. The issuance of a registration card to a boxer does not guarantee the right to participate in a match.

251.54(1) *Application.* A boxer applies for registration in the state where the boxer resides, unless the state where the boxer resides does not participate in the ABC registration system. A person applying for a new or renewal boxer registration completes, signs, and submits to the commission the ABC Boxer's Federal Identification Card Application.

251.54(2) *Attachments.* With the application, the applicant submits a $25 fee, two 1″ × 1.5″ color photographs of the applicant's head, and a copy of a photo identification issued to the applicant by a governmental entity and containing the applicant's photograph and social security number or similar foreign identification number. The applicant must be recognizable in the photographs.

251.54(3) *Expiration.* The registration expires two years from the date of issuance.

251.54(4) *Changes.* The boxer shall notify the commission at the time any of the information on the form changes.

251.54(5) *Denials.* The commissioner may refuse to issue or renew a boxer registration for failure to complete an application package properly.

[**ARC 8839C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 90A.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 252
ELIMINATION TOURNAMENTS

[Prior to 9/24/86, Athletics Commissioner[110] Ch 3]
[Prior to 10/21/98, see 347—Ch 98]
[Prior to 8/16/06, see 875—Ch 98]
[Prior to 7/9/25, see Labor Services Division[875] Ch 174]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—252.1(90A) Purpose and scope. These rules apply to elimination tournaments, which are boxing matches where contestants box one another, two at a time, with one contestant eliminated from the tournament. The elimination continues with winners from the various bouts competing until only one contestant remains undefeated in the weight division. Elimination tournaments are governed by the rules in 481—Chapter 251 and this chapter. Any conflicts between 481—Chapter 251 and this chapter will be resolved in favor of this chapter.

[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.2(90A) Bouts, rounds and rest periods.

252.2(1) Each bout consists of no more than three rounds. Each round is two minutes in length. A rest period of 90 seconds shall be provided between rounds. No contestant shall be permitted to compete in more than three bouts in any 20-hour period.

252.2(2) In national elimination tournaments, when the ability and conditioning of the contestants are assured, the athletics commissioner may authorize two contestants to participate in a fourth bout that determines the championship, provided all bouts are comprised of three 90-second rounds. Under no circumstances will any participant be permitted to compete more minutes in any one 20-hour period than is authorized under the rule allowing three bouts consisting of three two-minute rounds as set forth in this rule.

[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.3(90A) Required protective equipment.

252.3(1) *Hand protection.* Practice wraps (training hand wraps) may be used in lieu of compliance with 481—Chapter 251. Gloves weighing 16 ounces shall be worn by both contestants.

252.3(2) *Body protection.* All male contestants shall wear a foul proof protective cup. All female contestants shall wear foul proof pelvic area protection and breast protection.

252.3(3) *Head protection.* The promoter shall provide and the contestants shall wear protective headgear unless the contestant signs a waiver from it.

252.3(4) *Mouth protection.* A mouthpiece shall be worn by all contestants throughout the bout. If the mouthpiece is knocked from a contestant's mouth, it shall be replaced with no penalty. Any contestant who deliberately spits out a mouthpiece shall be cautioned the first time, the referee shall deduct one point from each judge's scorecard the second time and the contestant will be disqualified the third time. Before being replaced, the mouthpiece will be washed.

252.3(5) *Hair protection.* Where necessary, hair will be secured in a manner that it will not interfere with the vision or safety of either contestant.

[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.4(90A) Weight restrictions. Permission must be received from the commissioner before any contestant will be permitted to box an opponent with a weight differential greater than the following:

Contestants	Weight Differential
Under 135 pounds	6 pounds
135-160 pounds	12 pounds
160-190 pounds	18 pounds
Over 190 pounds	No restriction

[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.5(90A) Down. In determining a technical knockout (TKO) under 481—Chapter 251, a down includes a standing eight count where a contestant is still standing but is in a semiconscious state and cannot, in the opinion of the referee, continue the bout.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.6(90A) Suspension. A contestant who suffers a knockout or where the referee stops a fight on a technical knockout (TKO) shall not be permitted to box in the state for a period of 30 days. Before being permitted to fight again, the contestant shall be examined by a physician or physician associate approved by the commissioner.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

481—252.7(90A) Training requirements. Each contestant will have been involved in conditioning for at least 30 days prior to competing in any elimination tournament. Conditioning means a combination of roadwork or jogging and usual training center conditioning exercises. The promoter shall obtain from each contestant prior to the physical examination a written declaration from the contestant, witnessed by at least one other person, that the contestant has met these training requirements.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.8(90A) Judges. Three judges, each located on different sides of the ring, will separately score bouts. The referee will not be permitted to act as a judge in scoring a bout.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.9(90A) Impartiality of timekeeper. The use of lights on each ring post to indicate the final seconds of a round shall not be considered as signals to interested parties. Corner lights may be used only if consistently activated throughout the elimination tournament and all contestants and officials are informed prior to the start of the tournament about the information conveyed by the round lights.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—252.10(90A) Ringside. No person may sit or stand at ringside unless authorized by the commissioner.
[**ARC 8840C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code sections 90A.2 and 90A.5.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 253
Reserved

CHAPTER 254
MIXED MARTIAL ARTS

[Prior to 10/21/98, see 347—Ch 101]
[Prior to 8/16/06, see 875—Ch 101]
[Prior to 7/9/25, see Labor Services Division[875] Ch 177]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—254.1(90A) Definitions. The definitions contained in Iowa Code chapter 90A and the definitions in this rule apply to this chapter.

"Complimentary tickets," as used in Iowa Code section 90A.9, means tickets that are sold for less than 50 percent of the minimum price available to the general public and tickets for which no fee is charged.

"Contestant" means a person who fights or is scheduled to fight in a match.

"Event" means a program or card of one or more matches covered by Iowa Code chapter 90A.

"Match" means a mixed martial arts match.

"Mixed martial arts" means a style of athletic contest that includes a combination of combative skills from different disciplines of the martial arts, including, without limitation, grappling, kicking and striking.

"MMA" means mixed martial arts.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.2(90A) Equipment specifications.

254.2(1) *Ring requirements.*

a. Size. The cage will not be less than 16 nor more than 36 feet square.

b. Enclosure. The ring will be equipped with an enclosure to limit persons from being tossed from the ring. The enclosure will be at least 6 feet high. The enclosure will consist of supports and enclosing material. The supports will be constructed of rigid material not more than 4 inches in diameter. The supports will be fastened securely to the floor or to the other supports. The supports will be protected by padding to avoid injury to any contestants striking the supports. The enclosing material will have openings not to exceed 4 inches in any direction. The enclosing material will not be rigid and will deflect at least ½ inch when ten pounds of pressure are exerted upon any point. All sharp objects or protrusions will be protected with padding.

c. Height. The ring will not be elevated more than 3½ feet above the floor. Suitable steps for the use of contestants will be provided.

d. Ring floor. The ring floor will be padded to the thickness of at least 1 inch with insulite or other soft materials to be approved by the commissioner. A canvas covering stretched tightly and laced to the ring platform will cover the padding.

e. Ring approval. The promoter shall make the ring and ring enclosure system available in the state of Iowa for inspection by the commissioner at least ten days prior to any event. The specifications in this rule are general, and so actual inspection will be necessary to verify adequate contestant safety prior to the event. If the commissioner has previously inspected the ring used by the promoter, the commissioner may waive the ten-day advance inspection.

254.2(2) *Bell.* A suitable bell or gong shall be provided and used.

254.2(3) *Time keeping.* The timekeeper shall be provided with a stopwatch and whistle.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.3(90A) Event requirements.

254.3(1) *Officials.* Officials consist of three judges, two referees, the physician, and the timekeeper.

254.3(2) *Referee.* The referee is charged with the enforcement of all rules of the commissioner that apply to the performance and conduct of contestants and their seconds while in the ring. The referee shall wear latex gloves at all times while in the ring.

254.3(3) *Timekeeper.* The timekeeper will keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician, replacing a glove or adjusting any equipment

during a round. The timekeeper will notify contestants at the beginning and end of each round. The timekeeper shall be impartial.

254.3(4) *Participants.* The contestants, seconds and managers are subject to approval by the commissioner.

254.3(5) *Scoring.* Three judges will score each match by evaluating striking, grappling, control of the cage, aggressiveness, and defense. The significance and number of legal strikes shall receive the greatest weight. The number of legal takedowns and reversals shall receive the second greatest weight. Control of the cage shall receive the third greatest weight. Aggression shall receive the fourth greatest weight. Defense shall receive the least weight. The winner of a round shall always receive a score of 10. The score for each round shall be one of the following:

a. If the contestants were evenly matched and neither dominated the round, the score shall be 10-10.

b. If a contestant won a round by a close margin, the score shall be 10-9.

c. If a contestant overwhelmingly dominated a round, the score shall be 10-8.

d. If a contestant totally dominated a round, the score shall be 10-7.

254.3(6) *Length of match.* Each match shall consist of no more than three rounds with no more than five minutes per round. However, the commissioner may authorize experienced contestants to compete in up to five rounds of up to five minutes each. There shall be a one-minute rest period between rounds. An overtime round shall not be allowed.

254.3(7) *Persons allowed in the cage.* No person other than the two contestants and the referee shall enter the cage during the match. However, the physician may enter the cage to examine a contestant upon the request of the referee.

254.3(8) *Seconds.*

a. Unless special permission is granted by the commissioner, there shall be no more than two seconds. Before the start of the match, each corner shall notify the referee of the name of the chief second.

b. Seconds shall not enter the cage except as authorized by this paragraph. The chief second may enter the cage after the timekeeper indicates the end of the round, and the chief second must leave before the beginning of a round.

c. Before leaving the ring at the start of the round, the seconds shall remove all obstructions, buckets, stools, bottles, towels and robes from the ring floor and ring enclosure.

d. Seconds shall not smoke in the ring or corners.

e. Seconds shall wear latex gloves at all times while attending any contestant.

f. Seconds shall not throw or splash water upon a contestant. Excess water on the floor of the cage shall be wiped up immediately. Water discharged from the mouth of a contestant shall be caught in a bucket.

254.3(9) *Decorum of officials and participants.*

a. Except as allowed in this subrule, a promoter, official, or participant shall not:

(1) Intentionally or recklessly strike or injure a person;

(2) Speak or act in a threatening manner toward a person; or

(3) Damage, destroy, or attempt to damage or destroy property.

b. The commissioner may immediately suspend the promoter's license if the promoter does not comply with paragraph 254.3(9)*"a"* or if the promoter does not take appropriate action to curtail activities in violation of paragraph 254.3(9)*"a"* by an official or a participant.

c. The commissioner may immediately suspend the authorization to participate in the event of an official or a participant who does not comply with paragraph 254.3(9)*"a."*

d. A contestant is exempt from subparagraphs 177.3(9)*"a"*(1) and 177.3(9)*"a"*(2) while interacting with the contestant's opponent during a round. However, if the round is stopped by the physician or referee for a time out, subparagraphs 177.4(9)*"a"*(1) and 177.4(9)*"a"*(2) shall apply to a contestant.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.4(90A) Contestants.

254.4(1) *Time between matches.* No contestant shall be permitted to compete if the contestant participated in a boxing, wrestling, kickboxing, judo, or mixed martial arts event within the previous five-day period.

254.4(2) *Age restrictions.* No contestant under the age of 18 years shall be permitted to participate in any event except by special permission of the commissioner.

254.4(3) *Proper attire.* Contestants must wear proper athletic attire. Athletic attire of opposing contestants shall be of contrasting colors.

254.4(4) *Body protection.* All male contestants shall wear a foul proof protective cup. All female contestants shall wear foul proof pelvic area protection and breast protection.

254.4(5) *Mouth protection.* Each contestant shall wear a mouthpiece throughout each match. If the mouthpiece is knocked from a contestant's mouth, it shall be washed and then replaced.

254.4(6) *Gloves.* Gloves shall be approved martial arts gloves. All gloves shall be approved by the commissioner.

254.4(7) *Hand protection.* Only one roll of cotton gauze surgical bandage, not to exceed 2 inches in width and 10 yards in length, shall be used for the protection of each hand. Only one winding of surgeons' adhesive tape, not more than 1½ inches in width, may be placed directly on the hand to protect that part of the hand near the wrist. The tape may cross the back of the hand twice, but shall not extend within 1 inch of the knuckles when the hand is clenched to make a fist. Practice wraps (training hand wraps) may be used in lieu of gauze and tape.

254.4(8) *Hair protection.* Where necessary, hair shall be secured in a manner that it will not interfere with the vision or safety of either contestant.

254.4(9) *Weighing contestants.*

a. The promoter shall arrange for each contestant to be weighed in Iowa during the 24-hour period prior to the event.

b. Accurate scales shall be furnished by the promoter.

c. An official who has been approved by the commissioner shall weigh each contestant and accurately record the contestant's name and weight and the date and time. The weight records shall be submitted to the commissioner on the date of the event.

d. All contestants scheduled for an event shall be weighed on the same date.

e. Contestants shall be weighed in the presence of their opponents and without shoes, clothes or equipment.

f. Unless both contestants weigh more than 205 pounds, there shall not be a weight difference of more than 20 pounds between opponents without the commissioner's consent.

g. No less than two weeks before the event, the promoter shall notify the commissioner when and where contestants will be weighed.

254.4(10) *Examination of contestants.* On the day of the event, at a time and place to be approved by the commissioner, the ringside physician shall conduct a rigorous physical examination to determine the contestant's fitness to participate in an MMA match. A contestant deemed not fit by the physician shall not participate in the event.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.5(90A) Procedural rules.

254.5(1) *Prohibited materials in ring.* Contestants shall not take anything not permitted or prohibited by these rules into the ring or pick up anything thrown into the ring and use the material or object in any way to gain an advantage over an opponent.

254.5(2) *Fouls.* As set forth in this subrule, the referee may penalize a contestant for fouls by disqualifying the contestant or by deducting points. The referee shall immediately determine if each foul is flagrant or accidental. "Flagrant" means the foul was intentional or reckless. "Accidental" means the foul was unintentional or incidental.

a. Disqualification. If the referee determines that the foul was flagrant and the contestant who was fouled is unable to continue due to an injury resulting from the foul, the contestant who committed the foul shall be disqualified.

b. Deduction of points. In determining the number of points to be deducted, the referee shall consider the nature and severity of the foul and its effect upon the opponent. As soon as practical after the foul, the referee shall notify the judges, contestants, and the commissioner of the number of points, if any, to

be deducted from the score of the offender and whether the foul was flagrant or accidental. Points shall be deducted in the round in which the foul occurred.

c. Continuation of match. This paragraph governs how a match shall be continued if a foul that does not result in disqualification occurs.

(1) If a foul occurred but did not cause a serious injury, the referee may order the match to continue after a five-minute delay for recuperation. If subsequent fair blows aggravate the injury inflicted by a foul and the referee orders the contest stopped because of the injury, the outcome will be determined by scoring the completed rounds and the round during which the referee stopped the match.

(2) If an accidental foul results in a concussive impact to the head, if a contestant's chance of winning has been seriously jeopardized as a result of an accidental foul, or if a contestant is not able to continue the match due to an injury caused by an accidental foul, "no contest" will be declared or the winner will be determined based on points as set forth below.

1. "No contest" will be declared if:

- The foul occurs during the first two rounds of a match scheduled for three rounds or fewer.
- The foul occurs during the first three rounds of a match scheduled for four or five rounds.

2. The winner will be determined by scoring the completed rounds and the round during which the referee stopped the match if:

- The foul occurs during the third round of a match scheduled for three rounds.
- The foul occurs during the fourth or fifth round of a match scheduled for four or five rounds.

d. Prohibited acts. Each of the following actions is a foul:

(1) Butting with the head.
(2) Eye gouging of any kind.
(3) Biting.
(4) Hair pulling.
(5) Fishhooking.
(6) Groin attacks of any kind.
(7) Putting a finger into any orifice, cut, or laceration on an opponent.
(8) Small joint manipulation.
(9) Striking to the spine or behind the ears.
(10) Throat strikes of any kind, including, without limitation, grabbing the trachea.
(11) Clawing, pinching or twisting the flesh.
(12) Grabbing the clavicle.
(13) Kicking the head of a grounded opponent.
(14) Kneeing the head of a grounded opponent.
(15) Stomping a grounded opponent.
(16) Striking the kidney.
(17) Dropping or slamming an opponent on an opponent's head or neck.
(18) Throwing an opponent out of the cage or fenced area.
(19) Holding the shorts or gloves of an opponent.
(20) Spitting at an opponent.
(21) Engaging in any unsportsmanlike conduct that causes an injury to an opponent.
(22) Holding the ropes or the fence.
(23) Using abusive language in the cage or fenced area.
(24) Attacking an opponent during a break.
(25) Attacking an opponent who is under the care of the referee.
(26) Attacking an opponent after the bell has ended the round.
(27) Flagrantly disregarding the instructions of the referee.
(28) Timidity, including, without limitation, avoiding contact with an opponent, intentionally or consistently dropping the mouthpiece or faking an injury.
(29) Interference by a second.
(30) Throwing in the towel during competition.
(31) Threatening or intentionally striking or injuring any person other than the contestant's opponent.

254.5(3) *Mouth protection ejected.* If the mouth protection is knocked from a contestant's mouth, it shall be replaced with no penalty.

254.5(4) *Spitting mouth protection.* The referee shall caution a contestant who deliberately spits out a mouthpiece the first time and disqualify the contestant the second time.

254.5(5) *Gloves.* The gloves shall not be damaged or manipulated in any way by the contestants or their handlers. If a glove breaks or becomes undone during a match, the referee will instruct the timekeeper to take time out while the glove is being adjusted or replaced.

254.5(6) *Injury.* If a contestant claims to be injured or when a contestant has been injured seriously or knocked out, the referee shall immediately stop the fight and summon the attending ring physician to make an examination of the stricken fighter. If the physician decides that the contestant has been injured, the physician shall advise the referee of the severity of the injury. If the physician is of the opinion the injured contestant may be able to continue, the physician shall order a five-minute intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. Managers, handlers and seconds shall not attend to the stricken fighter, except at the request of the physician.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.6(90A) Decision. A professional match ends when:

254.6(1) A contestant submits.

254.6(2) The timekeeper indicates that time has expired in the final round of the match. The win will be awarded based on the judges' scores.

254.6(3) The referee stops the match.

254.6(4) The referee disqualifies a contestant for committing a foul pursuant to rule 481—254.5(90A).

254.6(5) A second or manager throws a towel into the cage to indicate the defeat of a contestant. The referee shall stop the match and award the win to the opponent.

254.6(6) A second or manager is in the cage when prohibited. The referee shall stop the match and award the win to the opponent.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.7(90A) Forfeit of purse. The commissioner, in consultation with the referee, has the power to declare forfeited all or any part of a contestant's purse whenever in the commissioner's judgment the contestant was not performing in good faith.

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—254.8(90A) Professional fighter registration. Each professional MMA fighter residing in Iowa shall register with the commissioner consistent with 875—subrules 481—subrules 251.54(2) through 251.54(4).

[**ARC 8843C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code sections 90A.2 and 90A.5.

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[Editorial change: IAC Supplement 7/9/25]

◊ Two or more ARCs

CHAPTER 255
PROFESSIONAL KICKBOXING

[Prior to 10/21/98, see 347—Ch 100]
[Prior to 8/16/06, see 875—Ch 100]
[Prior to 7/9/25, see Labor Services Division[875] Ch 176]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—255.1(90A) Scope and purpose. Professional kickboxing is a contest within the scope of Iowa Code chapter 90A. The commissioner shall have final decision-making authority concerning the enforcement, implementation, and interpretation of the rules in this chapter.
[**ARC 8842C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—255.2(90A) GLORY rules adopted by reference. The commissioner adopts by reference the kickboxing rules and regulations of GLORY Kickboxing as of January 1, 2023. The GLORY Kickboxing rules shall be used for all GLORY Kickboxing matches and events.
[**ARC 8842C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—255.3(90A) Professional boxing rules followed. Professional kickboxing will conform to the rules in 481—Chapter 251 on:

1. Limitations on number of bouts;
2. Contestants' arrival; and
3. Attendance of commissioner.

[**ARC 8842C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—255.4(90A) Additional provisions.

255.4(1) Officials. The designation of officials, referees, physicians, physician associates, timekeepers, judges, kick counters, scorekeepers, contestants, seconds, and managers is subject to the approval of the commissioner or designee.

255.4(2) "Battles royal" or bouts in which more than two kickboxing contestants are to appear in the ring at the same time shall not be approved.

[**ARC 8842C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapter 90A.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 256
Reserved

CHAPTER 257
PROFESSIONAL WRESTLING

[Prior to 9/24/86, Athletics Commissioner[110] Ch 1]
[Prior to 10/21/98, see 347—Ch 96]
[Prior to 8/16/06, see 875—Ch 96]
[Prior to 7/9/25, see Labor Services Division[875] Ch 172]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—257.1(90A) General requirements. Applications for event licenses and promoter responsibilities for professional wrestling are in 481—Chapter 250.
[**ARC 8838C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—257.2(90A) Separation of boxing and wrestling. No boxing bouts shall be permitted in any professional wrestling show, nor shall any wrestling bouts be permitted in any boxing show.
[**ARC 8838C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—257.3(90A) Safety.

257.3(1) The promoter shall ensure that no one is permitted to wrestle who has any illness or disability that interferes with or prevents the participant from giving a full, complete and satisfactory exhibition of ability and skill, or endangers the wrestler's health or the health of the participant's opponent.

257.3(2) A promoter shall not permit participants to intentionally cut their own skin or the skin of another during the exhibition.

257.3(3) A promoter shall ensure that all areas in which wrestling takes place are matted, equipped, separated from spectators, and otherwise maintained in such a manner as necessary to assure a reasonable degree of safety to the participants and spectators.

257.3(4) In no event shall a participant be permitted to engage in any conduct endangering the health, safety, or well-being of any spectator.

257.3(5) A wrestler may not possess inherently dangerous accessories.
[**ARC 8838C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 90A.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 258 and 259
Reserved

CHAPTER 260
GRANT APPLICATIONS AND AWARDS

[Prior to 10/21/98, see 347—Ch 95]
[Prior to 8/16/06, see 875—Ch 95]
[Prior to 7/9/25, see Labor Services Division[875] Ch 171]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—260.1(90A) Scope. This chapter establishes rules of the commissioner of athletics (commissioner) for the distribution of revenues collected from a professional boxing event pursuant to Iowa Code section 90A.9.

[**ARC 8837C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—260.2(90A) Application process.

260.2(1) The commissioner shall announce the opening of the application process by public notice.

260.2(2) All amateur boxing organizations seeking grant funds must submit an application to the commissioner on forms provided by the commissioner.

260.2(3) Contents. Each application shall contain:

a. A plan of action that details how the awarded funds will be spent and what results and benefits are expected. The action plan includes:

(1) Grant goals, objectives, timeliness, responsible individuals, and evaluation.

(2) Establishing an end result that is beneficial to the sport of amateur boxing.

(3) Number of projected amateur boxing matches to be promoted by the applicant.

b. A budget detailing how the grant funds will be expended.

c. Assurances the applicant will comply with the conditions and procedures for grant administration.

d. A plan for evaluation.

e. Assurances the funds will not be used to retire preexisting financial obligations.

f. Assurances the applicant will comply with the conditions for financial management.

[**ARC 8837C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—260.3(90A) Grant process.

260.3(1) The commissioner shall notify successful applicants and provide to each of them a contract for signature. This contract shall be signed by an official with authority to bind the applicant and be returned to the commissioner prior to the award of any funds under this program.

260.3(2) If the applicant and the commissioner are unable to successfully negotiate a contract, the commissioner may withdraw the award offer.

260.3(3) Applications shall be received by May 1 of each calendar year for an award the following fiscal year. Payment will be processed within 60 days of a grant award by the commissioner.

260.3(4) Grants are awarded for a 12-month period and may be renewed for a second year.

[**ARC 8837C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—260.4(90A) Evaluation. The grantee shall cooperate with the commissioner and periodically provide requested information to determine how the goals and objectives of the project are being met.

[**ARC 8837C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code section 90A.7.

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[Editorial change: IAC Supplement 7/9/25]

HEALTH AND SAFETY DIVISION: FIRE SAFETY BUREAU

CHAPTER 261
FIRE SAFE CIGARETTE CERTIFICATION PROGRAM

[Prior to 11/26/25, see Public Safety Department[661] Ch 61]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—261.1(101B) Definitions. For purposes of these rules, the following definitions apply:

"Certified fire safe cigarette" means a unique cigarette brand style that meets the following criteria:

1. The unique cigarette brand style has been tested in accordance with the test method prescribed in Iowa Code section 101B.4 or has been approved pursuant to Iowa Code section 101B.4.
2. The unique cigarette brand style meets the performance standard specified in Iowa Code section 101B.4 or has been approved pursuant to Iowa Code section 101B.4.
3. A written certification for the unique cigarette brand style has been filed by the manufacturer with the department and in accordance with rule 481—261.4(101B).
4. Packaging for the unique cigarette brand style has been marked in accordance with rule 481—261.5(101B).

"Cigarette" means a cigarette as defined in Iowa Code section 453A.1, but does not mean a tobacco product as defined in Iowa Code section 453A.1.

"Department" means the same as defined in Iowa Code section 101B.2(3).

"Fire safe cigarette" means a cigarette certified pursuant to this chapter.

"Manufacturer" means the same as defined in Iowa Code section 101B.2(4).

"Sale" means the same as defined in Iowa Code section 101B.2(8).

"Unique cigarette brand style" means a cigarette with a unique combination of the following:

1. Brand or trade name.
2. Style, such as light or ultra light.
3. Length.
4. Circumference.
5. Flavor, such as menthol or chocolate, if applicable.
6. Presence or absence of a filter.
7. Type of package, such as soft pack or box.

"Wholesaler" means the same as defined in Iowa Code section 101B.2(10).

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—261.2(101B) Certification and fee. A certification application and fee shall be submitted to the department online pursuant to Iowa Code section 101B.5. An application is incomplete unless all required information is submitted, including required attachments and fees. Applications will not be processed until complete.

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—261.3(101B) Test method, performance standard, test report. Unless otherwise excepted therein, each unique cigarette brand style submitted for certification under this chapter shall meet all of the criteria in Iowa Code section 101B.4.

261.3(1) *Alternate test method.* A manufacturer proposing an alternate test method and performance standard pursuant to this rule will submit such proposal to the department on a form provided by the department.

a. The department will approve or deny the proposed alternate test method and performance standard within 60 days of receipt of such proposal and will send notification of such approval or denial by certified mail, return receipt requested, to the address provided by the manufacturer.

b. The department may approve an alternate test method and performance standard if it is determined to be equivalent to the test method and performance standard prescribed in Iowa Code section 101B.4. If an alternate test method and performance standard is approved pursuant to this rule, the manufacturer may

employ the alternate test method and performance standard to certify the cigarette in accordance with Iowa Code section 101B.4.

261.3(2) *Acceptance of alternate test method approved by another state.* A manufacturer proposing an alternate test method and performance standard approved by another state will use the procedure specified in subrule 261.3(1) and provide documentation verifying that the alternate test method and performance standard have been approved by another state as provided in Iowa Code section 101B.4(9).

261.3(3) *Retention of reports of testing.* A manufacturer shall maintain copies of all test reports pursuant to Iowa Code section 101B.4(10).

261.3(4) *Testing performed or sponsored by the department.* Testing performed or sponsored by the department will be conducted in accordance with Iowa Code section 101B.4.

261.3(5) *Changes to the manufacture of a certified fire safe cigarette.* If a manufacturer with any cigarette certified under this chapter makes any changes to the cigarette thereafter, retesting of the cigarette may be required in accordance with Iowa Code section 101B.5(6).

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—261.4(101B) Notification of certification. A manufacturer or wholesaler shall provide copies of certifications pursuant to Iowa Code section 101B.6.

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—261.5(101B) Marking fire safe cigarette packaging. Cigarettes that have been certified in accordance with Iowa Code section 101B.5 shall be marked as provided in Iowa Code section 101B.7. The recommended marking is the letters "FSC" displayed in accordance with any of the methods described in Iowa Code section 101B.7.

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—261.6(17A) Violations and penalties. A person who violates any provision of Iowa Code chapter 101B or of this chapter is subject to a civil penalty of an amount no greater than specified by Iowa Code section 101B.8. Notice of a civil penalty will be provided by mail or by personal service. A person subject to a civil penalty may appeal the imposition of the penalty by requesting a contested case hearing, in writing, within 20 days. An appeal of a civil penalty is subject to the provisions of 7—Chapter 2506 and 481—Chapter 10 governing contested cases.

[**ARC 7870C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 101B.

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[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 262 and 263
Reserved

CHAPTER 264
CONSUMER FIREWORKS RETAIL SELLER LICENSING AND WHOLESALER REGISTRATION

[Prior to 11/26/25, see Public Safety Department[661] Ch 265]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—264.1(10A) Definitions. The following definitions apply:

"APA 87-1" means the same as defined in Iowa Code section 10A.519(1)*"a."*

"Commercial fireworks" means large firework devices that are explosive materials intended for use in firework displays and designed to produce visible or audible effects by combustion, deflagration, or detonation, as set forth in 27 CFR 555 and 49 CFR 172 in effect on January 1, 2001, and APA Standard 87-1, Standard for the Construction and Approval for Transportation of Fireworks, Novelties, and Theatrical Pyrotechnics.

"Community group" means the same as defined in Iowa Code section 10A.519(1)*"b."*

"Consumer fireworks" means the same as defined in Iowa Code section 10A.520(1)*"a."*

"Display fireworks" means the same as defined in Iowa Code section 727.2(1)*"b."*

"First-class consumer fireworks" means the same as defined in Iowa Code section 10A.519(1)*"c."*

"NFPA 1124" means the National Fire Protection Association (NFPA) Standard 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition.

"Retailer" means the same as defined in Iowa Code section 10A.519(1)*"d."*

"Second-class consumer fireworks" means the same as defined in Iowa Code section 10A.519(1)*"e."*

"Serious violation" means any of the following activities occurring at a licensed retail location selling consumer fireworks:

1. Commission of a criminal offense, punishable by one year or more incarceration.
2. Selling consumer fireworks to a minor.
3. Selling commercial fireworks.

"Wholesaler" means the same as defined in Iowa Code section 10A.520(1)*"b."*

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.2(10A) Sale of consumer fireworks—safety standards. Any retailer or community group offering for sale at retail any first-class or second-class consumer fireworks, as described in American Pyrotechnics Association (APA) Standard 87-1, as published in December 2001, shall do so in accordance with the National Fire Protection Association (NFPA) Standard 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition (hereinafter referred to as "APA 87-1" and "NFPA 1124," respectively).

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.3(10A) Sales allowed. A retailer or community group that is issued a license pursuant to this chapter is authorized to sell consumer fireworks as defined in this chapter. However, sales are permitted only as follows.

264.3(1) *Prohibited sale or transfer to persons under 18 years of age.*

a. A retailer or community group shall not transfer consumer fireworks, as described in APA 87-1, chapter 3, to a person who is under 18 years of age.

b. A person, firm, partnership or corporation shall not sell consumer fireworks to a person who is less than 18 years of age.

264.3(2) *Exceptions for persons under 18 years of age.*

a. A retailer selling or offering for sale consumer fireworks as described in APA 87-1, chapter 3, shall supervise any employees who are less than 18 years of age who are involved in the sale, handling, or transport of consumer fireworks in the course of their employment for the retailer.

b. A community group selling or offering for sale consumer fireworks as described in APA 87-1, chapter 3, shall ensure that any persons who are less than 18 years of age who are involved in the sale,

handling, or transport of consumer fireworks by the community group, whether the persons less than 18 years of age are paid or unpaid, shall do so under the direct supervision of an adult member of the community group.

264.3(3) *Dates of sale.* A retailer or community group may sell consumer fireworks in accordance with Iowa Code section 10A.519(4)*"c."*

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.4(10A) License fees—consumer fireworks seller licenses.

264.4(1) *Fee schedule.* The fee schedule for consumer fireworks seller licenses is as provided in Iowa Code section 10A.519(3). License fees shall be paid before issuance of a license.

264.4(2) *Administrative license fee.* A nonrefundable administrative fee of $100 is required with every application for a consumer fireworks retail sales license. The $100 fee will be applied to the license fee if the license is issued.

264.4(3) *Changing license class or amount.* If a retailer or consumer group is issued a license for the retail sale of one class or amount of consumer fireworks, and changes to a class or amount that requires a higher license fee, the retailer or consumer group shall pay only the difference in the two fees. The license for the lower class will be invalid after the issuance of the new license.

264.4(4) *No refund after issuance.* Payment is final when the license is issued, and the fee will not be refunded.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.5(10A) Application and issuance of license.

264.5(1) *Application form and instructions.* The application for a license for retail sales of consumer fireworks shall be made to the department as described on the department's website. A license is required for each location where the retail sales of consumer fireworks are conducted.

264.5(2) *Application requirements.* Applications and the accompanying plans must include all required information and must be prepared in accordance with the application instructions. An application will not be processed until all required information is received in the form required by the instructions.

264.5(3) *Proof of insurance.* Applicants must provide proof of and maintain commercial general liability insurance with minimum per occurrence coverage of at least one million dollars and aggregate coverage of at least two million dollars.

264.5(4) *Issuance and display of license.* If all of the requirements are met and the correct license fee is paid, the department will issue the license. The license must be clearly displayed at the location where the retail sales of consumer fireworks for which the license was issued are conducted.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.6(10A) Fireworks site plan review, approval, and inspection.

264.6(1) *Plan approval.* The retailer or community group shall submit to the department the proposed plan(s), including any required site plan(s) for the location(s) and for any building(s) or structure(s), whether permanent or temporary, that will be used for the sale and storage of fireworks. Requirements and exceptions for site plan submittal and approval are outlined on the department's website.

NOTE: Regarding the incorporation of the reference to NFPA 102, 1995 edition, Standard for Grandstands, Folding and Telescopic Seating, Tents, and Membrane Structures into NFPA 1124 concerning tents and membrane structures, Sections 7.3.5 and 7.4.8.1.2 of NFPA 1124 should be read together with Section A.7.4.8.1.2 in the Explanatory Material in Annex A to NFPA 1124 and used for the purposes of (1) determining the requirements for the means of egress in tents and membrane structures except as modified by Section 7.3.14 of NFPA 1124 for special requirements for the retail sales of consumer fireworks, and (2) to prohibit the use, discharge, or ignition of fireworks within the tent or membrane structure. The other provisions of NFPA 1124, including the sections relating to the retail sales of consumer fireworks in tents or membrane structures, remain applicable.

264.6(2) *Plans not required.* In the discretion of the department, plans may not be required in the following circumstances:

a. For permanent buildings or temporary structures in which only exempt amounts of first-class or second-class consumer fireworks are offered for sale, pursuant to section 7.3.1, NFPA 1124. The licensee shall make current product inventory information available to the department upon request.

b. For permanent buildings that were licensed in the previous year and for which there have been no changes to the site, building or floor plan. If any changes have been made, a new or updated plan shall be submitted.

c. For permanent buildings that are currently classified as a retail occupancy and in which second-class consumer fireworks are the only fireworks that are offered for sale.

264.6(3) *Inspections.*

a. Every location and any building or structure where the retail sales of consumer fireworks are conducted or where consumer fireworks are stored is subject to an inspection at any time while engaged in the retail sale of consumer fireworks.

b. Prior to the sale of consumer fireworks, each retail location shall satisfy one of the following requirements:

(1) A site inspection of the retail location by the department or the department's designee.

(2) Attestation at the time of the application by the person submitting the application that the retail location will comply with NFPA 1124 and these rules.

c. If a retail location license is revoked, the location shall be inspected in accordance with subparagraph 264.6(3)*"b"*(1) prior to engaging in the sale of consumer fireworks the following year.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.7(10A) Unauthorized use of license. Only the retailer or the community group that is issued the license may use that license for the retail sales of consumer fireworks. Each license will be issued for a specific location. The license may not be transferred to or used at any other location.

264.7(1) If the retailer or community group to which the license is issued changes the location where the retail sale of consumer fireworks will be sold, the retailer or community group shall submit a new application and all required information for the new site and pay the applicable license fee. The application must be reviewed and approved in order for a new license to be issued.

264.7(2) The licensed retailer or community group or the authorized representative of the licensed retailer or community group must be personally present at all times when consumer fireworks are being sold.

264.7(3) No unlicensed retailer, community group, person, group of people, business, or other for-profit or nonprofit entity may use the license issued to another retailer or community group for the retail sales of consumer fireworks, unless the licensed retailer or community group or the authorized representative of the licensed retailer or community group is personally present at all times when consumer fireworks are being sold.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.8(10A) Revocation of license. If the department or department's designee determines during a physical site inspection that a serious violation has occurred, the license for that retail location may be immediately revoked. Vendors will be given the opportunity to remedy violations that are not deemed serious violations.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.9(10A) Consumer fireworks wholesalers—registration—safety—insurance.

264.9(1) *Annual registration.* Each wholesaler shall register with the department annually by completing and submitting the annual registration form and paying the fee as required by Iowa Code section 10A.520(3).

264.9(2) *Safety regulations—storage and transfer.* Each wholesaler shall comply with all of the requirements of NFPA 1124 for the storage and transfer of consumer fireworks.

264.9(3) *Insurance required.* While operating as a wholesaler, each wholesaler shall maintain commercial general liability insurance with minimum per-occurrence coverage of at least $1 million and aggregate coverage of at least $2 million.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.10(10A) Consumer fireworks fee fund. All fees received from the licenses issued for the retail sale of consumer fireworks and the annual registration fees received from wholesalers of consumer fireworks will be deposited into the consumer fireworks fee fund pursuant to Iowa Code section 10A.519. The department will use the fees deposited into this fund to fulfill the responsibilities of the department for the administration and enforcement of Iowa Code sections 10A.519 and 10A.520.
[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—264.11(10A) Local fire protection and emergency medical service providers grant program. The local fire protection and emergency medical service providers grant program is established by Iowa Code section 10A.519(7). The grant program is funded with only those moneys from the consumer fireworks fee fund that are not needed by the department to fulfill the responsibilities of the department for the administration and enforcement of Iowa Code sections 10A.519 and 10A.520.

264.11(1) *Definitions.* The following definitions apply.

"Emergency medical services" means the same as defined in Iowa Code section 147A.1(5).

"Fire protection service" means volunteer or paid fire departments.

264.11(2) *Authorized applicants.* Any local fire protection service provider or local emergency medical service provider in the state of Iowa may apply for grant funds from the local fire protection and emergency medical service providers grant program.

264.11(3) *Authorized purposes of grant funds.* The grant funds in the local fire protection and emergency medical service providers grant program may be used for the following in order of priority:

a. To establish or provide fireworks safety education programming to members of the public.

b. To purchase necessary enforcement, protection, or emergency response equipment related to the sale and use of consumer fireworks in this state.

c. To purchase necessary enforcement, protection, or emergency response equipment.

264.11(4) *Application.* An application for grant funds should be made to the department. The application form may be found on the department's website. Applications must be received on or before June 30 of each year. The application will include all of the following:

a. The application shall be signed by a person who is an official, owner, or another person who has authorization to sign on behalf of the fire protection service or the emergency medical service provider entity.

b. The specifics of the proposed use of the grant funds.

(1) If the application is for equipment, the applicant should include a detailed description of the equipment, the company or entity from which the purchase will be made, the cost, and a justification as to how this equipment purchase fits the purposes of the grant program.

(2) If the application is for safety education programming, the application should include a detailed description of the programming, the specific people who will be providing the programming, and a description of the materials to be purchased and used.

c. The amount of grant funds requested.

264.11(5) *Approval of application.* The director of the department will review the application and determine whether to make the award of grant funds. The director of the department has the sole discretion in determining whether or not to award funds from the grant program to the applicant and the amount of funds awarded to each applicant. Factors to be considered in making an award of grant funds include, but are not limited to:

a. The amount of grant funds available.

b. The number of applicants for grant funds.

c. The proposed use of the grant funds and whether the use is consistent with the approved program purposes.

d. Whether the applicant has previously been approved for grant funds from this program.

e. The applicant's use of any previous grant funds received from the program.

264.11(6) *Award of tangible property.* Should the department determine that the purpose of the grant program is better served by awarding tangible property, such as equipment, rather than funds, the department has the authority to award tangible property purchased with grant funds rather than disperse grant funds to the applicants.

264.11(7) *Report required.* All grant recipients shall file a report with the department that lists the amount of grant funds received and the purpose(s) for which the grant funds were spent. The department may conduct an inspection or audit to determine compliance with the rules and purposes of the grant program, in addition to any other authorized audits.

[**ARC 7872C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code sections 10A.519 and 10A.520.

[Filed Emergency ARC 3124C, IAB 6/21/17, effective 5/31/17]
[Filed ARC 3592C (Notice ARC 3123C, IAB 6/21/17), IAB 1/17/18, effective 2/21/18]
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[Filed ARC 6462C (Notice ARC 6335C, IAB 6/1/22), IAB 8/10/22, effective 9/14/22]
[Filed ARC 7872C (Notice ARC 7331C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 11/26/25]

CHAPTER 265
LICENSING OF FIRE PROTECTION SYSTEM CONTRACTORS

[Prior to 11/26/25, see Public Safety Department[661] Ch 275]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—265.1(100C) Establishment of program. The fire protection system contractor license is established pursuant to Iowa Code chapter 100C.

265.1(1) *Licensure required.* No person shall act as a fire extinguishing system contractor without being currently licensed as a fire protection system contractor by the department.

265.1(2) *Endorsement.* The licensure of each contractor will carry an endorsement for one or more of the following:

a. Automatic sprinkler system installation.

b. Special hazards systems installation.

c. Preengineered dry chemical or wet agent fire suppression systems installation.

d. Preengineered water-based fire suppression systems in one- and two-family dwellings installation.

e. Automatic sprinkler system maintenance inspection.

f. Special hazards system maintenance inspection.

g. Preengineered dry chemical or wet agent fire suppression systems maintenance inspection.

h. Preengineered water-based fire suppression systems in one- and two-family dwellings maintenance inspection.

Any person acting as a fire extinguishing system contractor shall do so only in relation to systems covered by the endorsements on the contractor's license.

265.1(3) *Length of licensure.* A license is normally for one year and expires on March 31 each year. A license which is effective on a date other than April 1 is effective on the date on which the license is issued and expires on March 31 of the following year.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.2(100C) Definitions. The following definitions apply:

"Aerosol fire extinguishing system" means a system that uses a combination of microparticles and gaseous matter to flood the protected area. The particles are in a vapor state until discharged from the device. On release, a chain reaction produces solid particles and gaseous matter to suppress the fire.

"Automatic dry-chemical extinguishing system" means the same as defined in Iowa Code section 100C.1(4).

"Automatic fire extinguishing system" means the same as defined in Iowa Code section 100C.1(5).

"Automatic sprinkler system" means the same as defined in Iowa Code section 100C.1(6).

"Carbon dioxide extinguishing system" means the same as defined in Iowa Code section 100C.1(7).

"Clean agent" means an electrically nonconducting, volatile, or gaseous fire extinguishant that does not leave a residue upon evaporation.

"Deluge system" means the same as defined in Iowa Code section 100C.1(8).

"Dry chemical" means a powder composed of very small particles, usually sodium bicarbonate-, potassium bicarbonate-, or ammonium phosphate-based, with added particulate material supplemented by special treatment to provide resistance to packing, resistance to moisture absorption (caking), and the proper flow capabilities.

"Dry pipe sprinkler system" means an extinguishing system employing automatic sprinklers that are attached to a piping system containing air or nitrogen under pressure, the release of which (as from the opening of a sprinkler) permits the water pressure to open a valve known as a dry pipe valve, which allows the water to flow into the piping system and out the opened sprinklers.

"Fire extinguishing system contractor," "fire protection system contractor," or *"contractor"* means the same as defined in Iowa Code section 100C.1(10).

"Foam extinguishing system" means the same as defined in Iowa Code section 100C.1(11).

"Halogenated extinguishing system" means the same as defined in Iowa Code section 100C.1(12).

"Hybrid-inert water mist system" means a system that combines the benefits of inert gas systems and water mist systems to extinguish fires. These systems provide both extinguishment and cooling to prevent reignition utilizing nontoxic, non-ozone-depleting hybrid media.

"Layout" means drawings, calculations and component specifications to achieve the specified system design installation. "Layout" does not include design.

"Listed" means equipment, materials, or services included in a list published by a nationally recognized independent testing organization concerned with evaluation of products or services that maintains periodic inspection of production of listed equipment or materials or periodic evaluation of services and whose listing states that either the equipment, material, or service meets appropriate designated standards or has been tested and found suitable for a specified purpose.

"Maintenance inspection" means the same as defined in Iowa Code section 100C.1(13).

"Preengineered dry chemical or wet agent fire suppression system" means any system having predetermined flow rates, nozzle pressures and limited quantities of either agent. These systems have specific pipe sizes, maximum and minimum pipe lengths, flexible hose specifications, number of fittings and number and types of nozzles prescribed by a nationally recognized testing laboratory. The hazards against which these systems protect are specifically limited by the testing laboratory as to the type and size based upon actual fire tests. Limitations on hazards that can be protected against by these systems are contained in the manufacturer's installation manual, which is referenced as part of the listing.

"Preengineered water-based system" means a packaged, water-based sprinkler system including all components connected to a water supply and designed to be installed according to pretested limitations.

"Responsible managing employee" means the same as defined in Iowa Code section 100C.1(14).

"Special hazards system" means a fire extinguishing system utilizing fire detection and control methods to release an extinguishing agent, other than water connected to a dedicated fire protection water supply.

"Wet agent" or *"wet chemical"* means an aqueous solution of organic or inorganic salts or a combination thereof that forms an extinguishing agent.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.3(100C) Responsible managing employee. Each fire extinguishing system contractor shall designate a responsible managing employee and may designate one or more alternate responsible managing employees. A contractor may designate more than one responsible managing employee in order to satisfy the requirements for more than one endorsement as provided in subrule 265.1(2). If more than one responsible managing employee is designated, the contractor will indicate for which responsible managing employee each designated alternate managing employee serves as an alternate.

265.3(1) The responsible managing employee or employees shall be designated in the application for licensure, and, if a responsible managing employee is no longer acting in that role, the contractor shall so notify the department, in writing, within 30 calendar days.

265.3(2) If a responsible managing employee is no longer acting in that role and the contractor has designated an alternate responsible managing employee, the alternate responsible managing employee will become the responsible managing employee and the contractor shall so notify the department, in writing, within 30 calendar days of the date on which the preceding responsible managing employee ceased to act in that role. If the contractor has designated more than one alternate responsible managing employee, the notice to the department will indicate which alternate responsible managing employee has assumed the position of responsible managing employee.

265.3(3) If a responsible managing employee designated by a fire extinguishing system contractor is no longer acting in the role of responsible managing employee and the contractor has not designated an alternate responsible managing employee, the contractor shall designate a new responsible managing employee and shall notify the department, in writing, of the designation within six months of the date on which the former responsible managing employee ceased to act in that capacity. If the department has not been notified of the appointment of a new responsible managing employee within six months of the date on which a responsible managing employee ceased serving in that capacity, the department shall suspend the license of the fire protection system contractor.

265.3(4) Training requirements. A responsible managing employee or an alternate responsible managing employee shall meet one of the requirements for the following endorsements:

a. Automatic sprinkler system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in fire extinguishing system design, or

(2) Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level III or above in water-based systems layout.

b. Special hazards system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in fire extinguishing system design, or

(2) Current certification by the NICET at level III or above in special hazard systems.

c. Preengineered dry chemical or wet agent fire suppression system installation:

(1) Current certification by the NICET at level II or above in special hazard systems, or

(2) Current certification by the National Association of Fire Equipment Distributors (NAFED) in preengineered kitchen fire suppression systems, preengineered industrial fire suppression systems, or both, or

(3) Satisfactory completion of any training required by the manufacturer for the installation of any system the contractor installs.

d. Preengineered water-based fire suppression system in one- and two-family dwellings installation:

(1) Current certification by the NICET at level II or above in special hazard systems, or

(2) Satisfactory completion of any training required by the manufacturer for the installation of any system the contractor installs.

e. Automatic sprinkler system maintenance inspection:

(1) Current certification from the NICET at level II in water-based system layout, or

(2) Current certification by the NICET at level II or above in inspection and testing of water-based systems.

f. Special hazards system maintenance inspection:

(1) Current certification by the NICET at level II or above in special hazard systems.

(2) Reserved.

g. Preengineered dry chemical or wet agent fire suppression system maintenance inspection:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Current certification by the NAFED in preengineered kitchen fire suppression systems, preengineered industrial fire suppression systems, or both, or

(3) Satisfactory completion of any training required by the manufacturer for the maintenance and inspection of any system the contractor inspects.

h. Preengineered water-based fire suppression system maintenance inspection:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Satisfactory completion of any training required by the manufacturer for the maintenance and inspection of any system the contractor inspects.

265.3(5) Training or testing approval. Satisfactory completion of an applicable training or testing program that has been approved by the department may replace any of the endorsement requirements of subrule 265.3(4). In any case in which training or testing that is offered to satisfy the requirements of this rule is required to be approved by the department, such approval is required prior to acceptance of the training or testing to meet licensure requirements. Approval by the department of any training or testing to meet these requirements may be sought by the individual, firm, or organization providing the testing or training or initiated by the department. Any individual, firm or organization seeking to obtain such approval will apply to the department no later than July 1 every odd-numbered year. Program information and any other documentation requested by the department for consideration shall be submitted to the department. Training and testing approved by the department is listed on the department's licensing website.

265.3(6) License applicability. Work performed by a contractor subject to these rules shall be limited to areas of competence indicated by the specific certification or other training requirements met by the responsible managing employee. Work performed in the state shall not begin prior to:

a. Receipt of new or renewed license issued by the department to the applicant, or

b. Receipt of written approval to perform work prior to issuance of a new or renewed license from the department to the applicant.

265.3(7) Portable fire extinguisher requirements. Nothing in this rule shall be interpreted to conflict with or diminish any requirement for training or certification for anyone installing or servicing a fire extinguishing system or portable fire extinguisher set forth in any rule of the department or local fire ordinance or standard adopted by reference therein.

265.3(8) Licensure of persons licensed in other jurisdictions. A fire protection system contractor license may be issued without examination to a person licensed in other jurisdictions if the conditions of Iowa Code section 272C.12 are met.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.4(100C) License requirements. A fire extinguishing system contractor shall meet all of the following requirements in order to receive licensure from the department and continue to meet all requirements throughout the period of licensure. The contractor shall notify the department, in writing, within 30 calendar days if the contractor fails to meet any requirement for licensure.

265.4(1) The contractor shall designate one or more responsible managing employees as provided in rule 481—265.3(100C).

265.4(2) The contractor shall maintain general and complete operations liability insurance for the layout, installation, repair, alteration, addition, maintenance, and inspection of automatic fire extinguishing systems in the following amounts: $500,000 per person, $1,000,000 per occurrence, and $1,000,000 property damage.

a. The carrier of any insurance coverage maintained to meet this requirement shall notify the department 30 days prior to the effective date of cancellation or reduction of the coverage.

b. The contractor shall cease operation immediately if the insurance coverage required by this subrule is no longer in force and other insurance coverage meeting the requirements of this subrule is not in force. A contractor shall not initiate any installation of a fire extinguishing system that cannot reasonably be expected to be completed prior to the effective date of the cancellation of the insurance coverage required by this subrule and of which the contractor has received notice, unless new insurance coverage meeting the requirements of this subrule has been obtained and will be in force upon cancellation of the prior coverage.

265.4(3) The contractor shall maintain current registration as a contractor with the labor services division of the Iowa workforce development department in compliance with Iowa Code chapter 91C and 481—Chapter 465. The contractor shall provide a copy of the contractor's current registration from the Iowa workforce development department with the contractor's application for licensure.

EXCEPTION: A contractor will not be required to maintain registration with the labor services division of the Iowa workforce development department if the contractor does not meet the definition of "contractor" for purposes of Iowa Code chapter 91C and 481—Chapter 465. Written documentation of such exemption must be provided to the department at the time of application for licensure as a fire protection system contractor.

265.4(4) The contractor shall maintain compliance with all other applicable provisions of law related to operation in the state of Iowa and of any political subdivision in which the contractor is performing work.

265.4(5) A license may be renewed only if the licensee has completed recertification of the applicable requirements relative to the endorsements for which the licensee is renewing.

265.4(6) Any individual while serving honorably on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, applying for licensure as a fire protection system contractor shall apply for licensure following 481—Chapter 7.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.5(100C) Application and fees.

265.5(1) *Application.* Any contractor seeking licensure as a fire protection system contractor shall submit a completed application form to the department. The application shall be filed no later than 30

days prior to the date of beginning work in this state or the date on which an existing license expires. An application form may be obtained from the department or the department's website. The application form shall be submitted with all required attachments and the required application fee. An application will not be considered complete unless all required information is submitted, including required attachments and fees, and will not be processed until it is complete.

265.5(2) *License fee.*

a. The license fee is $500 for one year.

b. If an application for licensure provides for more than one responsible managing employee pursuant to rule 481—265.3(100C), there will be an additional fee of $50 for each responsible managing employee beyond the first. If an application for licensure provides for more than one endorsement as provided in subrule 265.1(2), there will be an additional fee of $50 for each endorsement beyond the first.

c. The department will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

265.5(3) *Payment.* The license fee may be submitted electronically or delivered by draft, check, or money order in the applicable amount payable to the department. Cash payments are not accepted.

265.5(4) *Amended license.*

a. The fee for issuance of an amended license is the difference between the original license fee paid and changes in endorsement(s) or responsible managing employee(s), if applicable. The fee shall be submitted with the request for an amended license.

b. A contractor will request and the department will issue an amended license for any of the following reasons, and a fee does not apply:

(1) A change in the designation of a responsible managing employee;

(2) A change in insurance coverage; or

(3) A change in any other material information included in or with the initial or renewal application. A change in the address of the business is a material change.

c. Other changes in the information required in the application form, including renewal of insurance coverage with a new expiration date, shall be reported to the department but will not require issuance of an amended license or payment of the amended license fee.

265.5(5) *Attachments.* Required attachments to the application for licensure are outlined on the department's website.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.6(100C) Complaints. Complaints regarding the performance of any licensed contractor, failure of a licensed contractor to meet any of the requirements established in Iowa Code chapter 100C or this chapter or any other provision of law, or operation as a fire extinguishing system contractor without licensure may be filed with the department. Complaints should be as specific as possible and clearly identify the contractor against whom the complaint is filed. Complaints should be submitted in writing to the department as indicated on the department's website. A complaint may be submitted anonymously, but if the name and contact information of the complainant are provided, the complainant will be notified of the disposition of the complaint.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—265.7(100C) Denial, suspension, or revocation of licensure; civil penalties; and appeals. The department may deny, suspend, or revoke the license of a contractor, or assess a civil penalty to the contractor, if any provision of these rules or any other provision of law related to operation as a fire extinguishing system contractor is violated.

265.7(1) *Denial.* The department may deny an application for licensure for reasons including, but not limited to:

a. If the applicant makes a false statement on the application form or in any other submission of information required for license. "False statement" means providing false information or failing to include material information, such as a previous criminal conviction or action taken by another jurisdiction, when requested on the application form or otherwise in the application process.

b. If the applicant fails to meet all of the requirements for licensure established in this chapter.

c. If the applicant is currently barred for cause from acting as a fire extinguishing system contractor in another jurisdiction.

d. If an applicant has previously been barred for cause from operating in another jurisdiction as a fire extinguishing system contractor and if the basis of that action reflects upon the integrity of the applicant in operating as a fire extinguishing system contractor. If an applicant is found to have been previously barred for cause from operating as a fire extinguishing system contractor in another jurisdiction and is no longer barred from doing so, the department will evaluate the record of that action with regard to the likelihood that the applicant would operate with integrity as a licensed contractor. If an applicant is denied under this provision, the applicant will be notified of the specific reasons for the denial.

e. Conviction of a felony offense, if the offense directly relates to the profession or occupation of the licensee, in the courts of this state or another state, territory or country. "Conviction" as used in this subrule includes a conviction of an offense that if committed in this state would be a felony without regard to its designation elsewhere, and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered. A certified copy of the final order or judgment of conviction or plea of guilty in this state or in another state constitutes conclusive evidence of the conviction. If an applicant is denied under this provision, the applicant will be notified of the specific reasons for the denial.

f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the licensee's profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

g. Willful or repeated violations of the provisions of this chapter.

265.7(2) *Suspension.* A suspension of a license may be imposed by the department for any violation of these rules or Iowa Code chapter 100C or for a failure to meet any legal requirement to operate as a fire extinguishing system contractor in this state. Failure to provide any notice to the department as provided in these rules will be grounds for suspension. An order of suspension will specify the length of the suspension and will specify that correction of all conditions that were a basis for the suspension is a condition of reinstatement of the license even after the period of the suspension.

265.7(3) *Revocation.*

a. A revocation is a termination of a license. A license may be revoked by the department for repeated violations or for a violation that creates an imminent danger to the safety or health of individuals protected by a fire extinguishing system incorrectly installed by a licensed contractor or when information comes to the attention of the department which, if known to the department when the application was being considered, would have resulted in denial of the license.

b. A new application for licensure from a contractor whose license had previously been revoked will not be considered for a period of one year after the effective date of the revocation and, in any event, until every condition that was a basis for the revocation has been corrected. The department may specify in the revocation order a longer period than one year before a new application for licensure may be considered. When a new application for licensure from a contractor whose license was previously revoked is being considered, the applicant may be denied licensure based upon the same information that was the basis for revocation even after any such period established by the department has expired.

265.7(4) *Disqualifications for criminal convictions limited.* A person's conviction of a crime may be grounds for the denial, revocation, or suspension of a license in circumstances authorized by Iowa Code section 272C.15.

265.7(5) *Civil penalties.* The department may impose a civil penalty of up to $500 per day during which a violation has occurred and for every day until the violation is corrected. A civil penalty may be imposed in lieu of or in addition to a suspension or may be imposed in addition to a revocation. A civil penalty will not be imposed in lieu of a revocation.

265.7(6) *Appeals.* Any denial, suspension, or revocation of a license, or any civil penalty imposed upon a licensed contractor under this rule may be appealed by the contractor within 14 days of receipt of the notice by submitting a written request for a contested case appeal to the department. An appeal is subject to the provisions of 7—Chapter 2506 and 481—Chapter 10 governing contested cases.

[**ARC 7873C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 100C.

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[Editorial change: IAC Supplement 8/5/26]

CHAPTER 266
LICENSING OF FIRE PROTECTION SYSTEM TECHNICIANS
[Prior to 11/26/25, see Public Safety Department[661] Ch 276]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—266.1(100D) Establishment of program. The fire protection system technician license is established pursuant to Iowa Code chapter 100D.

266.1(1) *Licensing required.* A person shall not act as a fire protection system installer and maintenance worker without being currently licensed as a fire protection system technician by the department, except as provided in Iowa Code sections 100D.2(1) and 100D.11.

a. For purposes of Iowa Code section 100D.2(1)*"a,"* "direct supervision" means that the person supervising the person performing the work shall be on the job site while the work being supervised is performed.

b. For purposes of Iowa Code section 100D.2(1)*"d,"* the work performed that is subject to the provisions of this chapter must be within the scope of the endorsement(s) of the licensed contractor employing the responsible managing employee.

266.1(2) *Endorsement.* Any person acting as a fire protection system installer and maintenance worker shall do so only in relation to systems and work covered by the endorsements on the person's license. The license of each technician shall carry an endorsement for one or more of the following:

a. Automatic sprinkler system installation.

b. Special hazards system installation.

c. Preengineered dry chemical or wet agent fire protection systems installation.

d. Preengineered water-based fire protection systems in one- and two-family dwellings installation.

e. Automatic sprinkler system maintenance inspection.

f. Special hazards system maintenance inspection.

g. Preengineered dry chemical or wet agent fire protection systems maintenance inspection.

h. Preengineered water-based fire protection systems in one- and two-family dwellings maintenance inspection, or

i. Fire protection technician trainee.

266.1(3) *Length of licensure.* Licensure shall normally be for two years and will expire on March 31 of the second year after the license has been issued. A license that is effective on a date other than April 1 will be effective on the date on which the license is issued and will expire the next March, after one year has passed from the date on which the license was issued. A technician trainee license may be renewed once and a person may work as a technician trainee for a maximum of four years.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—266.2(100D) Definitions. The following definitions apply:

"Aerosol fire extinguishing system" means a system that uses a combination of microparticles and gaseous matter to flood the protected area. The particles are in a vapor state until discharged from the device. On release, a chain reaction produces solid particles and gaseous matter to suppress the fire.

"Apprentice fire protection system installer and maintenance worker" means the same as defined in Iowa Code section 100D.1(1).

"Automatic fire extinguishing system" means the same as defined in Iowa Code section 100C.1(5).

"Automatic sprinkler system" means the same as defined in Iowa Code section 100C.1(6).

"Carbon dioxide extinguishing system" means the same as defined in Iowa Code section 100C.1(7).

"Clean agent" means an electrically nonconducting, volatile, or gaseous fire extinguishant that does not leave a residue upon evaporation.

"Deluge system" means the same as defined in Iowa Code section 100C.1(8).

"Department" means the same as defined in Iowa Code section 100D.1(2).

"Dry chemical" means a powder composed of very small particles, usually sodium bicarbonate-, potassium bicarbonate-, or ammonium phosphate-based, with added particulate material supplemented by

special treatment to provide resistance to packing, resistance to moisture absorption (caking), and the proper flow capabilities.

"Dry pipe sprinkler system" means an extinguishing system employing automatic sprinklers that are attached to a piping system containing air or nitrogen under pressure, the release of which (as from the opening of a sprinkler) permits the water pressure to open a valve known as a dry pipe valve, which allows the water to flow into the piping system and out the opened sprinklers.

"Fire extinguishing system contractor," "fire protection system contractor," or *"contractor"* means the same as defined in Iowa Code section 100D.1(4).

"Fire protection system" means the same as defined in Iowa Code section 100D.1(5).

"Fire protection system installation" means the same as defined in Iowa Code section 100D.1(6).

"Fire protection system installer and maintenance worker" or *"fire protection system technician"* means the same as defined in Iowa Code section 100D.1(8). A fire protection system technician shall be an employee of a fire protection system contractor or, if employed by anyone other than a fire protection system contractor, shall perform work requiring licensing as a fire protection system technician only on property owned or occupied by such employer and may obtain a license if the employer is not a licensed contractor.

"Fire protection system maintenance" means the same as defined in Iowa Code section 100D.1(7).

"Foam extinguishing system" means the same as defined in Iowa Code section 100C.1(11).

"Halogenated extinguishing system" means the same as defined in Iowa Code section 100C.1(12).

"Hybrid-inert water mist system" means a system that combines the benefits of inert gas systems and water mist systems to extinguish fires. These systems provide both extinguishment and cooling to prevent reignition utilizing nontoxic, non-ozone-depleting hybrid media.

"Layout" means drawings, calculations and component specifications to achieve the specified system design installation. "Layout" does not include design.

"Listed" means equipment, materials, or services included in a list published by a nationally recognized independent testing organization concerned with evaluation of products or services that maintains periodic inspection of the production of listed equipment or materials or periodic evaluation of services and whose listing states that either the equipment, material, or service meets appropriate designated standards or has been tested and found suitable for a specified purpose.

"Preengineered dry chemical or wet agent fire suppression system" means any system having predetermined flow rates, nozzle pressures and limited quantities of either agent. These systems have specific pipe sizes, maximum and minimum pipe lengths, flexible hose specifications, number of fittings and number and types of nozzles prescribed by a nationally recognized testing laboratory. The hazards against which these systems protect are specifically limited by the testing laboratory as to the type and size based upon actual fire tests. Limitations on hazards that can be protected against by these systems are contained in the manufacturer's installation manual, which is referenced as part of the listing.

"Preengineered fire protection system" means the same as defined in Iowa Code section 100D.1(9).

"Preengineered water-based fire protection system" means a packaged, water-based sprinkler system including all components connected to a water supply and designed to be installed according to pretested limitations.

"Responsible managing employee" means the same as defined in Iowa Code section 100D.1(10).

"Routine maintenance" means the same as defined in Iowa Code section 100D.1(11).

"Special hazards system" means a fire extinguishing system utilizing fire detection and control methods to release an extinguishing agent, other than water connected to a dedicated fire protection water supply.

"Wet agent" or *"wet chemical"* means an aqueous solution of organic or inorganic salts or a combination thereof that forms an extinguishing agent.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—266.3(100D) Licensing requirements. A fire protection system installer and maintenance worker shall meet all of the following requirements in order to receive a license from the department and shall continue to meet all requirements throughout the period of licensure. A licensee shall notify the department, in writing, within 30 calendar days if the licensee fails to meet any requirement for licensure.

266.3(1) *Compliance.* Each licensee shall maintain compliance with all other applicable provisions of law related to operation in the state of Iowa and in any political subdivision in which the licensee is performing work.

266.3(2) *Training requirements.* An applicant for a license shall meet one of the requirements for the following endorsements:

a. Automatic sprinkler system installation:

(1) Current certification by the National Inspection Testing and Certification Corporation (NITC) in the STAR Fire Sprinkler Fitting Mastery Examination, or

(2) Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level I or above in water-based system layout, or

(3) Current certification by the NICET at level I or above in inspection and testing of water-based systems.

b. Special hazards system installation:

(1) Current certification by the NICET at level I or above in special hazards systems.

(2) Reserved.

c. Preengineered dry chemical or wet agent fire protection system installation:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Current certification by the National Association of Fire Equipment Distributors (NAFED) in preengineered kitchen fire extinguishing systems, preengineered industrial fire extinguishing systems, or both, or

(3) Satisfactory completion of any training required by the manufacturer for the installation of any system the technician installs, or

(4) Current certification by the Fire Protection Certification LTD (FPC) in commercial kitchen fire suppression system service, preengineered fire suppression maintenance, or both.

d. Preengineered water-based fire protection systems in one- and two-family dwellings installation:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Satisfactory completion of any training required by the manufacturer for the installation of any system the technician installs.

e. Automatic sprinkler system maintenance inspection:

(1) Current certification by the NITC in the STAR Fire Sprinkler Fitting Mastery Examination, or

(2) Current certification by the NICET at level I or above in water-based systems layout, or

(3) Current certification by the NICET at level I or above in inspection and testing of water-based systems.

f. Special hazards system maintenance inspection:

(1) Current certification by the NICET at level I or above in special hazard systems.

(2) Reserved.

g. Preengineered dry chemical or wet agent fire protection system maintenance inspection:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Current certification by the NAFED in preengineered kitchen fire extinguishing systems, preengineered industrial fire extinguishing systems, or both, or

(3) Satisfactory completion of any training required by the manufacturer for maintenance and inspection of any system the technician inspects, or

(4) Current certification by the FPC in commercial kitchen fire suppression system service, preengineered fire suppression maintenance, or both.

h. Preengineered water-based fire protection systems in one- and two-family dwellings installation:

(1) Current certification by the NICET at level I or above in special hazard systems, or

(2) Satisfactory completion of any training required by the manufacturer for maintenance and inspection of any system the technician inspects.

i. Fire protection system technician trainee: Submission of a completed application no later than the first day of employment. A fire protection system technician trainee may perform work that requires licensure under this chapter only under the direct supervision of a licensed fire protection system technician or responsible managing employee whose license contains one or more endorsements as provided in

subrule 265.1(2) or 266.1(2), and that work must be within the scope of work authorized by the endorsements held by the supervising fire protection system technician or responsible managing employee. At least one licensed fire protection system technician or responsible managing employee must be present for every three apprentice fire protection system installers and maintenance workers or fire protection system technician trainees performing work related to fire protection systems.

266.3(3) *Continuing education.* A license may be renewed only if the licensee has completed recertification of the applicable certification requirements relative to the endorsement(s) for which the license is being renewed.

266.3(4) *Training or testing approval.* Satisfactory completion of an applicable training or testing program approved by the department may replace any of the endorsement requirements of subrule 266.3(2). In any case in which training or testing that is offered to satisfy the requirements of this rule is required to be approved by the department, such approval is required prior to acceptance of the training or testing to meet licensure requirements. Approval by the department of any training or testing to meet these requirements may be sought by the individual, firm, or organization providing the testing or training or initiated by the department. Any individual, firm, or organization seeking to obtain such approval may apply to the department no later than July 1 every odd-numbered year. Program information and any other documentation requested by the department for consideration shall be submitted to the department. Training and testing approved by the department will be listed on the department's licensing website.

266.3(5) *License applicability.* Work performed by a technician or trainee subject to these rules shall be limited to areas of competence indicated by the specific endorsement(s) identified on the license. Work performed in the state shall not begin prior to:

a. Receipt of a new or renewed license issued by the department to the applicant, or

b. Receipt of written approval to perform work prior to issuance of a new or renewed license from the department to the applicant.

266.3(6) *Portable fire extinguisher requirements.* Nothing in this rule shall be interpreted to conflict with or diminish any requirement for training or certification for anyone installing or servicing a fire extinguishing system or portable fire extinguisher set forth in any rule of the department or local fire ordinance or standard adopted by reference therein.

266.3(7) *Licensure of persons licensed in other jurisdictions.* A fire protection system technician license may be issued without examination to a person licensed in other jurisdictions if the conditions of Iowa Code section 272C.12 are met.

266.3(8) *Veterans and active duty military.* Any individual serving honorably on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, should apply for licensure following 481—Chapter 7.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—266.4(100D) Application and fees.

266.4(1) *Application.* Any person seeking licensure as a fire protection system technician shall submit a completed application form to the department. The application shall be filed no later than 30 days prior to the date of beginning work in this state or the date on which an existing license expires. An application form may be obtained from the department or from the department's website. The application form shall be submitted with all required attachments and license fee. An application is not complete unless all required information is submitted, including required attachments and fees, and will not be processed until it is complete.

266.4(2) *License fee.*

a. The fee for a permanent or provisional license, except for a trainee license, is $200. If an application for a license provides for more than one endorsement as provided in subrule 266.1(2), there will be an additional fee of $25 for each endorsement beyond the first.

b. The fee for a fire protection system technician trainee license is $100.

c. The department will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

266.4(3) *Payment.* The license fee shall be submitted electronically, or mailed or hand-delivered by draft, check, or money order in the applicable amount payable to the Iowa Department of Inspections, Appeals, and Licensing. Cash payments are not accepted.

266.4(4) *Amended license.*

a. The fee for issuance of an amended license is the difference between the original license fee paid and changes in endorsement(s), if applicable. The fee shall be submitted with a request for an amended license.

b. A licensee will request and the department will issue an amended license for any of the following reasons, and a fee does not apply:

(1) A change in employer. A licensee may only transfer the licensee's technician license to another employer if the licensee paid the license fee at the time of original application. If the licensee's previous employer paid the license fee, the licensee must reapply for a new license under the licensee's new employer and pay the license fee.

(2) A change in any other material information included in or with the initial or renewal application. A change of address is a material change.

c. Other changes in the information required in the application form, including renewal of insurance coverage with a new expiration date, shall be reported to the department but will not require issuance of an amended license or payment of the amended license fee.

266.4(5) *Attachments.* Required attachments to the application for a license are outlined on the department's website.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—266.5(100D) Complaints. Complaints regarding the performance of any licensed fire protection system technician, failure of a licensee to meet any of the requirements established in Iowa Code chapter 100D or this chapter or any other provision of law, or persons operating as fire protection system installers and maintenance workers without licensure may be submitted to the department. Complaints should be as specific as possible and clearly identify the licensee or other person against whom the complaint is filed. A complaint may be submitted anonymously, but if the name and contact information of the complainant are provided, the complainant will be notified of the disposition of the complaint.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—266.6(100D) Denial, suspension, or revocation of licensure; civil penalties; appeals. If a licensee or person who performs work requiring a license violates any provision of these rules or any other provision of law related to work requiring licensure pursuant to this chapter, the department may deny, suspend or revoke a license or assess a civil penalty to a licensee or to a person who performs work requiring licensure pursuant to this chapter and who is not licensed.

266.6(1) *Denial.* The department may deny an application for licensure:

a. If the applicant makes a false statement on the application form or in any other submission of information required for licensure. "False statement" means providing false information or failing to include material information, such as a previous criminal conviction or action taken by another jurisdiction, when requested on the application form or otherwise in the application process.

b. If the applicant fails to meet all of the requirements for licensure established in this chapter.

c. If the applicant is currently barred for cause from licensure equivalent to that provided for in this chapter in another jurisdiction.

d. If an applicant has previously been barred for cause from operating in another jurisdiction as a fire protection system installer and maintenance worker and if the basis of that action reflects upon the integrity of the applicant in operating as a fire protection system installer and maintenance worker. If an applicant is found to have been previously barred for cause from operating as a fire protection system installer and maintenance worker in another jurisdiction and is no longer barred from doing so, the department will evaluate the record of that action with regard to the likelihood that the applicant would operate with integrity as a licensee. If an applicant is denied licensure under this paragraph, the applicant will be notified of the specific reasons for the denial.

e. Conviction of a felony offense, if the offense directly relates to the profession or occupation of the licensee, in the courts of this state or another state, territory or country. "Conviction" as used in this subrule includes a conviction of an offense that if committed in this state would be a felony without regard to its designation elsewhere, and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered. A certified copy of the final order or judgment of conviction or plea of guilty in this state or in another state constitutes conclusive evidence of the conviction. If an applicant is denied licensure under this paragraph, the applicant will be notified of the specific reasons for the denial.

f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the licensee's profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

g. Willful or repeated violations of the provisions of this chapter.

266.6(2) *Suspension.* A suspension of a license may be imposed by the department for any violation of these rules or Iowa Code chapter 100D or for a failure to meet any legal requirement to operate as a fire protection system installer and maintenance worker in this state. Failure to provide any notice to the department as required by these rules may be grounds for suspension. An order of suspension will specify the length of the suspension and will specify that correction of all conditions that were a basis for the suspension is a condition of reinstatement of the license even after the period of the suspension.

266.6(3) *Revocation.*

a. A revocation is a termination of a license. A license may be revoked by the department for repeated violations or for a violation which creates an imminent danger to the safety or health of individuals protected by a fire protection system incorrectly installed by a licensee or when information comes to the attention of the department which, if known to the department when the application was being considered, would have resulted in denial of the license.

b. A new application for a license from an applicant whose license has previously been revoked will not be considered for a period of one year after the effective date of the revocation and, in any event, until every condition that was a basis for the revocation has been corrected. The department may specify in the revocation order a period longer than one year before a new application for a license may be considered. When a new application for a license from a person whose license was previously revoked is being considered, the applicant may be denied a license based upon the same information that was the basis for revocation even after any such period established by the department has expired.

266.6(4) *Disqualifications for criminal convictions limited.* A person's conviction of a crime may be grounds for the denial, revocation, or suspension of a license in circumstances authorized by Iowa Code section 272C.15.

266.6(5) *Civil penalties.* The department may impose a civil penalty of up to $500 per day during which a violation has occurred and for every day until the violation is corrected. A civil penalty may be imposed in lieu of or in addition to a suspension or may be imposed in addition to a revocation. A civil penalty will not be imposed in lieu of a revocation.

266.6(6) *Appeals.* Any denial, suspension, or revocation of a license, or any civil penalty imposed upon a licensee or other person under this rule may be appealed within 14 days of receipt of the notice by submitting a written request for a contested case appeal to the department. An appeal is subject to the provisions of 7—Chapter 2506 and 481—Chapter 10 governing contested cases.

[**ARC 7874C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 100D.

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[Editorial change: IAC Supplement 8/5/26]

[1] October 1, 2010, effective date of 276.3(1) delayed 70 days by the Administrative Rules Review Committee at its meeting held September 14, 2010.

CHAPTER 267
LICENSING OF ALARM SYSTEM CONTRACTORS AND TECHNICIANS
[Prior to 11/26/25, see Public Safety Department[661] Ch 277]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—267.1(100C) Establishment of program. The alarm system contractor and alarm system technician license are established pursuant to Iowa Code chapter 100C.

267.1(1) *Licensure required.* No person shall act as an alarm system contractor without being currently licensed as an alarm system contractor by the department. No person shall act as an alarm system technician without being currently licensed by the department as an alarm system contractor or alarm system technician unless the person is engaged in the installation of alarm system components, is currently licensed pursuant to Iowa Code chapter 103, and is exempt from requirements for licensure by the department as an alarm system technician pursuant to Iowa Code chapter 103.

EXCEPTION: A person may pull cable for an alarm system under the direct supervision of a licensed contractor, licensed technician, or person licensed pursuant to Iowa Code chapter 103 who is working as a technician without licensing pursuant to Iowa Code chapter 103.

267.1(2) *Endorsement.*

a. The licensure of each contractor, technician, or technician trainee shall carry an endorsement for one or more of the following:

(1) Alarm system contractor.
1. Fire alarm system installation.
2. Nurse call system installation.
3. Security alarm system installation.
4. Alarm system maintenance inspection.
5. Dwelling unit alarm system installation.

(2) Alarm system technician.
1. Fire alarm system installation.
2. Nurse call system installation.
3. Security alarm system installation.
4. Alarm system component installation.
5. Alarm system maintenance inspection.
6. Dwelling unit alarm system installation.

(3) Alarm system technician trainee.

b. Any person acting as an alarm system contractor or technician, other than a person who is not required to be licensed for such work by the department, shall do so only in relation to systems covered by the endorsements on the contractor's or technician's license.

267.1(3) *Length of licensure.* Licensure is normally for three years and will expire on September 30 of the third year after the license has been issued. A license that is effective on a date other than October 1 will be effective on the date on which the license is issued and will expire on the next September 30, after two years have passed from the date on which the license was issued.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.2(100C) Definitions. The following definitions apply:

"Alarm system" means the same as defined in Iowa Code section 100C.1(1).

"Alarm system components" means the portion of an alarm system installation limited to mounting alarm system raceways, boxes or system devices, and pulling of system cable, not including final termination at an alarm panel or final connection of the alarm system or alarm system testing.

"Alarm system contractor" or *"contractor"* means the same as defined in Iowa Code section 100C.1(2).

"Alarm system technician" or *"technician"* means a person who is engaged in the layout, installation, repair, alteration, addition, testing, or maintenance of alarm systems and who is licensed under the provisions of this chapter to perform work authorized by that license and any endorsement pertaining

thereto. An alarm system technician shall be an employee of an alarm system contractor or, if employed by anyone other than an alarm system contractor, shall perform work requiring licensing as an alarm system technician only on property owned or occupied by such employer and may obtain a license if the employer is not a licensed contractor.

"Alarm system technician trainee" means a person who is engaged in the layout, installation, repair, alteration, addition, or maintenance of alarm systems under the direct supervision of a responsible managing employee or licensed alarm system technician.

"Alarm system maintenance inspection technician" means an employee of an alarm system contractor who is engaged in maintenance inspection of fire alarm, nurse call, or security alarm systems.

"Dwelling alarm system" means a system or portion of a combination system that consists of components and circuits hardwired or wireless arranged to monitor and annunciate the status of a fire alarm, nurse call or security alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals, installed in a single-family dwelling or a single dwelling unit of a multifamily residential building and not interconnected with another dwelling alarm system. A dwelling alarm system does not mean single-station or multiple-station alarms installed in dwelling units.

"Fire alarm system" means a system or portion of a combination system that consists of components and circuits hardwired or wireless arranged to monitor and annunciate the status of a fire alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals that serves the general fire alarm needs of a building or buildings and that provides fire department or occupant notification or both. A fire alarm system does not mean single-station or multiple-station alarms installed in dwelling units.

"Installation" means hanging electrical conduits, raceways or boxes; mounting system devices; pulling system cable; activating system-initiating devices and system control units or verifying system operations to meet specifications; and performing system acceptance testing.

"Layout" means drawings, calculations and component specifications to achieve the specified system design installation. "Layout" does not include design.

"Maintenance inspection" means the same as defined in Iowa Code section 100C.1(13).

"Nurse call system" means a nurse call system or portion of a combination system that consists of components and circuits hardwired or wireless arranged to monitor and annunciate the status of a nurse call system or supervisory signal-initiating devices and to initiate the appropriate response to those signals, installed in a facility required to be licensed or certified by the state pursuant to Iowa Code chapter 125, 135B, 135C, 135G, 135H, 135J, 231C, or 231D, or installed in a facility operating pursuant to Iowa Code chapter 218, 219, 223, 225, 233A, or 233B, to initiate response of on-site medical care providers.

"Responsible managing employee" means the same as defined in Iowa Code section 100C.1(14).

"Security alarm system" means a system or portion of a combination system that consists of components and circuits hardwired or wireless arranged to monitor and annunciate the status of a security alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals, installed in a building or facility to detect unauthorized entry into a building or portion of a building and to notify security personnel or building occupants or both.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.3(100C) Responsible managing employee. Each alarm system contractor shall designate a responsible managing employee and may designate one or more alternate responsible managing employees. A contractor may designate more than one responsible managing employee in order to satisfy the requirements for more than one endorsement as provided in subrule 267.1(2). If more than one responsible managing employee is designated, the contractor will indicate for which responsible managing employee each designated alternate managing employee serves as an alternate.

267.3(1) The responsible managing employee or employees shall be designated in the application for licensure; and, if a responsible managing employee is no longer acting in that role, the contractor shall so notify the department, in writing, within 30 calendar days.

267.3(2) If a responsible managing employee is no longer acting in the role of responsible managing employee and the contractor has designated an alternate responsible managing employee, the alternate responsible managing employee will become the responsible managing employee and the contractor shall

so notify the department, in writing, within 30 calendar days of the date on which the preceding responsible managing employee ceased to act in that role. If the contractor has designated more than one alternate responsible managing employee, the notice to the department will indicate which alternate responsible managing employee has assumed the position of responsible managing employee.

267.3(3) If a responsible managing employee designated by an alarm system contractor is no longer acting in the role of responsible managing employee and the contractor has not designated an alternate responsible managing employee, the contractor will designate a new responsible managing employee and shall notify the department, in writing, of the designation within six months of the date on which the former responsible managing employee ceased to act in that capacity. If the department has not been notified of the appointment of a new responsible managing employee within six months of the date on which a responsible managing employee ceased serving in that capacity, the department shall suspend the license of the alarm system contractor.

267.3(4) A responsible managing employee or an alternate responsible managing employee shall meet one of the requirements for the following endorsements:

a. Fire alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level III or above in fire alarm systems, or

(3) Current certification by the Electronic Security Association (ESA) at level III in certified fire alarm designer (CFAD).

b. Nurse call system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by a nurse call system manufacturer, or

(3) Current certification by the NICET at level II or above in fire alarm systems, or

(4) Current certification by the ESA at level II in certified alarm technician (CAT).

c. Security alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level II or above in fire alarm systems, or

(3) Current certification by the ESA at level II in CAT.

d. Alarm system maintenance inspection:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level II or above in fire alarm systems, or

(3) Current certification by the ESA at level II in CAT, or

(4) Current certification by the NICET level II or above in inspection and testing of fire alarm systems.

e. Dwelling unit alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level I or above in fire alarm systems, or

(3) Current certification by the ESA at level I in CAT.

267.3(5) Training or testing approval. Satisfactory completion of an applicable training or testing program that has been approved by the department may replace any of the endorsement requirements of subrule 267.3(4). In any case in which training or testing that is offered to satisfy the requirements of this rule is required to be approved by the department, such approval is required prior to acceptance of the training or testing to meet licensing requirements. Approval by the department of any training or testing to meet these requirements may be sought by the individual, firm, or organization providing the testing or training or initiated by the department. Any individual, firm, or organization seeking to obtain such approval may apply to the department no later than July 1 every odd-numbered year. Program information

and any other documentation requested by the department for consideration shall be submitted to the department. Training and testing approved by the department will be listed on the department's licensing website.

267.3(6) License applicability. Work performed by a contractor subject to these rules shall be limited to areas of competence indicated by the specific certification or certifications or other training requirements met by the responsible managing employee. Work performed in the state shall not begin prior to:

a. Receipt of a new or renewed license issued by the department to the applicant, or

b. Receipt of written approval to perform work prior to issuance of a new or renewed license from the department to the applicant.

267.3(7) Nothing in this rule shall be interpreted to conflict with or diminish any requirement for training or certification for anyone installing or servicing an alarm system set forth in any rule of the department or local fire ordinance or standard adopted by reference therein.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.4(100C) Contractor licensing.

267.4(1) An alarm system contractor shall meet all of the following requirements in order to receive licensure from the department and will continue to meet all requirements throughout the period of licensure. The contractor shall notify the department, in writing, within 30 calendar days if the contractor fails to meet any requirement for licensure.

a. The contractor designates one or more responsible managing employees as provided in rule 481—267.3(100C).

b. The contractor maintains general and complete operations liability insurance for the layout, installation, repair, alteration, addition, maintenance, and inspection of automatic alarm systems in the following amounts: $500,000 per person, $1,000,000 per occurrence, and $1,000,000 property damage.

(1) The carrier of any insurance coverage maintained to meet this requirement shall notify the department 30 days prior to the effective date of cancellation or reduction of the coverage.

(2) The contractor shall cease operation immediately if the insurance coverage required by this subrule is no longer in force and other insurance coverage meeting the requirements of this subrule is not in force. A contractor shall not initiate any installation of an alarm system that cannot reasonably be expected to be completed prior to the effective date of the cancellation of the insurance coverage required by this subrule and of which the contractor has received notice, unless new insurance coverage meeting the requirements of this subrule has been obtained and will be in force upon cancellation of the prior coverage.

c. The contractor maintains its current registration as a contractor in accordance with Iowa Code chapter 91C and any rules promulgated thereunder, and provides a copy of the current registration certificate issued pursuant to Iowa Code chapter 91C to the department with the application.

EXCEPTION: If the contractor does not meet the definition of "contractor" for purposes of Iowa Code chapter 91C, such registration is not required. Written documentation of such exemption must be provided to the department upon application for licensure as an alarm system contractor.

d. The contractor maintains compliance with all other applicable provisions of law related to operation in the state of Iowa and of any political subdivision in which the contractor is performing work.

267.4(2) A license may be renewed only if the licensee has completed recertification of the applicable requirements relative to the endorsement for which the licensee is renewing.

267.4(3) An alarm system contractor license may be issued without examination to a person licensed in other jurisdictions if the conditions of Iowa Code section 272C.12 are met.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.5(100C) Contractor application and fees.

267.5(1) *Application.* Any contractor seeking licensure as an alarm system contractor shall submit a completed application form to the department. The application shall be filed no later than 30 days prior to the date of beginning work in this state or the date on which an existing license expires. An application form may be obtained from the department or the department's website. The application form shall be submitted with all required attachments and the required application fee. An application will not be

considered complete unless all required information is submitted, including required attachments and fees, and will not be processed until it is complete.

267.5(2) *Licensure fee.* The license fee for alarm system contractors will be $300 for two years. If an application for licensure provides for more than one responsible managing employee pursuant to rule 481—267.3(100C), there will be an additional fee of $50 for each responsible managing employee beyond the first. If an application for licensure provides for more than one endorsement as provided in subrule 267.1(2), there will be an additional fee of $50 for each endorsement beyond the first. The department will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

267.5(3) *Payment.* The license fee may be submitted electronically or delivered by draft, check, or money order in the applicable amount payable to the department. Cash payments are not accepted.

267.5(4) *Amended license.*

a. The fee for issuance of an amended license is the difference between the original license fee paid and changes in endorsement(s) or responsible managing employee(s), if applicable. The fee shall be submitted with the request for an amended licensure.

b. A contractor will request and the department will issue an amended license for any of the following reasons, and a fee does not apply:

(1) A change in the designation of a responsible managing employee;

(2) A change in insurance coverage; or

(3) A change in any other material information included in or with the initial or renewal application. A change in the location of a business is a material change; however, no fee will be charged for the issuance of an amended license if the sole reason for amending the license is to reflect a change in location that was necessitated by disaster emergency conditions and the business was located in an area subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6.

c. Other changes in the information required in the application form, including renewal of insurance coverage with a new expiration date, shall be reported to the department but will not require issuance of an amended license or payment of the amended license fee.

267.5(5) *Attachments.* Required attachments to the application for licensure are outlined on the department's website.

267.5(6) *National criminal history check.* Each applicant for licensure as a contractor shall submit fingerprints and the applicable fee for a national criminal history check conducted by the Federal Bureau of Investigation at the time of application for a new or renewal license.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.6(100C) Technician licensure requirements. An applicant for alarm system technician licensure shall meet all of the following requirements that are applicable to the endorsements for which the applicant is applying in order to receive licensure from the department, and continue to meet all such requirements throughout the period of licensure. The technician will notify the department, in writing, within 30 calendar days if the technician fails to meet any applicable requirement for licensure.

267.6(1) The alarm system technician shall meet one of the following criteria for the following endorsements:

a. Fire alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level II or above in fire alarm systems, or

(3) Current certification by the Electronic Security Association (ESA) at level II in certified alarm technician (CAT), or

(4) Current certification by the Elite Continuing Education University (CEU) in fire alarm installation techniques (FAIT).

b. Nurse call system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by a nurse call system manufacturer, or

(3) Current certification by the NICET at level I or above in fire alarm systems, or

(4) Current certification by the ESA at level I in CAT, or

(5) Current licensure as a master electrician or journeyman electrician by the electrical examining board pursuant to Iowa Code chapter 103.

c. Security alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level I or above in fire alarm systems, or

(3) Current certification by the ESA at level I in CAT, or

(4) Current certification by the CEU in advanced electronic intrusion technician (AEIT), or

(5) Current certification by the Complete Electrical Academy at level I in Electronic Security Technician.

d. Alarm system component installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level I or above in fire alarm systems, or

(3) Current certification by the ESA at level I in CAT, or

(4) Current licensure as a master electrician or journeyman electrician by the electrical examining board pursuant to Iowa Code chapter 103.

e. Alarm system maintenance inspection:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level I or above in fire alarm systems, or

(3) Current certification by the ESA at level I in CAT, or

(4) Current certification by the NICET at level I or above in inspection and testing of fire alarm systems, or

(5) Current certification by the Complete Electrical Academy at level I in electronic security technician.

f. Dwelling unit alarm system installation:

(1) Current licensure as a professional engineer by the Iowa engineering and land surveying examining board, with competence in alarm system design, or

(2) Current certification by the NICET at level I or above in fire alarm systems, or

(3) Current certification by the ESA at level I in CAT, or

(4) Current certification by the CEU in alarm level I, or

(5) Current certification by the Complete Electrical Academy at level I in electronic security technician.

g. Alarm system technician trainee: Submission of a completed application no later than the first day of employment. An alarm system technician trainee may perform work that requires licensure under this chapter only under the direct supervision of a licensed alarm system technician or responsible managing employee whose license contains one or more endorsements as provided in rules 481—267.3(100C) and 481—267.6(100C), respectively, and that work must be within the scope of work authorized by the endorsements held by the supervising alarm system technician or responsible managing employee.

267.6(2) The technician shall maintain compliance with all other applicable provisions of law related to operation in the state of Iowa and of any political subdivision in which the technician is performing work.

267.6(3) Satisfactory completion of an applicable training or testing program that has been approved by the department may replace any of the endorsement requirements of subrule 267.6(1). In any case in which training or testing that is offered to satisfy the requirements of this rule is required to be approved by the department, such approval is required prior to acceptance of the training or testing

to meet licensure requirements. Approval by the department of any training or testing to meet these requirements may be sought by the individual, firm, or organization providing the testing or training or initiated by the department. Any individual, firm, or organization seeking to obtain such approval may apply to the department no later than July 1 every odd-numbered year. Program information and any other documentation requested by the department for consideration shall be submitted to the department. Training and testing approved by the department will be listed on the department's licensing website.

267.6(4) Work performed by a technician or trainee subject to these rules shall be limited to areas of competence indicated by the specific certification or certifications or other training requirements met by the technician and will be limited to areas of competence indicated by the specific certification or certifications or other training requirements met by the responsible managing employee of the technician's employer, unless the employer is not a licensed contractor as allowed by Iowa Code chapter 100C. Work performed in the state shall not begin prior to one of the following:

a. Receipt of a new or renewed license issued by the department to the applicant, or

b. Receipt of written approval to perform work prior to issuance of a new or renewed license from the department to the applicant.

267.6(5) Nothing in this rule shall be interpreted to conflict with or diminish any requirement for training or certification for anyone installing or servicing an alarm system set forth in any rule of the department or local fire ordinance or standard adopted by reference therein.

267.6(6) A license may be renewed only if the licensee has completed recertification of the applicable requirements relative to the endorsements for which the licensee is renewing.

267.6(7) An alarm system technician license may be issued without examination to a person licensed in other jurisdictions if the conditions of Iowa Code section 272C.12 are met.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.7(100C) Technician application and fees.

267.7(1) *Application.* Any technician seeking licensure as an alarm system technician shall submit a completed application form to the department. The application shall be filed no later than 30 days prior to the date on which work begins in the state or on which an existing license expires, except that an application for endorsement as an alarm system technician trainee may be submitted no later than the first day of employment as an alarm system technician trainee. An application form may be obtained from the department or from the department's website. The application form shall be submitted with all required attachments and the application fee established in this rule. An application will not be considered complete unless all necessary information is submitted, including attachments and fees, and will not be processed until it is complete.

267.7(2) *Licensure fee.*

a. The license fee for an alarm system technician will be $150 for two years, except that the license fee for endorsement as an alarm system technician trainee will be $50 for one year. There will be an additional fee of $25 for each endorsement beyond the first.

b. The department will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

267.7(3) *Payment.* The certification fee may be submitted electronically or delivered by draft, check, or money order in the applicable amount payable to the department. Cash payments are not accepted.

267.7(4) *Amended license.*

a. The fee for issuance of an amended license is the difference between the original license fee paid and changes in endorsement(s), if applicable. The fee shall be submitted with the request for an amended license.

b. A technician will request and the department will issue an amended license for a change in any material information included in or with the initial or renewal application. A licensee will request and the department will issue an amended license for any of the following reasons and a fee does not apply:

(1) A change in employer. A licensee may only transfer the licensee's technician license to another employer if the licensee paid the license fee at the time of original application. If the licensee's previous

employer paid the license fee, the licensee must reapply for a new license under the new employer and pay the license fee.

(2) A change in any other material information included in or with the initial or renewal application. A change of address is a material change.

c. Other changes in the information required in the application form shall be reported to the department but will not require issuance of an amended license or payment of the amended license fee.

267.7(5) *Attachments.* Required attachments to the application for license are outlined on the department's website.

267.7(6) *National criminal history check.* Each applicant for licensure as a technician shall submit fingerprints and the applicable fee for a national criminal history check conducted by the Federal Bureau of Investigation at the time of application for a new or renewal license.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.8(100C) Complaints. Complaints regarding the performance of any licensed contractor or technician, failure of a licensed contractor or technician to meet any of the requirements established in Iowa Code chapter 100C or this chapter or any other provision of law, or operation as an alarm system contractor or technician without licensure may be filed with the department. Complaints should be as specific as possible and clearly identify the contractor or technician against whom the complaint is filed. Complaints should be submitted in writing to the department. A complaint may be submitted anonymously, but if the name and contact information of the complainant are provided, the complainant may be notified of the disposition of the complaint.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25]

481—267.9(100C) Denial, suspension, or revocation of licensure; civil penalties; and appeals. The department may deny, suspend, or revoke the license of a contractor or technician or may assess a civil penalty to the contractor, if any provision of these rules or any other provision of law related to operation as an alarm system contractor or technician is violated.

267.9(1) *Denial.* The department may deny an application for licensure:

a. If the applicant makes a false statement on the application form or in any other submission of information required for licensure. "False statement" means providing false information or failing to include material information, such as a previous criminal conviction or action taken by another jurisdiction, when requested on the application form or otherwise in the application process.

b. If the applicant fails to meet all of the requirements for licensure established in this chapter.

c. If the applicant is currently barred for cause from acting as an alarm system contractor or technician in another jurisdiction.

d. If an applicant has previously been barred for cause from operating in another jurisdiction as an alarm system contractor or technician and if the basis of that action reflects upon the integrity of the applicant in operating as an alarm system contractor or technician. If an applicant is found to have been previously barred for cause from operating as an alarm system contractor or technician in another jurisdiction and is no longer barred from doing so, the department will evaluate the record of that action with regard to the likelihood that the applicant would operate with integrity as a licensed contractor or technician. If an applicant is denied under this provision, the applicant will be notified of the specific reasons for the denial.

e. Conviction of a felony offense, if the offense directly relates to the profession or occupation of the licensee, in the courts of this state or another state, territory or country. "Conviction" as used in this subrule includes a conviction of an offense that if committed in this state would be a felony without regard to its designation elsewhere, and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered. A certified copy of the final order or judgment of conviction or plea of guilty in this state or in another state constitutes conclusive evidence of the conviction. If an applicant is denied under this provision, the applicant will be notified of the specific reasons for the denial.

f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the licensee's profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

g. Willful or repeated violations of the provisions of this chapter.

267.9(2) *Suspension.* A suspension of a license may be imposed by the department for any violation of these rules or Iowa Code chapter 100C or for a failure to meet any legal requirement to operate as an alarm system contractor or technician in this state. Failure to provide any notice to the department as provided in these rules will be grounds for suspension. An order of suspension will specify the length of the suspension and will specify that correction of all conditions that were a basis for the suspension is a condition of reinstatement of the license even after the period of the suspension.

267.9(3) *Revocation.* A revocation is a termination of a license. A license may be revoked by the department for repeated violations or for a violation that creates an imminent danger to the safety or health of individuals protected by an alarm system incorrectly installed by a certified contractor or technician or when information comes to the attention of the department which, if known to the department when the application was being considered, would have resulted in denial of the license. A new application for licensure from a contractor or technician whose license had previously been revoked will not be considered for a period of one year after the effective date of the revocation and, in any event, until every condition that was a basis for the revocation has been corrected. The department may specify in the revocation order a longer period than one year before a new application for licensure may be considered. When a new application for licensure from a contractor or technician whose license was previously revoked is being considered, the applicant may be denied licensure based upon the same information that was the basis for revocation even after any such period established by the department has expired.

267.9(4) *Disqualifications for criminal convictions limited.* A person's conviction of a crime may be grounds for the denial, revocation, or suspension of a license in circumstances authorized by Iowa Code section 272C.15.

267.9(5) *Civil penalties.* The department may impose a civil penalty of up to $500 per day during which a violation has occurred and for every day until the violation is corrected. A civil penalty may be imposed in lieu of or in addition to a suspension or may be imposed in addition to a revocation. A civil penalty will not be imposed in lieu of a revocation.

267.9(6) *Appeals.* Any person subject to denial, suspension, or revocation of a license, or any civil penalty imposed upon a licensed contractor or technician under this rule, may appeal by requesting a contested case hearing, in writing, within 14 days. An appeal of a civil penalty is subject to the provisions of 7—Chapter 2506 and 481—Chapter 10 governing contested cases.

[**ARC 7875C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 100C.

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[Editorial change: IAC Supplement 11/26/25]
[Editorial change: IAC Supplement 8/5/26]

CHAPTER 268
MANUFACTURING, STORAGE, HANDLING, USE OF EXPLOSIVE MATERIALS, AND LICENSING FOR COMMERCIAL EXPLOSIVE CONTRACTORS AND BLASTERS

[Prior to 7/9/25, see Public Safety Department[661] Ch 231]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

NOTE: Any person who purchases, possesses, transports, stores, or uses explosive materials must comply with all applicable federal laws and regulations as well as with Iowa Code chapter 101A and this chapter.

481—268.1(101A) Explosive materials. NFPA 495, "Explosive Materials Code," 2023 edition, is hereby adopted by reference as the rules governing the manufacture, transportation, storage, and use of explosive materials in the state of Iowa, with the following amendments:

Delete the phrase "authority having jurisdiction" wherever it occurs and insert in lieu thereof the word "director."

Delete the phrases "issuing authority" and "permit-issuing authority" wherever they occur and insert in lieu thereof the word "director."

Amend Section 1.5 to read as follows:

1.5 Equivalency.

Nothing in this code is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety over those prescribed by this code. Any request for approval to use systems, methods, or devices other than those specified in this chapter shall be submitted to the director as a request for a waiver of a rule.

Delete Sections 4.7 through 4.7.4.

Amend Sections 4.2, 4.2.1, 4.2.2, 4.2.3, 4.3 through 4.3.2, 4.4 through 4.4.5, 4.5, 4.5.1, 4.5.2, 4.5.3, 4.6 through 4.6.3, 4.8.1, 4.8.3, and 4.8.4, by deleting the words "permit" and "permits" wherever they occur and inserting in lieu thereof, respectively, the word "license."

Add the following new section:

9.4.6.3 A fire department that has received information pursuant to this section may re-disseminate the information to the state fire marshal, another fire department that is responding to a fire or other incident at the location at which the explosives are stored, or to a law enforcement agency. Information received by a fire department pursuant to this section shall not be redisseminated except as provided in this section.

Amend Section 9.6.3.7 Type 3 magazines containing explosive materials shall be within line-of-sight vision of a blaster or, if not within line-of-sight vision of a blaster, shall be secured if in a vehicle or in a secure building, facility, or area.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.2(101A) Definitions. Definitions set forth in Iowa Code section 101A.1 are incorporated herein by reference. For purposes of these rules, the following definitions also apply:

"Actual possession" means when a person is in immediate possession or control of explosive materials (e.g., an employee who physically handles explosive materials as part of the production process; or an employee, such as a blaster, who actually uses explosive materials).

"Applicant" means an individual employed by a commercial explosive contractor or person associated with a commercial explosive contractor who meets the definition of "employee possessor" or "responsible person" as defined in this chapter.

"Commercial explosive blaster" or *"blaster"* means any individual who conducts blasting or is in charge of or responsible for loading or detonation of any explosive material.

"Commercial explosive contractor" or *"contractor"* means any business whose employees are engaged in the manufacture, importation, distribution, sale, or commercial use of explosives in the course of their employment.

"Constructive possession" means when an employee lacks direct physical control over explosive materials but exercises dominion and control over the explosive materials, either directly or indirectly

through others (e.g., an employee at a construction site who keeps keys for magazines in which explosive materials are stored, or who directs the use of explosive materials by other employees; or an employee transporting explosive materials from a licensee to a purchaser).

"Employee possessor" means an individual who has actual or constructive possession of explosive materials during the course of the individual's employment.

"Offense directly relates" refers to either of the following:

1. The actions taken in furtherance of an offense are actions customarily performed within the scope of practice of a licensed profession.

2. The circumstances under which an offense was committed are circumstances customary to a licensed profession.

"Responsible person" means an individual who has the power to direct the management and policies of the commercial explosive contractor pertaining to explosive materials. For example, responsible persons generally include sole proprietors and explosives facility site managers. In the case of a corporation, association, or similar organization, responsible persons generally include corporate directors and officers, as well as stockholders who have the power to direct management and policies.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.3(101A) Licenses required. Except as specifically exempted by another provision of state or federal law, any business whose employees are engaged in the manufacture, importation, distribution, sale, or commercial use of explosives in the course of their employment shall be required to hold a current commercial explosive contractor license issued pursuant to this chapter. Any individual, except as specifically exempted by another provision of law, who conducts blasting or is in charge of or responsible for loading or detonation of any explosive material shall be required to hold a current commercial explosive blaster license issued pursuant to this chapter. A commercial explosive blaster license is not required to authorize a person solely to transport explosives from one location to another, to assist a licensed blaster, to train under a licensed blaster, or to engage in the manufacture of explosives.

NOTE: Iowa Code section 101A.1 excludes "fireworks" from the definition of "explosive." Consequently, working with fireworks does not necessitate a blaster license, nor does the manufacture, importation, distribution, sale, or commercial use of fireworks necessitate a commercial explosive license.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.4(101A,272C) License application process.

268.4(1) *Application for commercial explosive contractor or commercial explosive blaster license.* Applications for a commercial explosive contractor license or a commercial explosive blaster license are available on the department's website. The application shall be filed no later than 30 days prior to the date of beginning work in this state or on which an existing license expires.

268.4(2) *Submission of application and required information.* A completed application for a license shall be submitted to the department at the address specified on the department's website. An application will not be considered complete unless all required information is submitted, including required attachments and fees, and will not be processed until it is complete.

268.4(3) *License fee.* Each license application shall be accompanied by a license fee as set forth in Iowa Code section 101A.2(2). The department will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

268.4(4) *License duration.* Licensure will normally be for three years and expire on December 31 of the third year after it is issued, except that a license issued in December of any year expires on December 31 after two years have passed from the date on which the license was issued.

268.4(5) *Criminal history.* An applicant is subject to a national criminal history check pursuant to Iowa Code section 101A.2(3).

268.4(6) *Veterans and military service members.* Any individual while serving honorably on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, applying for licensure as a commercial explosive contractor or blaster should apply for licensure in accordance with 481—Chapter 7.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.5(101A) Issuance of commercial explosive contractor license. A commercial explosive contractor license will be issued if all of the following conditions have been satisfied:

268.5(1) All items required on the application have been completed, and any items the department deems necessary to verify have been appropriately verified.

268.5(2) No applicant for whom commercial explosive licensure is sought nor any person who will have, at any time, possession of explosives in the course of employment with the prospective contractor licensee may:

a. Have been convicted of any offense involving explosives or firearms;

b. Have been previously disqualified from being licensed to handle explosives in this or any other state. The department may grant a license to a person previously disqualified if the department is satisfied that the condition or conditions that led to the disqualification have been corrected;

c. Be an unlawful user of or be addicted to controlled substances;

d. Have been adjudged mentally incompetent at any time by any court, been committed by any court to any mental institution, received inpatient treatment for any mental illness in the past three years, or received treatment by a health care professional for a serious mental illness or disorder that impairs a person's capacity to function normally and safely, both toward themselves and others.

268.5(3) The applicant has at least one responsible person or employee licensed as a commercial explosive blaster.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.6(101A) Issuance of a commercial explosive blaster license. A commercial explosive blaster license will be issued if all of the following conditions have been satisfied:

268.6(1) The applicant is an employee of a licensed commercial explosive contractor.

a. If, after a commercial explosive blaster license is issued, such employment ceases, the employing contractor and the commercial explosive blaster shall each notify the department within three business days of the final day of employment that the employment has ceased, and the commercial explosive blaster license shall be suspended until the commercial explosive blaster is again employed with a licensed commercial explosive contractor.

b. Upon reemployment, the employer shall notify the department that the commercial explosive blaster is again employed with a licensed commercial explosive contractor, and the department will reinstate the commercial explosive blaster license as soon as practical, provided that the commercial explosive blaster is not disqualified from holding a license pursuant to any provision of this chapter.

c. If the department finds that a commercial explosive blaster is disqualified from holding a license, the department shall revoke the license.

268.6(2) All items required on the application have been completed and any items the department deems necessary to verify have been verified and found to be true.

268.6(3) The applicant is not or has not been:

a. Convicted of any offense involving explosives or firearms;

b. Previously disqualified from being licensed to handle explosives in this or any other state. The department may grant a license to a person previously disqualified if the department is satisfied that the condition or conditions that led to the disqualification have been corrected;

c. An unlawful user of or addicted to controlled substances;

d. Adjudged mentally incompetent at any time by any court or committed by any court to any mental institution; or

e. A recipient of inpatient treatment for any mental illness in the past three years or a recipient of treatment by a health care professional for a serious mental illness or disorder that impairs a person's capacity to function normally and safely toward themselves or others.

268.6(4) The applicant has satisfactorily completed training approved by the department for the handling and use of explosives as described on the department's website. The training may be provided by the employer or by a reputable third party knowledgeable about the storage, handling, and use of explosives. The department may accept related job experience of 640 hours or more in lieu of training if the

experience is documented by a sworn affidavit provided by the employing commercial explosive contractor licensee.

EXCEPTION: The department may issue a commercial explosive blaster license to a person licensed or certified as a blaster in another state, provided that the department finds that the requirements for licensing or certification in the other state are comparable to those provided for in this rule.

268.6(5) An applicant for a renewal license has completed continuing education from a nationally recognized institution in professional explosives storage, handling, and use.

268.6(6) The applicant is 21 years of age or older.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.7(272C) Licensure of persons licensed in other jurisdictions.

268.7(1) For the purposes of this rule, "issuing jurisdiction" means the duly constituted authority in another state that has issued a professional license, certificate, or registration to a person.

268.7(2) Notwithstanding any other provision of law, a commercial explosive contractor license or commercial blaster license will be issued without an examination to a person who establishes residency in this state or to a person who is married to an active duty member of the military forces of the United States and who is accompanying the member on an official permanent change of station to a military installation located in this state if all of the following conditions are met:

a. The person is currently licensed by at least one other issuing jurisdiction as a commercial explosive contractor or commercial blaster with a substantially similar scope of practice and the license is in good standing in all issuing jurisdictions in which the person holds a license.

b. The person has been licensed by another issuing jurisdiction for at least one year.

c. When the person was licensed by the issuing jurisdiction, the issuing jurisdiction imposed minimum educational requirements and, if applicable, work experience, and the issuing jurisdiction verifies that the person met those requirements in order to be licensed in that issuing jurisdiction.

d. The person previously passed an examination required by the other issuing jurisdiction for licensure, if applicable.

e. The person has not had a license revoked and has not voluntarily surrendered a license in any other issuing jurisdiction or country while under investigation for unprofessional conduct.

f. The person has not had discipline imposed by any other regulating entity in this state or another issuing jurisdiction or country. If another jurisdiction has taken disciplinary action against the person, the department shall determine if the cause for the action was corrected and the matter resolved. If the department determines that the matter has not been resolved by the jurisdiction imposing discipline, the department shall not issue or deny a license to the person until the matter is resolved.

g. The person does not have a complaint, allegation, or investigation pending before any regulating entity in another issuing jurisdiction or country that relates to unprofessional conduct. If the person has any complaints, allegations, or investigations pending, the department shall not issue or deny a license to the person until the complaint, allegation, or investigation is resolved.

h. The person pays all applicable fees.

i. The person does not have a criminal history that would prevent the person from holding the commercial explosive contractor license or commercial blaster license applied for in this state.

268.7(3) A person licensed pursuant to this rule is subject to the laws regulating the person's practice in this state and is subject to the jurisdiction of the department marshal.

268.7(4) This rule does not apply to any of the following:

a. The ability of the department to require the submission of fingerprints or completion of a criminal history check.

b. The ability of the department to require a person to take and pass an examination specific to the laws of this state prior to issuing a license. If the department requires an applicant to take and pass an examination specific to the laws of this state, the department will issue an applicant a temporary license that is valid for a period of three months and may be renewed once for an additional period of three months.

268.7(5) Except as provided in subrule 268.7(2), a person applying for a license in this state who relocates to this state from another state that did not require a license to practice as a commercial

explosive contractor or commercial blaster may be considered to have met any education, training, or work experience requirements imposed by the department in this state if the person has three or more years of related work experience with a substantially similar scope of practice within the four years preceding the date of application as determined by the department.

268.7(6) A person applying for a license in this state under the requirements of this subrule shall submit the request in writing to the department providing proof of residency in this state and documentation to verify all conditions are met under this subrule.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.8(101A) Inventory and records. Each licensed commercial explosive business shall maintain records as referenced in National Fire Protection Association (NFPA) Chapter 495, "Explosive Materials Code," as adopted by reference in rule 481—268.1(101A).

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.9(101A) Complaints. Complaints regarding the performance of any licensed contractor or blaster, failure of a licensed contractor or blaster to meet any of the requirements established in Iowa Code chapter 101A or this chapter or any other provision of law, or operation as a commercial explosive contractor or commercial blaster without licensure may be filed with the department. Complaints should be as specific as possible and clearly identify the contractor or blaster against whom the complaint is filed. Complaints should be submitted in writing to the department as indicated on the department's website. A complaint may be submitted anonymously, but if the name and contact information of the complainant are provided, the complainant may be notified of the disposition of the complaint.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—268.10(101A,252J) Grounds for suspension, revocation, or denial of commercial explosive licenses; appeals.

268.10(1) The department may refuse to issue a contractor or blaster license sought pursuant to Iowa Code section 101A.2 or may suspend or revoke such a license for any of the following reasons:

a. Finding that the applicant or licensee is disqualified by any provision of federal or Iowa law from possessing explosives, firearms, or offensive weapons.

b. Finding that the applicant or licensee lacks sufficient knowledge of the use, handling, and storage of explosive materials to protect the public safety.

c. Finding that the applicant or licensee falsified information in the current or any previous license application.

d. Finding that the applicant or licensee has been adjudged mentally incompetent at any time by any court, been committed by any court to any mental institution, received inpatient treatment for any mental illness in the past three years, or received treatment by a health care professional for a serious mental illness or disorder that impairs a person's capacity to function normally and safely, both toward themselves and others.

e. Proof that the licensee or applicant has violated any provision of Iowa Code chapter 101A or this chapter.

f. Receipt of a certificate of noncompliance from the child support recovery unit of the Iowa department of health and human services pursuant to the procedures set forth in Iowa Code chapter 252J.

g. Receipt of a certificate of noncompliance from the centralized collection unit of the department of revenue pursuant to Iowa Code chapter 272D.

h. Conviction of a felony offense, if the offense directly relates to the profession or occupation of the applicant, in the courts of this state or another state, territory or country. Conviction as used in this subrule includes a conviction of an offense that if committed in this state would be a felony without regard to its designation elsewhere and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered. A certified copy of the final order or judgment of conviction or plea of guilty in this state or in another state constitutes conclusive evidence of the conviction. If an applicant is denied under this provision, the applicant shall be notified of the specific reasons for the denial.

i. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the applicant's profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

j. Willful or repeated violations of the provisions of this chapter.

k. Disqualifications pursuant to Iowa Code section 272C.15.

268.10(2) An applicant or licensee whose application is denied or a licensee whose license is suspended or revoked for a reason other than receipt of a certificate of noncompliance from the child support recovery unit or a certificate of noncompliance from the department of revenue may appeal that action by requesting a contested case hearing, in writing, within 20 days of the department's determination. An appeal is subject to the provisions of 7—Chapter 2506 and 481—Chapter 10 governing contested cases. Applicants or licensees whose licenses are denied, suspended, or revoked because of receipt by the department of a certificate of noncompliance issued by the child support recovery unit or the department of revenue are subject to the procedures set forth in 481—Chapter 8.

268.10(3) The department will notify the employing commercial explosive contractor licensee of the denial, suspension, or revocation of a commercial explosive blaster license.

[**ARC 8912C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 101A and 272C.

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[Editorial change: IAC Supplement 7/9/25]

[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 269 to 279
Reserved

CHAPTER 280
FIRE CONTROL ADMINISTRATION
[Prior to 11/26/25, see Public Safety Department[661] Ch 201]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—280.1(10A) Fire control administration description and contact information. Fire control is administered within the health and safety division of the department and may be contacted as provided in 481—Chapter 1 and on the department's website: dial.iowa.gov. The general email address for the fire safety bureau is fire.inspections@dia.iowa.gov. The department will collaborate with the state fire marshal division of the department of public safety in accordance with Iowa Code chapter 10A and as necessary.
[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.2(10A) Definitions. The definitions set forth in Iowa Code section 10A.101 are incorporated herein by reference. The following definitions also apply:

"Ambulatory surgical center" means a facility or portion thereof as defined in Iowa Code section 135R.1.

"Fire alarm system" means a system or a portion of a combination system consisting of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals.

"Hospice" means a facility licensed or seeking licensure pursuant to Iowa Code section 135J.2.

"Hospital" means a facility licensed or seeking licensure pursuant to Iowa Code chapter 135B.

"Intermediate care facility" means a facility licensed or seeking licensure pursuant to Iowa Code section 135C.6 as an intermediate care facility for persons with an intellectual disability or intermediate care facility for persons with mental illness as both are defined in Iowa Code section 135C.1.

"Multiple-station smoke alarm" means two or more single-station smoke alarm devices that are capable of interconnection such that actuation of one causes the appropriate alarm signal to operate in all interconnected alarms. Interconnection may occur wirelessly for residential smoke alarms.

"NFPA" means the National Fire Protection Association, available at: www.nfpa.org. References to the form "NFPA xx," where "xx" is a number, refer to the NFPA standard or pamphlet of the corresponding number.

"Nursing facility" means the same as defined in Iowa Code section 135C.1.

"Single-station smoke alarm" means an assembly incorporating the detector, the control equipment and the alarm-sounding device in one unit, operated from a power supply either in the unit or obtained at the point of installation or both.

"Smoke alarm" means a single- or multiple-station alarm responsive to smoke. See also "single-station smoke alarm" and "multiple-station smoke alarm."

"Smoke detector" means a device that senses visible or invisible particles of combustion. Smoke detectors are typically listed under Underwriters Laboratories (UL) 268.
[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.3(10A) Building plan submission.

280.3(1) Plans for initial construction or alterations, changes, additions, renovations, or remodeling of buildings requiring the approval of the director shall be submitted to the building code bureau pursuant to rule 481—300.4(103A), except that plans related to the following entities may be submitted to a local fire or building department for approval upon a determination of compliance with the rules of the department or a local fire ordinance recognized in rule 481—280.11(10A):

a. Any educational building or facility serving kindergarten through twelfth grade,
b. Any college or university building or facility,
c. Any child care facility intended to serve seven or more children at one time,
d. Any correctional facility, or
e. Any gaming facility.

280.3(2) When approval of building construction projects is required by this chapter or requested by the submitter for other building construction projects covered by this chapter, one complete set of the final working plans and specifications shall be submitted to the building code bureau in accordance with Iowa Code chapters 542B and 544A and with rule 481—300.4(103A) (Note: 481—subrule 300.4(2) establishes fees for plan reviews that are paid to the building code bureau. These fees are not collected by the fire control bureau). Submittals will be examined, and the submitter will be notified of the findings. If the working plans and specifications comply with this chapter, an approval letter will be sent to the submitter.

280.3(3) Shop drawings, equipment specifications, and supporting documentation for fire alarm and sprinkler systems shall be submitted for review and approval and signed by a responsible managing employee licensed in accordance with Iowa Code chapter 100C. If the system is being installed as part of a project that has been designed by an engineer or architect, the submittal shall be approved by the responsible architect or engineer prior to submittal to the department. Submittals will be examined, and the submitter will be notified of the findings. Only one copy of shop drawings, equipment specifications, and supporting documentation should be submitted. The building code bureau will send a letter of approval to the submitter in lieu of returning approved shop drawings.

280.3(4) No changes shall be made to the approved final working plans and specifications or shop drawings unless the changes are submitted to and approved by the building code bureau.

280.3(5) If the blueprints and specifications are not acceptable, the building code bureau will notify the submitter of the deficiencies and request that the submitter either forward changes or request a review of the blueprints and specifications with the building code bureau. If after such review the submitter disputes the findings of the plan reviewer, the submitter may request that the disputed questions be reviewed by the chief for the building code bureau and the chief of the fire prevention bureau. If the submitter disputes the findings of the chief for the building code bureau and the chief of the fire prevention bureau, the submitter may appeal by submitting a request for a contested case hearing to the department, in writing, within 30 days of receipt or service of the order in accordance with Iowa Code section 10A.515 and chapter 17A. Contested cases are governed by 7—Chapter 2506 (contested cases) and 481—Chapter 10 (rules of practice and procedure before the administrative hearings division).

280.3(6) The responsible design professional for a project will schedule a preliminary meeting with the building code bureau to discuss code compliance issues early in the design development phase in accordance with 481—subrule 300.4(3). Approval to bid the project will not be given unless all applicable issues identified on the checklist have been addressed to the satisfaction of the building code bureau.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

481—280.4(10A,101,101A) Inspections and inspection fees. The director, any employee of the department, or any designated subordinate or local fire department authorized by the director may enter to inspect any building or premises and the contents thereof at any reasonable time, without notice, in accordance with Iowa Code sections 10A.512 and 10A.514.

280.4(1) An inspection may be of a particular system in the building, facility, or installation, or the inspection may include the entire building, facility, or installation.

280.4(2) An inspection to evaluate compliance with the rules of the department may be conducted by the department or by a consultant as requested by the director. A consultant will have the necessary degree of training, education, or experience to examine a system within a building required to comply with the rules of the department and determine if such system or systems comply with requirements. If a consultant is engaged to conduct an inspection, the consultant may be accompanied by an employee of the department or of a local fire department while conducting the inspection.

280.4(3) Inspections will be conducted without announcement and occur on a random basis, upon request, in response to a complaint, or to investigate a suspected fire hazard.

280.4(4) An owner or person in control of the building, facility, or installation will be advised of an inspection upon the inspector’s arrival, if available, but the inspection will commence in any event. The owner or a representative may accompany an inspector throughout the inspection, provided that the inspection is not delayed.

280.4(5) Upon completion of an inspection, the inspector may complete a written inspection order if any violations or deficiencies are discovered. The order will be signed by the employee and, if prepared by a consultant, will also be signed by the consultant.

280.4(6) Upon completion of the inspection, if the building, facility, or installation does not comply with applicable laws or rules, the inspector will identify specific provisions with which the building, facility, or installation does not comply and will notify the owner. The owner may be ordered to correct or repair the deficiency. The owner may order the building, facility, or installation removed or demolished in lieu of correcting the deficiency.

a. The employee or consultant signing the notice of deficiency or order will retain a copy and distribute a copy to the department or fire department having jurisdiction as necessary.

b. The time allowed to comply with the order will be determined by the employee or consultant, who will consider the likelihood that a fire may occur; the possibility of personal injury or property loss; the cost and availability of materials and labor to correct, repair, remove, or demolish; and other relevant information.

c. If the owner of the building, facility, or installation does not agree with the deficiency findings and order, the owner may appeal the order by submitting a request for a contested case hearing to the department in the same manner as set forth in subrule 280.3(5).

280.4(7) Inspection fees are payable through the department's website or by check or money order made payable to the department. If a certificate of occupancy is required for use of the building, facility, or installation, the certificate will not be issued until the inspection fee has been paid. When an initial inspection requiring a fee pursuant to this subrule results in a finding of a deficiency requiring reinspection, the initial reinspection will be performed without an additional fee. If the original deficiency or deficiencies have not been corrected at the time of the initial reinspection, then a fee of $125 for each additional reinspection after the initial reinspection is required until any original deficiency has been corrected. Inspection fees apply for entities licensed or seeking licensure as follows:

a. Hospital (Iowa Code chapter 135B) or health care facility (Iowa Code chapter 135C): $2.50 per bed.

b. Elder group home (Iowa Code chapter 231B) or assisted living program (Iowa Code chapter 231C): $10 per bed.

c. Adult day services (Iowa Code chapter 231D): $75 per facility.

d. Child care facility (Iowa Code chapter 237A): $25 per facility.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.5(10A) Certificates for licensure. The department will issue a certificate approving a building, facility, or installation for occupancy upon request from an owner or owner's agency if the building, facility, or installation comply with applicable rules and all fees have been paid. Denial of such a certificate is subject to appeal in the same manner as set forth in subrule 280.3(5).

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.6(10A) Fire drills. Public and private schools shall conduct fire drills in all school buildings as specified in Iowa Code section 10A.522 when school is in session.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.7(10A) Inspection based on complaint.

280.7(1) *Request for inspection.* A person alleging a building, facility, or installation presents a significant fire hazard may submit a complaint to the department and should provide the following information, if known:

a. The address of the building, facility, or installation and name and address of its owner;

b. The complainant's name, address, and telephone number; and

c. A general description of the alleged deficiencies.

280.7(2) *Initial determination.* The department will determine whether allegations warrant an inspection. The complainant or owner of the building, facility, or installation may be advised of the determination. Inspection is likely to occur for any building, facility, or installation that:

a. By want of proper repair, or by reason of age and dilapidated condition, is especially liable to fire and is so situated as to endanger other buildings, facilities, installations, property, or persons, or

b. Contains combustibles, explosives, or flammable materials dangerous to the safety of any buildings, premises, or persons.

280.7(3) *Final decision.* Upon completion of the inspection:

a. If the building, facility, or installation complies with applicable laws or rules and no deficiencies are found, the department will accordingly notify the owner and the complainant.

b. If any deficiencies are found and the building, facility, or installation is within the corporate limits of a city, the department will notify the mayor and clerk of said city of the deficiencies and the need for repairs.

c. If any deficiencies are found and the building, facility, or installation is outside the corporate limits of any city, the department will specifically identify such deficiencies and prepare an order to correct or repair the deficiencies in accordance with Iowa Code section 10A.515. The order will be mailed to or served upon the owner of the building, facility, or installation in accordance with Iowa Code chapter 17A and may be provided, as appropriate, to any occupants, lienholders, or lessees. The order is effective upon receipt or issuance and will give the owner a reasonable time to comply with its mandate(s). The department will determine what constitutes a reasonable time by considering the likelihood of fires; possibility of personal injury or property loss; cost; availability of materials and labor to correct, repair, remove or demolish the building, facility, or installation; and any other reasonable and relevant information. The order will also notify the owner that the owner may appeal the order in accordance with Iowa Code section 10A.515 and the process described in subrule 280.3(5).

d. Emergency orders may be issued in accordance with Iowa Code section 10A.515.

280.7(4) *Reinspection.* If the owner of the building, facility, or installation elects not to challenge the department's order, the department will, at the end of the period during which compliance was required, conduct another inspection of the building, facility, or installation.

280.7(5) *Failure to comply.* At the request of the department, the county attorney shall institute legal proceedings to obtain compliance or enforce penalty provisions in accordance with Iowa Code section 10A.516.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.8(10A) General provisions. The following publications or indicated portions thereof are hereby adopted by reference as general fire safety requirements and apply to all occupancies other than those to which provisions specific to an occupancy explicitly exclude these provisions or any individual provision contained therein.

280.8(1) International Fire Code, 2024 edition, published by the International Code Council, available at www.iccsafe.org, with the following amendments:

a. Delete section 103 and sections contained therein, section 104 and sections contained therein except section 104.2.3, section 105 and sections contained therein, section 106 and sections contained therein, section 107 and sections contained therein, section 108 and sections contained therein, section 109 and sections contained therein, section 110 and sections contained therein, section 111 and sections contained therein, section 112, section 113 and sections contained therein, section 114 and sections contained therein, and section 115 and sections contained therein.

b. Delete section 301.2.

c. Delete section 307.2.

d. Add the following new section 308.1.11:

308.1.11 Open Flame Cooking Devices. Charcoal burners and ash- or coal-producing devices shall not be operated on combustible balconies or within 10 feet of combustible construction.

Exceptions:

1. One- and two-family dwellings.
2. LP-gas burners connected to one (1) 20-pound LP-gas container.
3. Where buildings, balconies and decks are protected by an automatic sprinkler system.

e. Delete section 315.3.3 and insert in lieu thereof the following new section:

315.3.3 Equipment Rooms. Combustible material shall not be stored in boiler rooms, mechanical rooms, or electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

Exception: In sprinklered equipment rooms that have sufficient space to allow a minimum of 10 feet between all combustible storage and the heating, mechanical or electrical equipment in the room.

f. Delete section 405.3 and table 405.3 and insert in lieu thereof the following new section and new table:

405.3 Frequency. Required emergency evacuation drills will be held at the intervals specified in Table 405.3 or more frequently where necessary to familiarize all occupants with the drill procedure.

TABLE 405.3

FIRE AND EVACUATION DRILL FREQUENCY AND PARTICIPATION

GROUP OR OCCUPANCY	FREQUENCY	PARTICIPATION
Group A	Quarterly	Employees
Group B[(c)]	Annually	Employees
Group E	See [(a)] below	All occupants
Group I	Quarterly on each shift	Employees
Group I-1[(b)] and Group R-4	Quarterly	All occupants
Group R-1	Quarterly on each shift	Employees
Group R-2[(d)]	Four annually	All occupants
High-rise	Annually	Employees

[(a)] Fire and severe weather drills shall be conducted in accordance with Iowa Code section 10A.522. In severe climates, the fire code official has the authority to modify the emergency evacuation drill frequency.

[(b)] Fire and evacuation drills in assisted living facilities include complete evacuation of the premises in accordance with Section 405.2. Drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents could reasonably be expected to be sleeping. The drills may be announced in advance to the residents. Where occupants receive habilitation or rehabilitation training, fire prevention and fire safety practices shall be included as part of the training program.

[(c)] Group B buildings that have an occupant load of 500 or more persons or more than 100 persons above or below the lowest level of exit discharge.

[(d)] Applicable to Group R-2 college and university buildings in accordance with Section 408.3.

g. Delete section 807.5.2.1 and insert in lieu thereof the following new section:

807.5.2.1 Storage in corridors and lobbies. Clothing and personal effects will not be stored in corridors and lobbies.

Exceptions:

1. Corridors protected by an approved automatic sprinkler system installed in accordance with Section 903.3.1.1.
2. Storage in metal lockers, provided the minimum required egress width is maintained.

h. Delete section 903.2.8 and insert in lieu thereof the following new section:

903.2.8 Group R. An automatic sprinkler system installed in accordance with Section 903.3 shall be provided throughout all buildings with a Group R fire area.

Exception: Cabin buildings that are located in remote areas without a sufficient municipal water supply for design of a fire sprinkler system and that meet all of the following:

1. Not more than one story.
2. Not more than 750 square feet in floor area.
3. Fuel-fired heating equipment and other fuel-fired appliances are separated from sleeping areas by a one-hour fire-rated assembly.
4. Provided with fire alarm and smoke alarm systems as required by Section 907 for R-1 occupancies.
5. Basements are not allowed.
6. Maintain a fire separation of 20 feet from any other building or structure.
7. Comply with all applicable requirements of this Code.

i. Delete section 907.2.3 and insert in lieu thereof the following new section:

907.2.3 Group E. In the absence of a complete automatic sprinkler system, a complete automatic detection system utilizing an emergency voice/alarm communication system shall be installed throughout the entire Group E occupancy. A Group E occupancy with a complete automatic sprinkler system will be provided with a fire alarm system utilizing an emergency voice/alarm communication system in compliance with Section 907.5.2.2 and installed in accordance with Section 907.6. As a minimum, smoke detection will be provided in corridors at a maximum spacing of 30 feet on center, and heat or smoke detection will be provided in any hazardous or nonoccupied areas in all new or existing Group E occupancies.

Exceptions:

1. Group E occupancies with an occupant load of less than 50.
2. Manual fire alarm boxes are not required in Group E occupancies where all of the following apply:

2.1. Interior corridors are protected by smoke detectors with alarm verification.

2.2. Auditoriums, cafeterias, gymnasiums and the like are protected by heat detectors or other approved detection devices.

2.3. Shops and laboratories involving dusts or vapors are protected by heat detectors or other approved detection devices.

2.4. Off-premises monitoring is provided.

2.5. The capability to activate the evacuation signal from a central point is provided.

2.6. In buildings where normally occupied spaces are provided with a two-way communication system between such spaces and a constantly attended receiving station from which a general evacuation alarm can be sounded, except in locations specifically designated by the fire code official.

3. Manual fire alarm boxes are not required in Group E occupancies where the building is equipped throughout with an approved automatic sprinkler system, the notification appliances will activate on sprinkler water flow, and manual activation is provided from a normally occupied location.
4. Emergency voice/alarm communication systems meeting the requirements of Section 907.5.2.2 and installed in accordance with Section 907.6 are not required in Group E occupancies with occupant loads of 100 or less, provided that activation of the fire alarm system initiates an approved occupant notification signal in accordance with Section 907.5.

j. Add the following new section 1003.8:

1003.8 Frost protection. Exterior landings at doors will be provided with frost protection.

k. Add the following new section 1028.6:

1028.6 Exit discharge pathways. Exit discharge pathways will be paved from all required exits of a building to a public way or parking lot.

l. Delete section 1030.1.1 and insert in lieu thereof the following new section:

1030.1.1 Bleachers, grandstands, and folding and telescopic seating that are not building elements will comply with ICC-300, Standard for Bleachers, Folding and Telescopic Seating, and Grandstands, 2023 edition, with the following amendments to ICC-300:

(1) Delete section 105.2 and insert in lieu thereof the following new section:

105.2 Yearly inspection required. All bleachers and folding and telescopic seating installed on or after December 1, 2011, shall be inspected at least once a year in order to verify that the structure is maintained in compliance with the provisions of this standard. All folding and telescopic seating will also be inspected to evaluate compliance with the manufacturer's installation and operational instructions during the opening and closing of such seating. Any inspection conducted in compliance with this section may be conducted by any knowledgeable person including, but not limited to, a person who has been instructed by the manufacturer or installer as to procedures and standards for inspections of the structure being inspected and including, but not limited to, the owner of the structure or an employee of the owner of the structure. There are no further limitations on the identity or employment of the person conducting the inspection unless otherwise provided by law. The owner shall maintain documentation of the required annual inspections, showing the date and name of the person conducting the inspection and initialed by the person conducting the inspection.

(2) Reserved.

m. Delete section 1103.5.1 Group A-2. Notwithstanding this deletion, a Group A-2 occupancy shall be equipped with an automatic sprinkler system if it was so required by another applicable section of a fire code adopted at the time of the Group A-2 occupancy's construction. Alternative means of compliance may be submitted for consideration per section 104.2.3 of the 2024 international fire code. Alternative means must be submitted to the department's fire safety bureau by a fire protection engineer for consideration of approval.

n. Delete section 1103.7.1 and insert in lieu thereof the following new section:

1103.7.1 Existing Group E occupancies shall be provided with a fire alarm system utilizing an emergency voice/alarm communication system in compliance with Section 907.5.2.2 and installed in accordance with Section 907.6. As a minimum, smoke detection will be provided in corridors at a maximum spacing of 30 feet on center, and heat or smoke detection will be provided in any hazardous or nonoccupied areas.

Exceptions:

1. A building with a maximum area of 1,000 square feet that contains a single classroom and is located no closer than 50 feet from another building.
2. Group E occupancy with an occupant load of less than 50.
3. Emergency voice/alarm communication systems meeting the requirements of Section 907.5.2.2 and installed in accordance with Section 907.6 are not required in Group E occupancies with occupant loads of 100 or less, provided that the activation of the fire alarm system initiates an approved occupant notification signal in accordance with Section 907.5.

o. Delete section 1103.8 and insert in lieu thereof the following new section:

1103.8 Single- and multiple-station smoke alarms. Single- and multiple-station smoke alarms shall be installed in existing Group I-1 and R occupancies in accordance with Sections 1103.8.1 through 1103.8.4.

p. Add the following new section 1103.8.4:

1103.8.4 Smoke alarm service life. Single-station battery-operated smoke alarms will be replaced in accordance with the manufacturer's instructions.

280.8(2) The following chapters and sections of the International Building Code, 2024 edition, published by the International Code Council, as amended by rule 481—301.3(10A):

a. Chapter 2.
b. Chapter 3.
c. Chapter 4.
d. Chapter 5.
e. Chapter 6.
f. Chapter 7.
g. Sections 804 and 805.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25; **ARC 0246D**, IAB 4/29/26, effective 6/3/26]

481—280.9(10A) Electrical installations. The provisions of the state electrical code in 481—Chapter 404 are hereby adopted by reference as the requirements for electrical installations. In addition to compliance with 481—Chapter 404, any installation of wiring and equipment will comply with requirements established by the manufacturer of the equipment serviced by the wiring.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.10(10A) Existing buildings or structures. Additions to any building or structure shall comply with the requirements for new construction. Additions shall comply with the height and area provisions of Chapter 5 of the International Building Code in rule 481—301.3(103A). Alterations to any building or structure shall comply with the requirements of the International Existing Building Code in rule 481—301.7(103A) for new construction. Only portions of the structure altered or affected by the alteration are required to comply with the requirements for new construction.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.11(10A) Recognition of local fire ordinances and enforcement.

280.11(1) With the exception of a health care facility subject to the requirements of rule 481—280.14(10A), a building, structure, or facility is deemed to comply if all of the following conditions are met:

a. The building, structure, or facility is in a local jurisdiction that has adopted a local fire ordinance that adopts by reference any edition of the International Fire Code, published by the International Code Council; any edition of NFPA 1, Uniform Fire Code, published by the NFPA; or the Uniform Fire Code, 1997 edition, published by the Western Fire Chiefs Association.

b. The local fire ordinance is enforced through a process of review and approval of construction plans for compliance with the local fire ordinance and a process of regular inspections for compliance with the local fire ordinance.

c. The building, structure, or facility is subject to regular fire safety inspections.

d. The local jurisdiction has verified, during its most recent inspection, including any follow-up inspections, that the building, structure, or facility complies with the local fire ordinance.

280.11(2) Notwithstanding any conflicting provisions contained in any code adopted by reference in this chapter or by any local fire ordinance, compliance with the provisions of 481—Chapter 282 is required at any location or facility in which flammable or combustible liquids are stored, handled, or used, other than incidental use.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

REQUIREMENTS FOR SPECIFIC OCCUPANCIES

481—280.12(10A) Scope of rules related to specific occupancies. The provisions of this chapter related to a specific occupancy apply solely to buildings, structures, and facilities currently being used and those proposed to be used in the specific ways described in the rule governing that specific occupancy. All other buildings, structures, and facilities in which people congregate are subject to the provisions of rules 481—280.8(10A) through 481—280.11(10A) or rule 481—280.14(10A).

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.13(10A,135C) Residential care facilities with a three- to five-bed specialized license and facilities in which foster care is provided by agencies to fewer than six children pursuant to Iowa Code chapter 237. This rule applies to residential care facilities with a three- to five-bed specialized license pursuant to Iowa Code section 135C.2(5) and 481—Chapter 63 and facilities in which foster care is provided by agencies to fewer than six children pursuant to Iowa Code chapter 237. The following is required:

280.13(1) *Exits.*

a. A minimum of two approved exits from the main level of the home and from each level with resident sleeping rooms.

b. Interior and exterior stairways with a minimum clear width of not less than 30 inches.

280.13(2) *Windows.* For every resident sleeping room, an outside window or outside door arranged and located to permit the venting of products of combustion and access to fresh air in the event of an emergency.

a. In new construction, windows with a minimum net clear openable area of 5.7 square feet, minimum net clear openable height of 24 inches, minimum net clear openable width of 20 inches, and finished sill height not more than 44 inches above the floor.

b. In existing construction, the finished sill height not more than 44 inches above the floor or the finished sill accessible from a platform not more than 44 inches below the window sill.

280.13(3) *Interior finish.* Interior finish in an exit shall be in accordance with the IFC edition adopted in subrule 280.8(1).

280.13(4) *Doors.* A minimum of 1⅜-inch solid core wood or equivalent doors to resident sleeping rooms.

280.13(5) *Vertical separations.* Basement stairs enclosed with one-hour rated partitions and 1¾-inch solid core wood doors equipped with self-closers. These doors must be kept closed unless held open by an

approved electromagnetic holder, actuated by an approved smoke detection device located at the top of the stairwell and interconnected with the alarm system.

280.13(6) *Fire detection, fire alarms, and sprinklers.*

a. Smoke detection installed on each occupied floor, including basements, in accordance with NFPA 72, as set forth in the IFC edition adopted in subrule 280.8(1). Smoke detectors shall be interconnected so that activation of any detector will sound an audible alarm throughout. The system must be tested by a competent person at least semiannually with date of test and name noted.

b. For homes in which exiting is restricted by special door-locking arrangements that prevent residents from free egress, sprinkler systems meeting the requirements of NFPA 13D, as set forth in the IFC edition adopted in subrule 280.8(1).

280.13(7) *Fire extinguishers.* Approved fire extinguishers provided on each floor, located so that a person will not have to travel more than 75 feet from any point to reach the nearest extinguisher and an additional extinguisher provided in, or adjacent to, each kitchen or basement storage room. The type and number of portable fire extinguishers will be determined by the department.

280.13(8) *Mechanical, electrical, and building service equipment.*

a. Air conditioning, ventilating, heating, cooking, and other service equipment will be installed in accordance with the manufacturer's specifications and any pertinent state regulations, including national standards adopted therein, governing the same. All hazardous areas normally found in one- and two-family dwellings, such as laundry, kitchen, heating units and closets, need not be separated with walls if all equipment is installed in accordance with the manufacturer's specifications.

b. Portable comfort heating devices are not permitted.

280.13(9) *Attendants; evacuation plan.*

a. Every facility in which residents are present shall have at least one staff person who is at least 18 years of age and capable of performing the required duties of evacuation on the premises at all times.

b. Every facility will formulate a plan for the protection of all persons in the event of fire and for their evacuation to areas of refuge and from the building when necessary. All employees will be instructed and kept informed with respect to their duties under the plan. The plan will be posted where all employees may readily study it. Fire drills will be held at least once a month, with records retained for inspection.

280.13(10) *Smoking.*

a. There will be no smoking in resident sleeping areas, and smoking policies will be strictly enforced.

b. Any ashtrays will be constructed of noncombustible material with self-closing tops and provided in areas where smoking is permitted.

280.13(11) *Exit illumination.* Approved rechargeable battery-powered emergency lighting installed to provide automatic exit illumination in the event of failure of the normal lighting system.

280.13(12) *Accessibility.* Nonambulatory residents shall be housed only on accessible floors that have direct access to grade where the use of stairs or elevators is not required.

280.13(13) *Maintenance.*

a. All fire and life safety equipment or devices are regularly and properly maintained in an operable condition at all times in accordance with nationally recognized standards adopted herein. Such equipment and devices include fire extinguishing equipment, alarm systems, doors and their appurtenances, cords and switches, heating and ventilating equipment, sprinkler systems, and exit facilities.

b. Storerooms are maintained in a neat and proper manner at all times.

c. Excessive storage of combustible materials such as papers, cartons, magazines, paints, sprays, old clothing, furniture, and similar materials is prohibited at all times.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

FIRE SAFETY REQUIREMENTS FOR HOSPITALS AND HEALTH CARE FACILITIES

481—280.14(10A) Fire safety requirements for ambulatory surgical centers, hospitals, and health care facilities.

280.14(1) *Definitions.* The following definitions apply to this rule:

"Existing" means that a facility (1) has been in continuous operation under its current classification of occupancy since before July 5, 2016, and has not undergone renovation or remodeling, including an

addition, on or after July 5, 2016, or (2) received plan approval for initial construction or for its most recent renovation or remodeling project, including an addition, if any, from the building code bureau of the fire marshal division prior to July 5, 2016.

"New" means that a facility (1) commenced continuous operation under its current classification of occupancy on or after July 5, 2016, (2) has undergone renovation or remodeling, including an addition, on or after July 5, 2016, or (3) received plan approval from the building code bureau of the fire marshal division for the initial construction of the facility or the most recent renovation of or addition to the facility on or after July 5, 2016.

280.14(2) *New hospitals.* NFPA 101, Life Safety Code, 2012 edition, Chapter 18, is adopted by reference as the fire safety rules for new hospitals.

280.14(3) *Existing hospitals.* NFPA 101, Life Safety Code, 2012 edition, Chapter 19, is adopted by reference as the fire safety rules for existing hospitals.

280.14(4) *New nursing facilities and hospices.* NFPA 101, Life Safety Code, 2012 edition, Chapter 18, is adopted by reference as the fire safety rules for new nursing facilities and hospices that provide inpatient care directly.

280.14(5) *Existing nursing facilities and hospices.* NFPA 101, Life Safety Code, 2012 edition, Chapter 19, is adopted by reference as the fire safety rules for existing nursing facilities and hospices that provide inpatient care directly.

280.14(6) *New intermediate care facilities.* New intermediate care facilities shall comply with the provisions of one of the following:

a. NFPA 101, Life Safety Code, 2012 edition, Chapter 18.

b. NFPA 101, Life Safety Code, 2012 edition, Chapter 32.

280.14(7) *Existing intermediate care facilities.* Existing intermediate care facilities shall comply with the provisions of one of the following:

a. NFPA 101, Life Safety Code, 2012 edition, Chapter 19.

b. NFPA 101, Life Safety Code, 2012 edition, Chapter 33.

280.14(8) *New ambulatory surgical centers.* NFPA 101, Life Safety Code, 2012 edition, Chapter 20, is adopted by reference as the fire safety rules for new ambulatory surgical centers.

280.14(9) *Existing ambulatory surgical centers.* NFPA 101, Life Safety Code, 2012 edition, Chapter 21, is adopted by reference as the fire safety rules for existing ambulatory surgical centers.

280.14(10) *New religious nonmedical health care institutions.* NFPA 101, Life Safety Code, 2012 edition, Chapter 18, is adopted by reference as the fire safety rules for new religious nonmedical health care institutions as defined by 42 CFR Part 403 (effective as of September 1, 2024).

280.14(11) *Existing religious nonmedical health care institutions.* NFPA 101, Life Safety Code, 2012 edition, Chapter 19, is adopted by reference as the fire safety rules for existing religious nonmedical health care institutions as defined by 42 CFR Part 403 (effective as of September 1, 2024).

280.14(12) *Evacuation capability.* Any requirement contained in NFPA 101, Life Safety Code, 2012 edition, Chapters 32 or 33, that is determined on a rating of evacuation capability shall be "impractical."

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

SMOKE ALARMS/DETECTORS

481—280.15(10A) Scope, definitions, and requirements for smoke alarms and smoke detectors.

280.15(1) This rule applies to single-family and two-family residences, townhouses, and all other residential occupancies in commercial buildings unless otherwise provided herein or by another provision of law. This rule does not apply to nonresidential occupancies.

280.15(2) For purposes of this rule, the following definition applies:

"Approved" means that the equipment has been approved by the department or listed for a specific use by an independent testing laboratory or organization of national reputation.

280.15(3) Residential smoke alarms are required to be listed under UL 217 edition 8 or 9. Approved single-station smoke alarms are acceptable in all areas covered by this chapter unless other fire warning equipment or materials are required by any provision of rules 481—280.8(10A) through 481—280.10(10A), rules 481—280.12(10A) and 481—280.13(10A,135C), or rule 481—280.14(10A) or

if a fire alarm system with smoke detection listed under UL 268 edition 8-2023 has been installed. Any single-station smoke alarm or multiple-station smoke alarm installed on or after April 1, 2010, in compliance with this subrule, including a replacement of an existing smoke alarm, shall be listed under UL 217 edition 8 or 9.

280.15(4) All devices, combinations of devices, and equipment to be installed in conformity with this chapter shall be approved and used for the purposes for which they are intended and installed in accordance with the manufacturer's recommendations. Any devices, combinations of devices, and equipment installed on or after April 1, 2010, in compliance with this chapter, including a replacement of an existing smoke alarm, will be listed in accordance with UL 217 edition 8 or 9. Existing dual sensor smoke alarms may be maintained until replacement is recommended by the manufacturer or upon failure.

280.15(5) A combination system, such as a household fire warning system whose components may be used in whole or in part, in common with a non-fire emergency signaling system, such as a burglar alarm system or an intercom system, is not permitted or approved, except for one- or two-family dwellings.

280.15(6) Single-station battery-operated or battery backup smoke alarms shall be replaced in accordance with the manufacturer's instructions.

280.15(7) Power supplies shall be sufficient to operate the smoke detector alarm for at least four continuous minutes. Additionally:

a. In new buildings and additions constructed after July 1, 1991, required smoke alarms will receive their primary power from the building wiring when such wiring is served from a commercial source. Wiring will be permanent and without a disconnecting switch other than that required for overcurrent protection. Smoke alarms may be solely battery-powered when installed in existing buildings; in buildings without commercial power; or in buildings presently undergoing alterations, repairs, or additions subject to 481—Chapter 404.

b. New and replacement smoke alarms installed after May 1, 1993, that receive their primary power from the building wiring will be equipped with a battery backup.

c. New and replacement smoke alarms installed after July 1, 2016, that receive their primary power from the building wiring where more than one smoke alarm is required to be installed will be interconnected in such a manner that the activation of one alarm will activate all of the alarms.

d. After June 30, 2021, a battery-powered smoke alarm listed in accordance with UL 217 edition 8 that is newly installed or replaces an existing battery-powered smoke alarm must be powered by a nonremovable, nonreplaceable battery that powers the alarm for at least ten years. The battery requirements of this subrule do not apply to a fire alarm, smoke detector, smoke alarm, or ancillary component that is electronically connected as a part of a centrally monitored or supervised alarm system or that uses a low-power, radio frequency wireless communication signal.

280.15(8) The failure of any nonreliable or short-life component that renders the alarm inoperative shall be readily apparent to the occupant of the sleeping unit without the need for a test. Each smoke alarm shall detect abnormal quantities of smoke and properly operate under normal environmental conditions.

280.15(9) Installed fire warning equipment shall be mounted so as to be supported independently of its attachment to wires.

280.15(10) All apparatus shall be restored to normal immediately after each alarm or test.

280.15(11) Smoke alarms shall be located on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms; in each room used for sleeping purposes; and in each story within a dwelling unit, including basements but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level suffices for the adjacent lower level, provided that the lower level is less than one full story below the upper level.

280.15(12) A person who files for a homestead tax credit pursuant to Iowa Code chapter 425 shall certify that the single-family dwelling unit for which the credit is filed has a smoke alarm(s) installed in accordance with subrules 280.15(6) and 280.15(11) or that such smoke alarm(s) will be installed within 30 days of the date of filing for credit.

280.15(13) All multiple-unit residential buildings and single-family dwellings that are constructed after July 1, 1991, shall include the installation of smoke alarms meeting the requirements of this rule. All

existing single-family units and multiple-unit residential buildings shall be equipped with smoke alarms or detectors as required in subrule 280.15(11).

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

CARBON MONOXIDE ALARMS

481—280.16(10A) Scope and definitions. The provisions of this part (rules 481—280.16(10A) and 481—280.17(10A)) apply to new and existing single-family residences, single-family rental units, and multiple-unit residential buildings. The provisions of this part do not apply to nonresidential occupancies, including but not limited to Group I and Group E occupancies. The following definitions apply to this part:

"Building" means a combination of materials, whether portable or fixed, to form a structure affording facilities or shelter for persons, animals, or property. "Building" includes any part of a building or an addition to a building.

"Carbon monoxide alarm" means one or more devices, including but not limited to combination carbon monoxide alarm/smoke alarms, that detect carbon monoxide gas for the purpose of alerting occupants by a distinct audible signal; that incorporate a sensor, control components, and an alarm notification appliance in a single unit operated from a power source either in the unit or obtained at the point of installation; and that meet the standards established by the UL.

"Carbon monoxide detection system" means a system or portion of a combination system that consists of a control unit, components, and circuits arranged to monitor and annunciate the status of carbon monoxide alarm initiating devices and to initiate the appropriate response to those signals and that meets the standards established by the UL.

"Communicating opening" means a door, window, or any other opening that allows air to be exchanged between a fuel-burning appliance or garage and a sleeping unit or dwelling unit.

"Dwelling unit" means a room or suite of rooms used for human habitation that provides complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking, and sanitation.

"Existing" means buildings, facilities, or conditions that are already in existence, constructed or officially authorized prior to July 1, 2018.

"Fuel" means coal, kerosene, oil, fuel gases, or other petroleum products or hydrocarbon products such as wood that emit carbon monoxide as a byproduct of combustion.

"Fuel-burning" or *"fuel-fired"* means an appliance, heater, furnace, or fireplace that uses and combusts fuel as part of its designed use.

"Garage" or *"attached garage"* means a building or portion of a building in which motor vehicles are stored or kept.

"Listed" means equipment, materials, products, or services included in a list published by an organization acceptable to the department or local fire code official and concerned with evaluation of products or services that maintains periodic inspection of production of listed equipment or materials or periodic evaluation of services and whose listing states either that the equipment, material, product or service meets identified standards or has been tested and found suitable for a specified purpose.

"Multiple-unit residential building" means a building that contains more than two dwelling units or sleeping units. "Multiple-unit residential building" includes but is not limited to condominiums, townhouses, co-ops, apartment houses or portions of a building or an apartment house, hotels, motels, dormitories, or rooming houses.

"Open-ended corridor" means an interior corridor that is open on each end and connects to an exterior stairway or ramp at each end with no intervening doors or separation from the corridor.

"Single-family rental unit" means a building that contains not more than two dwelling units or sleeping units that are rented or leased for living purposes.

"Single-family residence" or *"single-family dwelling"* means a building that contains not more than two dwelling units that are used, or intended or designed to be used, for living purposes.

"Sleeping unit" means a room or space in a building in which people sleep, which can also include permanent provisions for living, eating, and either sanitation or kitchen facilities but not both. Such rooms and spaces that are also part of a dwelling unit are not sleeping units.

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—280.17(10A) Requirements for carbon monoxide alarms and detection systems.

280.17(1) *Standards for carbon monoxide alarms and carbon monoxide detection systems.* All carbon monoxide alarms installed prior to July 1, 2025, shall meet the requirements of the NFPA Standard 720, 2012 edition, and be UL listed in accordance with UL 2034 edition 5 as revised August 7, 2024. All carbon monoxide alarms installed after July 1, 2025, shall meet the requirements of the NFPA Standard 72, 2022 edition. All carbon monoxide detection systems installed prior to July 1, 2025, shall meet the requirements for the NFPA Standard 720, 2012 edition; display a label or other identification issued by an approved testing agency; and be UL listed in accordance with UL 2075 edition 2 as revised August 4, 2023. All carbon monoxide detection systems installed after July 1, 2025, shall meet the requirements of the NFPA Standard 72, 2022 edition. All carbon monoxide alarms, combination carbon monoxide alarm/smoke alarms, and carbon monoxide detection systems installed under these rules must be listed with the UL.

280.17(2) *Carbon monoxide alarms required.* Carbon monoxide alarms are required in the following buildings if the building is served by a fuel-burning heater, fuel-burning furnace, fuel-burning appliance, or fuel-burning fireplace or has an attached garage.

a. Multiple-unit residential buildings and single-family residences for which construction began on or after July 1, 2018.

b. Existing single-family rental units, single-family residences, and multiple-unit residential buildings.

280.17(3) *Location.* A carbon monoxide alarm shall be installed in the following building locations:

a. In the immediate vicinity of every room used for sleeping purposes in each dwelling unit.

b. In each bedroom where a fuel-burning heater or furnace, fuel-burning appliance, or fireplace is located within the bedroom or its attached bathroom.

c. In each sleeping unit, if the sleeping unit or its attached bathroom contains a fuel-burning appliance, fuel-burning heater or furnace, or fireplace.

d. In the immediate vicinity of each sleeping unit where the sleeping unit or its attached bathroom does not contain a fuel-burning appliance, fuel-burning heater, or fireplace and is not served by a forced-air furnace.

280.17(4) *Location exceptions.* A carbon monoxide alarm is not required in the locations specified by subrule 280.17(3) when:

a. There are no communicating openings between the fuel-burning heater or furnace, fuel-burning appliance, fireplace, or attached garage and a dwelling unit or sleeping unit.

b. There are no communicating openings between the fuel-burning heater or furnace, fuel-burning appliance or fireplace and a dwelling unit or sleeping unit and when a dwelling unit or sleeping unit is located more than one story above or below an attached garage.

c. There are no communicating openings between the fuel-burning heater or furnace, fuel-burning appliance, or fireplace and a sleeping unit or dwelling unit and the attached garage connects to the building through an open-ended corridor.

d. A carbon monoxide alarm is located on the ceiling of the room containing the fuel-burning heater, fuel-burning appliance or fireplace, or in the first room or area between the fuel-burning heater, fuel-burning appliance or fireplace and the dwelling unit or sleeping unit.

280.17(5) *Forced-air furnace—exception.* A carbon monoxide alarm is not required in a dwelling unit or sleeping unit that is served by a fuel-burning forced-air furnace when a carbon monoxide alarm is located on the ceiling of the room containing the forced-air furnace or in the first room or area served by each main duct leaving the forced-air furnace and the carbon monoxide alarm signals are automatically transmitted to the occupants of each dwelling unit or sleeping unit served by the forced-air furnace.

280.17(6) *Carbon monoxide detection systems.* Commercially installed carbon monoxide detection systems that have the capability of notifying all occupants of dwelling units or sleeping units within a building are an acceptable alternative to the installation of carbon monoxide alarms and are deemed compliant with this chapter.

280.17(7) *Combination alarms.* The carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies with pertinent provisions of this chapter regarding smoke detectors in addition to carbon monoxide alarm standards. A combined carbon monoxide alarm/smoke alarm shall emit different alarm signals for carbon monoxide and for smoke. Combination carbon monoxide alarm/smoke alarms are an acceptable alternative to carbon monoxide alarms.

280.17(8) *New construction—power source.* In buildings for which construction is begun on or after July 1, 2018, carbon monoxide alarms will receive their primary power from the building wiring when such wiring is served from a commercial source. Wiring will be permanent and without a disconnecting switch other than that required for overcurrent protection and will be equipped with a battery backup.

280.17(9) *Existing buildings—power source.* New and replacement carbon monoxide alarms installed in existing buildings may be solely battery operated or may plug into an electrical socket and have a battery backup.

280.17(10) *Responsibility for installation and maintenance of carbon monoxide alarms.* It is the responsibility of the owner, owner's agent, or manager of a multiple-unit residential building, single-family residence, or single-family rental unit to install carbon monoxide alarms in accordance with this chapter. However, if a dwelling unit in a multiple-unit residential building qualifies for a homestead credit pursuant to Iowa Code chapter 425, only the owner-occupant of the dwelling unit has the responsibility to install and maintain carbon monoxide alarms in accordance with this chapter.

280.17(11) *Maintenance of carbon monoxide alarms.*

a. It is the responsibility of the owner of a multiple-unit residential building, single-family rental unit, or dwelling unit to supply and install all required carbon monoxide alarms and to ensure that the batteries are in operating condition at the time the lessee, tenant, guest, or roomer takes possession of the dwelling unit or sleeping unit. The owner is responsible for providing written information regarding carbon monoxide alarm testing and maintenance to one lessee, tenant, guest, or roomer per dwelling unit or sleeping unit.

b. An owner or manager may require a lessee, tenant, guest, or roomer who has a residency longer than 30 days to be responsible for general maintenance, including but not limited to replacement of any required batteries of the carbon monoxide alarms and testing the carbon monoxide alarms in the lessee's, tenant's, guest's, or roomer's dwelling unit or sleeping unit. The lessee, tenant, guest, or roomer is responsible for notifying the owner or manager in writing of any deficiencies that the lessee, tenant, guest, or roomer cannot correct and providing the owner or manager access to the dwelling unit or sleeping unit so that deficiencies can be corrected.

280.17(12) *Deaf or hard-of-hearing tenant.* Upon request of a tenant who is deaf or hard of hearing, an owner of a multiple-unit residential building or a single-family rental unit that has a fuel-fired heater or appliance, a fireplace, or an attached garage, or the owner's agent, shall install light-emitting carbon monoxide alarms.

280.17(13) *Certification of installation required.* A person who files for a homestead credit pursuant to Iowa Code chapter 425 will certify that the dwelling unit that has a fuel-fired heater or furnace, a fuel-fired appliance, a fireplace, or an attached garage has carbon monoxide alarms installed in compliance with this chapter or that such alarms will be installed within 30 days of the date the filing for the credit is made.

280.17(14) *Inspections authorized.* Inspections may be conducted by the director; the director's subordinates; chiefs of local fire departments; state or local building inspectors; or other fire, building, or safety officials authorized by the director. Any inspections authorized under this rule are limited to the placement, repair, and operability of carbon monoxide alarms and carbon monoxide detection systems.

280.17(15) *Inoperable carbon monoxide alarms and corrective action.* Upon receiving written notification by a lessee, tenant, guest, or roomer or by the director; director's subordinates; state fire marshal; fire marshal's subordinates; a chief of a local fire department; a building inspector; or other fire, building or safety official that a carbon monoxide alarm is inoperable, the owner or manager of the multiple-unit residential building or single-family rental unit shall repair or replace the carbon monoxide alarm within 30 days. If the owner or manager fails to correct the situation within the 30 days after receipt of written notice, the tenant, guest, or roomer may cause the carbon monoxide alarm to be repaired or

may purchase and install a carbon monoxide alarm required under this chapter and may deduct the repair cost or purchase price from the next rental payment or payments made by the tenant, guest, or roomer in accordance with Iowa Code section 10A.518(7).

[**ARC 9472C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code sections 10A.511 through 10A.525 and chapters 135B, 135C, 135J, 231C, and 237.

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CHAPTER 281
Reserved

CHAPTER 282
FLAMMABLE OR COMBUSTIBLE LIQUIDS
[Prior to 7/9/25, see Public Safety Department[661] Ch 221]

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

481—282.1(101) Scope and definitions.

282.1(1) This chapter provides the rules of the department for safe transportation, storage, handling, and use of flammable or combustible liquids. The flammable or combustible liquids program is part of the aboveground flammable or combustible liquid storage tanks program and may be contacted as provided in 481—Chapter 1 and on the department's website: dial.iowa.gov.

282.1(2) The definitions set forth in Iowa Code chapter 101 are incorporated by reference herein. The following definitions also apply to this chapter. These definitions are adopted in addition to those that appear in the International Fire Code, 2024 edition; NFPA 30, Flammable and Combustible Liquids Code, 2024 edition; and NFPA 30A, Code for Motor Fuel Dispensing and Repair Garages, 2024 edition. If a definition adopted in this rule conflicts with a definition included in a code or standard adopted by reference in this chapter, the definition found in this rule will apply.

"Approved by the department" means a laboratory has requested and received recognition by the department to test equipment whose use or installation is required by rules of the department. A laboratory that seeks approval of the department will contact the department and provide information required by the department. Approval or disapproval will be granted only by a letter from the department to the laboratory making the request, although advance notice of the decision of the department regarding whether approval is to be granted may be provided by electronic mail.

"Department" means the department of inspections, appeals, and licensing.

"Diesel fuel" means a liquid, other than gasoline, that is suitable for use as a fuel in a diesel fuel-powered engine and that meets the applicable standards established in Iowa Code section 214A.2. A blend of "diesel fuel" that meets these standards and contains 6 percent biodiesel or more is "biodiesel fuel." Diesel fuel blends that meet these standards and contain less than 6 percent biodiesel are diesel fuel and not biodiesel fuel.

"ICC" means the International Code Council, 200 Massachusetts Avenue, NW, Suite 250, Washington, D.C., 20001; website iccsafe.org.

"IFC" means the International Fire Code, published by the ICC. "IFC" will be followed by a year (e.g., IFC, 2006), which indicates the specific edition of the IFC to which reference is made.

"Independent testing laboratory" means a laboratory recognized by the federal Occupational Safety and Health Administration as a nationally recognized testing laboratory or a laboratory approved by the department.

"Listed" means listed or approved by an independent testing laboratory for a specific use. A product is considered to be listed if it is of a model that has been listed for the use to which it is being put, whether it was manufactured prior to or after the date on which the listing became effective.

"Mobile air-conditioning system" means mechanical vapor compression equipment that is used to cool the driver or passenger compartment of any motor vehicle.

"NFPA" means the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471; website nfpa.org. References to the form "NFPA xx," where "xx" is a number, refer to the NFPA standard or pamphlet of the corresponding number.

"SPCC plan" means a spill prevention, control, and countermeasure plan, as defined in 40 CFR 112, published July 22, 2024.

"Under-dispenser containment" or *"UDC"* means containment underneath a dispenser that will prevent leaks from the dispenser from reaching soil or groundwater.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.2 Reserved.

481—282.3(101) Compliance. Any tank subject to the provisions of this chapter shall comply with this chapter and Iowa Code chapter 101 at all times.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.4(101) Flammable or combustible liquids. The IFC, 2024 edition, published by the ICC, Chapter 34 and references contained therein, and NFPA 30, Flammable and Combustible Liquids Code, 2024 edition, and references contained therein, subject to amendments that follow, are adopted by reference as the rules for transportation, storage, handling, and use of flammable or combustible liquids. In any case in which a provision of the IFC conflicts with a provision of NFPA 30, the NFPA provision controls. Any refinery shall comply with the provisions of this rule.

282.4(1) Amendments to the IFC, 2024 edition, are as follows:

a. The category of combustible liquids does not include compressed gases or cryogenic fluids.

b. Delete the definition of refinery and insert in lieu thereof the following:

REFINERY. A plant in which flammable or combustible liquids are produced on a commercial scale from crude petroleum, natural gasoline or other sources.

c. Add the following new sections:

5703.6.12 Each connection to an aboveground tank through which liquid can normally flow shall be provided with an external control valve that is located as close as practical to the shell of the tank as well as an emergency internal check valve at each pipe connection to any tank opening below normal liquid level effectively located inside the tank shell and operable both manually and by an effective heat-activated device that, in case of fire, will automatically close the valve to prevent the flow of liquid from the tank even though the pipelines from the tank are broken.

5703.6.13 Any device dispensing Class I or Class II flammable liquids shall not be constructed or installed less than 100 feet from any existing dwelling unit.

d. Delete section 5704.2.9.2.2.1, introductory paragraph, and insert in lieu thereof the following:

5704.2.9.2.2.1 Foam fire protection shall:

a. If required, be provided in accordance with NFPA 11, 2024 edition, and be of a type or types and amount appropriate to suppress fires involving types and amounts of flammable or combustible liquids found on the premises.

b. Where the flammable or combustible liquid contains more than 10 percent alcohol, be alcohol-resistant and stored separately from any area in which flammable or combustible liquids are stored and, in an area, or areas that will be readily accessible to fire fighters responding to a fire at the facility.

e. Amend the exception to section 5704.2.9.2.2.1 by adding the following new numbered paragraphs:

6. The premises are not a refinery.

7. The premises do not include bulk storage of flammable or combustible liquids.

8. The premises do not contain total storage capacity to store one million gallons or more of flammable or combustible liquids.

f. Delete section 5704.3.1.1 and insert in lieu thereof the following:

5704.3.1.1 Approved containers. Only approved containers and portable tanks shall be used, and no flammable or combustible liquid be placed into, stored in, or carried in any container other than one which is metal or hard plastic or be placed into, stored in, or carried in any temporary or disposable container.

282.4(2) Amend NFPA 30, section 22.11.4, by adding the following new paragraphs:

(11) Each secondary containment tank shall have top-only openings and be either a steel double-walled tank or a steel inner tank with an outer containment tank wall constructed in accordance with nationally accepted industry standards, such as those codified by the American Petroleum Institute, the Steel Tank Institute and the American Concrete Institute. Each tank will be listed by an independent testing laboratory.

(12) Each fill opening in a secondary containment tank shall be provided with a spill container that will hold at least 5 gallons.

(13) For any secondary containment tank, interstitial tank space shall be monitored by an approved, continuous, automatic detection system that is capable of detecting liquids, including water. An automatic detection system may be either electronically or mechanically operated.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.5(101) Motor fuel dispensing facilities and repair garages. The IFC, 2024 edition, published by the ICC, and references contained therein, and NFPA 30A, Code for Motor Fuel Dispensing Facilities and Repair Garages, 2024 edition and references contained therein, are adopted by reference as the rules for motor fuel dispensing facilities and repair garages. If any provision of the IFC adopted herein is in conflict with any provision of NFPA 30A, the IFC provision will apply. The IFC, 2024 edition, Chapter 23, is adopted with the following amendments:

282.5(1) Amend Table 2306.2.3 so that:

Each tank with a capacity of not more than 6,000 gallons for motor vehicle fuel dispensing systems and storing a Class I liquid, or with a capacity of not more than 12,000 gallons and storing a Class II or Class III liquid, that is located at a commercial, industrial, governmental, or manufacturing establishment, and that is intended for fueling vehicles used in connection with the establishment, is required to be located at least:

a. 40 feet away from the nearest important building on the same property;

Exception: Tanks may be located closer than 40 feet to a building of noncombustible construction.

b. 40 feet away from any property that is or may be built upon, including the opposite side of a public way;

Exception: No minimum separation will be required for any tank that complies with NFPA 30A, section 4.3.2.6.

c. 100 feet away from any residence or place of assembly.

282.5(2) Add the following new sections:

2206.7.1.1 Dispensing of blended biofuels.

2206.7.1.1.1 Definitions.

"B-blend" means biodiesel blended fuel as defined in Iowa Code section 214A.1 with the blend including between 6 and 20 percent biodiesel, as defined in Iowa Code section 214A.1.

Note: For purposes of the rules contained in this chapter and other chapters of rules of the department, diesel fuel may contain biodiesel provided that the concentration of biodiesel is less than 6 percent in accordance with rule 21—85.20(214A,208A), which adopts by reference standards for the content of motor fuels established by ASTM International (formerly known as the American Society for Testing and Materials).

"E-10" means a blend of petroleum and ethanol including no more than 16 percent ethanol intended for use as a motor vehicle fuel.

"E-blend" means a blend of petroleum and ethanol including more than 16 percent ethanol intended for use as a motor vehicle fuel.

"Existing E-blend dispenser" means a dispenser installed on or before October 24, 2010, for use in dispensing E-blend.

2206.7.1.1.2 E-blend may be dispensed only if the dispenser is listed by an independent testing laboratory for use with E-blend or E-85.

2206.7.1.1.3 B-blend may be dispensed only if (1) and either (2), (3), (4), or (5) apply:

(1) Only a dispenser listed by an independent testing laboratory as compatible with diesel fuel shall be used to dispense B-blend.

(2) The owner or operator shall visually inspect the dispenser and the dispenser sump daily for leaks and equipment failure and maintain a record of such inspection for at least one year after the inspection and located on the premises of the owner or operator and made available to the department of natural resources or the department upon request. If a leak is detected, the department of natural resources will be notified pursuant to Iowa Code section 455B.386.

(3) The dispenser's manufacturer has submitted the dispenser to an independent testing laboratory to be listed as compatible for use with B-blend, and the owner or operator has installed an under-dispenser containment system with electronic monitoring.

(4) Information published or provided by the manufacturer of the dispenser is available stating that the dispenser is compatible with B-blend.

(5) The owner or operator of the dispenser has in force insurance for environmental liability in a minimum amount of $500,000, which would cover damage resulting from the operation of the dispenser

and the owner or operator is able to produce documentation of the insurance coverage upon request from the department or the department of natural resources.

Note: If option (2), (4), or (5) is used, under-dispenser containment will be provided if otherwise required by the rules in this chapter, rules of the department of natural resources, or any other applicable provision of law.

This subrule is intended to implement Iowa Code sections 101.1 and 455G.31.

282.5(3) Add the following new section:

2206.7.10 Under-dispenser containment (UDC). When installing a new motor fuel dispenser or replacing a motor fuel dispenser, UDC shall be installed whenever any of the following occurs:

(1) UDC is required by a rule adopted by the environmental protection commission.

Note: See 567—subrule 135.3(9);

(2) A motor fuel dispenser is installed at a location where there previously was no dispenser; or

(3) An existing motor fuel dispenser is removed and replaced with another dispenser. UDC is not required when only the emergency shutoff, shear valves or check valves are replaced.

UDC shall:

- Be intact and liquid tight on its sides and bottom and at any penetrations;
- Be compatible with the substance conveyed by the piping; and
- Allow for visual inspection and monitoring and access to the components in the containment system.

Exception: UDC will not be required for a dispenser which sits directly upon a solid concrete apron.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.6(101) Temporary storage in disaster emergencies. Notwithstanding any provision to the contrary found in this chapter or the IFC or NFPA 30A as adopted by reference herein, aboveground flammable or combustible liquid storage tanks may be used to store flammable or combustible liquids in motor fuel dispensing operations, provided that all of the following apply:

282.6(1) The facility is in an area covered by a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6 or, if not in such an area, the facility has applied to the department and has been approved for storage of flammable or combustible liquids in compliance with this subrule.

282.6(2) The facility has suffered damage that has rendered the storage tanks normally used by the facility for flammable or combustible liquids inoperable. Storage of flammable or combustible liquids in compliance with this subrule may continue only for as long as the normal storage tanks are inoperable and for more than 90 days.

Exception: In extraordinary circumstances, storage of flammable or combustible liquids in compliance with this subrule may continue for more than 90 days if the facility has sought and received specific written approval from the department for such storage.

282.6(3) The facility has written confirmation from the facility's insurance provider that insurance coverage will apply while storage of flammable or combustible liquids in compliance with this subrule is occurring.

282.6(4) Any aboveground flammable or combustible liquid storage tank used pursuant to this subrule shall be rated or listed by an independent testing laboratory for aboveground storage of flammable or combustible liquids.

282.6(5) Any aboveground flammable or combustible liquid storage tank used pursuant to this subrule shall be of no more than 1,000 gallons capacity.

Exception: A storage tank larger than 1,000 gallons capacity may be used pursuant to this subrule if the facility has received specific written approval from the department for its use. In reviewing such a request, the department will consider but is not limited to considering the following factors:

a. Volume of throughput of the facility.

b. Ability to meet setback requirements appropriate to the size of the tanks used.

282.6(6) All electrical service proximate to the storage area will comply with applicable provisions of NFPA 70, National Electrical Code, as adopted in 481—Chapter 404. An emergency shutoff control or

electrical disconnect shall be installed no less than 20 feet nor more than 100 feet from any fuel-dispensing device at the facility and be clearly marked "Emergency Shutoff."

282.6(7) A 20-pound fire extinguisher with a minimum B:C rating of 40 shall be located no more than 50 feet from the location of any storage tank being used in compliance with this subrule.

282.6(8) Precautions shall be taken to prevent the ignition of flammable or combustible liquids, including the conspicuous posting of warning signs saying, "NO SMOKING" and "NO OPEN FLAME."

282.6(9) Aboveground flammable or combustible liquid storage tanks used pursuant to this subrule will be plumbed into existing dispensers, if practical. If this is impractical, all fueling at the facility shall be by attendant only; no self-service dispensing will be allowed at the facility.

282.6(10) Any aboveground flammable or combustible liquid storage tank used in compliance with this subrule shall be located so as to be protected from prospective damage from vehicle collisions and located with due regard to vehicular traffic patterns and the location of property lines and significant buildings, particularly those that are frequently occupied by humans.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.7(101) Aircraft fueling. The IFC, 2024 edition, published by the ICC, sections 2006 through 2006.21.1 and references contained therein, and NFPA 407, Standard for Aircraft Fuel Servicing, 2022 edition and references contained therein, are adopted by reference as the rules for aircraft fueling facilities. If any provision of the IFC adopted herein conflicts with any provision of NFPA 407, 2022 edition, the NFPA provision controls.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.8(101) Helicopter fueling. The IFC, 2024 edition, published by the ICC, sections 2007 through 2007.8 and references contained therein, is adopted by reference as the rules for helicopter fueling facilities.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.9(101) Fuel-fired appliances. The IFC, 2024 edition, published by the ICC, sections 605 through 605.8 and references contained therein, is adopted by reference as the rules for fuel-fired appliances, except for LP-gas fired appliances, which are subject to the provisions of 481—Chapter 286.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.10(101) Stationary combustion engines and gas turbines. The IFC, 2024 edition, Chapter 6 and references contained therein, and NFPA 37, "Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines," 2024 edition, are adopted by reference as the rules governing the installation and use of stationary combustion engines and gas turbines. If any provision of the IFC, 2024 edition, Chapter 6, adopted herein is in conflict with any provision of NFPA 37, 2024 edition, the IFC provision controls.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.11(101) Plans and plan review fees.

282.11(1) The owner of any premises on which flammable or combustible liquids are or will be stored or used is required to submit construction plans to the department, online or by mail, prior to commencing initial construction of the facility or prior to commencing any construction at an existing facility that includes the addition or replacement of an aboveground flammable or combustible liquid storage tank. The construction plans will be sealed by a licensed professional engineer if the facility at which the construction will occur is or will be a refinery or if preparation of the plans by a licensed professional engineer is required by another provision of Iowa law. Construction for which plans are required to be submitted for review will not commence until approval of the plan has been received from the department.

Exception 1: Submission of construction plans is not required if the total flammable or combustible liquid storage capacity on the premises is or will be 1,100 gallons or less.

Exception 2: If an SPCC plan has been prepared pursuant to 40 CFR 112 for a facility other than a refinery, a copy of the SPCC plan may be submitted to the department in lieu of submission of separate construction plans, provided that the SPCC plan includes all of the elements required to be included in

construction plans for the specific facility in this subrule. If the department agrees, copies of portions of the SPCC plan may be submitted in lieu of a copy of the complete plan provided that all elements of construction plans that are required by this subrule for the specific facility are included. If an SPCC plan or portions thereof are submitted to the department, the person making the submission will provide any additional information required by the department to evaluate compliance with the provisions of this chapter and Iowa Code chapter 101. The copy of the SPCC plan or portions thereof submitted to the department will clearly identify the licensed professional engineer who prepared the plan or will be accompanied by a letter making this identification.

282.11(2) Minimum requirements for plans submitted for review shall include the following:

a. Drawings showing the name of the person, firm, or corporation proposing the installation, the location, and the adjacent streets or highways.

b. In the case of refineries or bulk plants, drawings showing, in addition to any applicable features required under paragraphs 282.11(2)*"d"* and *"e,"* the plot of ground to be utilized and its immediate surroundings on all sides and a complete layout of buildings, tanks, loading and unloading docks, and heating devices, if any.

c. In the case of service stations, drawings showing, in addition to any applicable features required under paragraphs 282.11(2)*"d," "e,"* and *"f,"* the plot of ground to be utilized; the complete layout of buildings, drives, dispensing equipment, and greasing or washing stalls; and the type and location of any heating device.

d. In the case of aboveground storage, drawings showing the location and capacity of each tank; dimensions of each tank whose capacity exceeds 50,000 gallons, the class of liquid to be stored in each tank, the type of tank supports, the clearances, the type of venting and pressure relief relied upon and the combined capacity of all venting and pressure relief valves on each tank, and the tank control valves and the location of pumps and other facilities by which liquid is filled into or withdrawn from the tanks.

e. In the case of underground storage, drawings showing the location and capacity of each tank; the class of liquids to be stored; and the location of fill, gauge, vent pipes, openings, and clearances.

f. In the case of an installation for storage, handling, or use of flammable or combustible liquids within buildings or enclosures at any establishment or occupancy covered in this chapter, a drawing in detail sufficient to show whether applicable requirements are to be met.

282.11(3) Fees for plan reviews apply as follows:

a. $100 plus $25 for each new or replacement tank included in the plan, for any site or facility at which flammable or combustible liquids are or will be stored, except for new construction of a refinery.

b. $500 for review of the initial construction plans of a refinery if the projected construction costs are $100,000,000 or less and $1,000 for the initial construction plans for a refinery if the projected construction costs are greater than $100,000,000.

282.11(4) The owner will submit payment of plan review fees electronically or in the form of a check, money order, or warrant payable to the department. Payment will not be made in cash.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.12(101) Approval of plans. A registration tag for a new aboveground storage tank will not be issued prior to approval by the department of plans for the installation of the tank and payment of the required plan review and registration fee. The department may require inspection of the tank and payment of an inspection fee prior to use of the tank.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.13(101) Inspections. Any facility at which flammable or combustible liquids are stored is subject to inspection by an employee of the department during the regular business hours of the facility or within four hours of notifying the owner of intent to inspect the facility. Inspections may be initiated by the department or designee at random or on any other basis; may be conducted at the request of the owner, operator, or manager of a facility; or may be conducted to investigate allegations made in a complaint. Complaints should be in writing and submitted to the department and specify the location and nature of the alleged violations.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.14(101) Registration of existing and new tanks—fees. All existing, new, replacement, and out-of-service aboveground tanks of 1,101-gallon capacity or greater shall be registered with the department as follows: aboveground tanks used to store flammable or combustible liquids, as defined in Iowa Code section 455B.471, including but not limited to crude oil, heating oil offered for resale, motor fuels and oils such as gasoline, diesel fuels and motor oil; and tanks and are used, or planned for use, to store blended fuels, which include either gasoline or diesel.

282.14(1) *Registration form.* Registration forms for aboveground storage tanks may be obtained from the department. A completed registration form shall be submitted to the department, online or by mail by the date on which it is due, and accompanied by the applicable fee, including any applicable late charges.

282.14(2) *Fees.* Registration fees and late fees are set forth in Iowa Code section 101.22.

282.14(3) *Registration deadline.* Each tank shall be registered annually by October 1 of each year.

Exception: A tank may be registered for the first time on any date without penalty, provided that it has not previously been in use to store flammable or combustible liquids. A tank that is registered for the first time shall not be used to store flammable or combustible liquid until the registration has been completed and the registration tag has been attached to the tank.

282.14(4) *Payment.* The registration fee, and any applicable late fee, may be submitted electronically or by draft, check, or money order payable to the department. Payment cannot be made in cash.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.15(101) Inspections and orders.

282.15(1) *Inspections.* Any tank is subject to inspection at any time by the department, an employee of the department, a local fire chief, or any member of the local fire department designated by the local fire chief. Any of the persons listed who seeks to inspect a tank pursuant to this rule shall, upon request, be allowed access to any facility in which a tank or tanks are located as follows:

a. At any time such a facility is attended, immediate access to the facility to the person who requests access to the facility in order to conduct an inspection;

b. If a facility is unattended, the person who seeks to conduct the inspection will notify the owner or operator of the facility. During regular business hours, or between 8 a.m. and 4 p.m. Monday through Friday, access shall be allowed within one hour of notification. If access is sought other than during regular business hours, access will be provided at 8 a.m. on the next weekday other than a holiday;

c. If the person who seeks access to the facility indicates that access is being sought to investigate an emergency or potential emergency, the owner of the facility will provide access within one hour of receiving the request, regardless of the time of day or day of the week when the request is received.

282.15(2) *Orders.* If the person who conducts an inspection pursuant to this chapter finds that a tank is in violation of any applicable provision of this chapter or Iowa Code chapter 101, the person may issue an order for correction. The order will specify the violation or violations, corrective actions to be taken, and the time allowed for completion of the corrective actions.

282.15(3) *Suspension of use.* If any corrective action ordered pursuant to subrule 282.15(2) is not completed in the time specified therein, the department may order that the tank be placed out of service until the corrective action or actions have been completed. If a tank is ordered to be placed out of service pursuant to this subrule, the tank will have a sticker prominently affixed to it that states that the tank is out of service by order of the department and that it is a violation of law to transfer any flammable or combustible liquid into the tank.

282.15(4) *Emergency order.* If the department finds that a violation identified during an inspection conducted pursuant to subrule 282.15(1) creates an imminent threat to public safety or public health, or if the department finds, after consultation with the department of natural resources, that such a violation creates an imminent threat of environmental damage, the department will order that the tank be placed out of service immediately and may order that the tank be evacuated of liquid and purged of vapors. If a tank is ordered to be placed out of service pursuant to this subrule, the tank will have a sticker prominently affixed to it that states that the tank is out of service by order of the department and that it is a violation of law to transfer any flammable or combustible liquid into the tank.

282.15(5) *Notice.* Notice of any order issued pursuant to this rule will be given to the owner or operator of a tank subject to the order. Notice of an emergency order issued pursuant to subrule 282.15(4)

will be given by personal service. Notice of any other order issued pursuant to this rule may be given by regular mail, electronic mail, or personal service.

Exception: If the owner of a tank subject to an order issued pursuant to this rule is unknown or cannot be located, notice will be considered to have been given if the notice is served personally to any person at the location of the tank or, if no person is present, by affixing the notice to the tank. Alternatively, notice may be given by mailing the notice to the address at which the tank is located, with a return receipt requested. Notification from the United States Postal Service that delivery was attempted unsuccessfully or that delivery was refused will serve as proof that notice was given.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.16(101) Leaks, spills, or damage. Any leak from, spill from, or damage to a storage tank shall:

282.16(1) Be reported to the local fire department and, if required by law, to the department of natural resources.

282.16(2) Be placed out of service until the leak or damage has been repaired.

282.16(3) Have a sign placed prominently on the tank stating that the tank is out of service and that no flammable or combustible liquid shall be placed into the tank until required repairs have been completed.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.17(101) Civil penalty. The department may impose a civil penalty in accordance with Iowa Code section 101.26 upon the owner of a storage tank for any of the following:

282.17(1) Failure to register a storage tank currently being used to store a flammable or combustible liquid if the registration is more than 30 days late.

282.17(2) Allowing any flammable or combustible liquid to be placed into a tank that has been ordered to be placed out of service and for which the order has not been rescinded or allowing any flammable or combustible liquid to be placed into any tank that has been damaged or is leaking, if the damage or leak has not been repaired.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25]

481—282.18(17A,101) Appeals. Any order or civil penalty issued pursuant to this chapter may be appealed by submitting a request for a contested case hearing to the department, in writing, within 30 days of receipt or service of the order or civil penalty. Contested cases are governed by 7—Chapter 2506 (contested cases) and 481—Chapter 10 (rules of practice and procedure before the administrative hearings division). Any order or civil penalty appealed pursuant to this rule will be stayed until the issuance of a final agency decision.

Exception: An emergency order issued pursuant to subrule 282.15(4) will not be stayed and will take effect immediately upon notification of the order to the owner of the tank.

[**ARC 9181C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 101.

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[Editorial change: IAC Supplement 7/9/25]
[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 283 to 285
Reserved

CHAPTER 286
LIQUEFIED PETROLEUM GAS

[Prior to 5/23/07, see rules 661—51.100(101) to 661—51.102(101)]
[Prior to 7/9/25, see Public Safety Department[661] Ch 226]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—286.1(101) General requirements. The provisions of the National Fire Protection Association, NFPA 54, ANSI Z223.1-2024 National Fuel Gas Code, 2024 edition, and NFPA 58, Liquefied Petroleum Gas Code, 2024 edition, published by the National Fire Protection Association and available at www.nfpa.org, and all references contained therein, are hereby adopted by reference as the general requirements for transportation, storage, handling, and use of liquefied petroleum gas, with the following amendments and interpretive guidelines:

1. Where a stationary installation utilizes a storage container of more than 2,000 gallons (7,750 L) of individual water capacity, or the aggregate water capacity of storage containers in a grouping is more than 4,000 gallons (15,140 L) in water capacity, the installer shall submit plans for such installation to the department for review and approval. Installation shall not commence until written approval from the department has been received. Any reporting fire department where the tank(s) is located will be advised of each installation.

2. Underground gas piping that is outside a building shall not be in physical contact with any concrete.

3. Cylinders installed permanently on roofs of buildings are prohibited.

4. All training programs shall be instructor-led by a competent trainer and include a closed book test and a skills assessment.

5. Prior to acceptance and initial operation, all piping systems (including hose) shall be visually inspected and pressure-tested by the installer to determine that the materials, design, fabrication, and installation practices comply with the requirements of this chapter.

a. Pressure testing of piping systems is required as follows:

i. Piping systems with operating pressures greater than 20 psi shall have a test pressure no less than 50 psi and shall not exceed 75 psi.

(1) The test medium used for pressure testing shall be air, nitrogen, carbon dioxide, or an inert gas.

(2) Propane vapor may be used; propane liquid shall not be used.

ii. Piping systems having operating pressures of 20 psi or less, and piping to which NFPA 54, National Fuel Gas Code, is applicable shall be pressure tested in accordance with that code.

(1) The test medium used for pressure testing shall be air, nitrogen, carbon dioxide, or an inert gas.

6. On or after January 1, 2012, the use of railroad tank cars in stationary service will be prohibited.

a. Existing installations with prior approval of the department (documented in writing) will be permitted to remain in service.

7. To the extent that NFPA standards are inconsistent with International Fire Code standards, the NFPA standards shall rule.

This rule is intended to implement Iowa Code chapter 101.

[**ARC 8910C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 287
Reserved

CHAPTER 288
LIQUEFIED NATURAL GAS

[Prior to 12/14/11, see 661—Ch 51]
[Prior to 7/9/25, see Public Safety Department[661] Ch 228]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—288.1(101) Transportation, storage, handling, and use of liquefied natural gas. NFPA 59A, "Standard for the Production, Storage and Handling of Liquefied Natural Gas (LNG)," 2023 edition, published by the National Fire Protection Association and available at www.nfpa.org, is adopted by reference as the rules governing the transportation, storage, handling, and use of liquefied natural gas. Persons who transport, store, handle, or use liquefied natural gas shall comply with the applicable requirements established therein.

[**ARC 8911C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

This rule is intended to implement Iowa Code chapter 101.

[Filed ARC 9927B (Notice ARC 9765B, IAB 10/5/11), IAB 12/14/11, effective 2/1/12]
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[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 289 to 299
Reserved

BUILDING AND CONSTRUCTION DIVISION: BUILDING CODE BUREAU

CHAPTER 300
STATE BUILDING CODE—ADMINISTRATION

[Prior to 12/21/05, see rules 661—16.1(103A) to 661—16.500(103A)]
[Prior to 11/26/25, see Public Safety Department[661] Ch 300]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—300.1(103A) State building code promulgated; definitions. The definitions set forth in Iowa Code section 103A.3 are incorporated herein by reference. Iowa Code section 103A.7 empowers and directs the commissioner to adopt and promulgate the state building code, with the approval of the council, except that adoption of the state historic building code requires the approval of the state historical society board, rather than the council, pursuant to Iowa Code section 103A.41. The state building code includes 481—Chapters 300, 301, 321, 322, and 323.
[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—300.2(103A) Building code commissioner. The commissioner appointed pursuant to Iowa Code section 103A.4 will adopt, and amend as needed, the state building code with the approval of the council and the state historic building code with the approval of the state historical society board; appoint the board of review from among the council membership; consider any request for the use of alternate materials or methods of construction submitted to the building code bureau pursuant to Iowa Code section 103A.13; and either disapprove each such request or recommend approval of the request to the council.
[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—300.3(103A) Building code advisory council. The council appointed pursuant to Iowa Code section 103A.14 will consider amendments to the state building code proposed by the commissioner, other than amendments to the state historic building code; approve or disapprove any changes to the state building code proposed by the commissioner; and consider and approve or disapprove any requests for use of alternate materials or methods of construction, the approval of which has been recommended to the council by the commissioner.
[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—300.4(103A) Plan reviews.

300.4(1) *Plans and specifications review—approvals.*

a. Submissions to the commissioner of architectural technical documents, engineering documents, and plans and specifications are the responsibility of the owner of a building or facility. The submission may be completed by an authorized agent of the owner or the responsible design professional.

b. "Responsible design professional" means a registered architect or licensed professional engineer who signs the documents submitted.

c. Plans, specifications, and other supporting information have to be sufficiently clear and complete to show in detail that the proposed work will comply with the requirements of the applicable provisions of the state building code.

d. In Sections 107.1 and 107.2.6 of the International Building Code, 2024 edition, the word "permit" is replaced by the words "plan review."

e. Submittals to the commissioner have to be certified or stamped and signed according to Iowa Code chapters 542B and 544A unless the applicant has certified on the submittal a specific exception under Iowa Code section 544A.18 and the submittal does not constitute the practice of professional engineering as defined by Iowa Code section 542B.2.

f. Plans and specifications for projects subject to plan review by the commissioner have to be submitted in a format specified on the plan review submittal form.

g. Architectural technical submissions; engineering documents; and plans and specifications for construction, renovation, or remodeling of all state-owned buildings or facilities, including additions to existing buildings, have to be submitted to the commissioner for review and comment. A written response

by the design professional indicating corrective measures taken to address the commissioner's plan review comments has to be submitted to and approved by the commissioner prior to the issuance of construction documents for bidding. Bidding may commence on a project after the preliminary meeting provided for in subrule 300.4(3) if all items on the preliminary meeting checklist have been resolved to the satisfaction of the commissioner.

h. Architectural technical submissions; engineering documents; and plans and specifications for the initial construction of any building or facility that will not be wholly owned by the state or an agency of the state have to be submitted to the commissioner for review and comment, if the construction is financed in whole or in part with funds appropriated by the state and there is no local building code in effect in the local jurisdiction in which the construction is planned or, if there is such a local building code in effect, it is not enforced through a system that includes both plan reviews and inspections. A written response by the design professional indicating corrective measures taken to address the commissioner's plan review comments has to be submitted to and approved by the commissioner prior to the issuance of construction documents for bidding. Bidding may commence on a project after the preliminary meeting provided for in subrule 300.4(3) if all items on the preliminary meeting checklist have been resolved to the satisfaction of the commissioner.

i. Architectural technical submissions; engineering documents; and plans and specifications for construction, renovation, or remodeling of all buildings or facilities, including additions to existing buildings, to which the state building code applies, other than those subject to paragraph 300.4(1)*"g"* or *"h,"* have to be submitted to the commissioner for review and comment unless applicability of the state building code is based upon a local ordinance enacted pursuant to Iowa Code section 103A.12. A written response by the design professional indicating corrective measures taken to address the commissioner's plan review comments has to be submitted to and approved by the commissioner prior to the issuance of construction documents for bidding. Bidding may commence on a project after the preliminary meeting provided for in subrule 300.4(3) if all items on the preliminary meeting checklist have been resolved to the satisfaction of the commissioner.

j. If the state building code applies to a construction project based upon a local ordinance adopting the state building code, the submission has to be made to the local jurisdiction, provided that the local jurisdiction has established a building department, unless the local jurisdiction requires submission to the commissioner. Review and approval of such documents by the commissioner are at the discretion of the commissioner based upon available resources.

k. A life cycle cost analysis will be needed for new public projects and additions over 20,000 square feet or a renovation that exceeds 50 percent of the value of the building pursuant to Iowa Code chapter 470 and will be submitted to the commissioner before construction commences. The department has developed life cycle cost analysis guidelines to assist architects and engineers in completing this analysis, and these guidelines are available on the department's website or upon request.

l. Any necessary energy code review pursuant to 481—Chapter 301, Part 3, will be completed prior to approval.

300.4(2) *Copies and fees.* 481—Chapters 321 and 322 describe fees pertaining to factory-built structures.

a. Codes and standards adopted by reference in the state building code that are published by other organizations, including but not limited to the American National Standards Institute, the International Code Council, the International Association of Plumbing and Mechanical Officials, and the National Fire Protection Association, may be purchased from the publishing organization. A copy of each code or standard adopted by reference in the state building code has been deposited in the Iowa state law library.

b. The fees for plan reviews completed by the building code bureau are calculated as follows:

Estimated Construction Costs	**Calculation of Plan Review Fee**
Up to and including $1 million	$.58 per thousand dollars or fraction thereof (minimum fee $200)
More than $1 million	$580 for the first $1 million plus $.32 for each additional thousand dollars or fraction thereof

The plan review fees for fire suppression systems and fire alarm systems are separate fees and are calculated as follows:	
Fire Protection System Costs	**Plan Review Fee**
Fire suppression systems whose construction cost for materials and installation is calculated to be up to and including $5,000	$100
Fire suppression systems whose construction cost for materials and installation is calculated to be more than $5,000 and up to and including $20,000	$200
Fire suppression systems whose construction cost for materials and installation is estimated to be more than $20,000	$400
Fire alarm systems whose construction cost for materials and installation is calculated to be up to and including $5,000	$100
Fire alarm systems whose construction cost for materials and installation is calculated to be more than $5,000 and up to and including $20,000	$200
Fire alarm systems whose construction cost for materials and installation is estimated to be more than $20,000	$400

Payment of the assigned fee has to accompany each plan when submitted for review. Payment may be made by money order, check, or draft made payable to the Treasurer, State of Iowa.

NOTE: Plan review fees for assisted living projects are contained in Iowa Code section 231C.18(2)*"c."* Elder group home plan review fees are contained in Iowa Code section 231B.17. Adult day services plan review fees are contained in Iowa Code section 231D.4.

c. A person who has submitted a plan for review for which a fee has been assessed pursuant to paragraph 300.4(2)*"b"* is eligible to receive a refund of the fee if the plan has not been approved or rejected within 60 calendar days of its receipt by the building code bureau. A person who believes that a refund is due may notify the commissioner, who will provide a form to request a refund. If the request for refund is approved, the commissioner will cause a check for the amount of the refund to be issued to the individual or organization that originally paid the fee. If the original submission of the plan is incomplete, the fee will be refunded only if the plan has not been approved or rejected within 60 days of a full and complete submission of the plan. "Approved or rejected within 60 days" means that a letter approving or rejecting the plan has been presented or mailed to the submitter within 60 days of the date of receipt by the building code bureau, within the meaning of "time" as defined in Iowa Code section 4.1.

300.4(3) *Preliminary meeting.* The responsible design professional for a project shall contact the building code bureau to schedule a preliminary meeting to discuss code compliance issues early in the design development phase. There is no separate fee for a preliminary meeting. If the responsible design professional plans to request approval to bid the project as part of the preliminary meeting, that person has to request a copy of the document "Preliminary Meeting Checklist" at the time the meeting is scheduled and be prepared to address all applicable issues identified on the checklist at the preliminary meeting. Approval to bid the project will not be given unless all applicable issues identified on the checklist have been addressed to the satisfaction of the commissioner.

300.4(4) *Requests for staged approvals.*

a. Requests for approval to begin foundation work shall be submitted to the building code bureau in writing and may be transmitted by mail, email, or fax or in person. Foundation approval may be granted by the bureau in writing, following a preliminary meeting, if the construction plans and specifications are in compliance with the requisite code provisions.

b. Requests for approval to continue construction beyond the foundation, up to and including the shell of the building, shall be submitted to the bureau in writing and may be transmitted by mail, email, or fax or in person. These requests will be evaluated on a case-by-case basis, and approval or denial of the requests will be transmitted to the submitter in a written form.

300.4(5) *Fast-track projects.* While fast-track projects are not encouraged and will only be approved on the basis of good cause shown, fast-track projects may be considered by the commissioner on a

case-by-case basis. If a fast-track project is initially approved, a written plan of submittal, review and approval will be developed for each project. A full set of construction documents are needed for a full review and approval in a timely manner.

[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—300.5(103A) Inspections.

300.5(1) Any building or facility for which construction is subject to a plan review by the commissioner, except construction involving any building or facility owned by the board of regents or by any institution subject to the authority of the board of regents, is subject to inspection by the commissioner or staff of the bureau or division at the direction of the commissioner or by a third party with whom the commissioner contracts to conduct inspections of buildings and facilities subject to the state building code.

EXCEPTION: Construction that is limited to building renovations or repairs is not subject to inspection by the commissioner.

300.5(2) Any construction involving any building or facility owned by the board of regents or by an institution subject to the authority of the board of regents is subject to inspection by the commissioner or staff of the bureau or division at the direction of the commissioner.

EXCEPTION: Construction that is limited to building renovations or repairs is not subject to inspection by the commissioner.

300.5(3) Buildings subject to inspection by the commissioner, except construction involving any building or facility owned by the board of regents or by any institution subject to the authority of the board of regents, shall pay an inspection fee based upon the construction cost of the project. The inspection fee is calculated as follows:

Construction Cost	Base Inspection Fee
Up to $100,000	$598
$100,001 to $1,000,000	$645
$1,000,001 to $10,000,000	$722
$10,000,001 and above	$783
Follow-up inspection	$214

The base inspection fee covers three inspections—a foundation, rough-in, and final. The base inspection fee is due and payable at the time completed construction documents are submitted for review. The plan review will not be conducted until the proper base inspection fee is paid. Checks should be made payable to the Treasurer, State of Iowa, and delivered to the bureau office. This fee is separate and distinct from the plan review fee established in subrule 300.4(2).

Additional inspections may occur for any of the following reasons:

a. During one of the three base inspections, code violations are identified that require that a follow-up inspection be conducted to verify that the violations have been corrected.

b. The inspector finds that the project is not ready for the type of inspection requested.

c. By special request of the project designer, contractor, or owner.

d. Upon order of the building code commissioner (no additional charge).

The fee for each additional inspection is calculated as follows:

One hour on site = $206

One to two hours on site = $240

Two to three hours on site = $273

Three to four hours on site = $307

Four to five hours on site = $341

Five to six hours on site = $374

Additional inspection fees will be billed to the responsible architect or building contractor on a monthly basis. The building may receive only temporary approval for occupancy if unpaid inspection fees remain at the time of final inspection.

Inspection fees and standard operating procedures for construction involving any building or facility owned by the board of regents or by any institution subject to the authority of the board of regents will be established through a written agreement between the commissioner and the board of regents.

300.5(4) Any person who performs a building code inspection on behalf of the building code commissioner will have and maintain one of the following: (1) current certification as a commercial building inspector by the International Code Council, or (2) other equivalent certification approved by the building code commissioner. An employee of the department who performs an inspection on behalf of the building code commissioner will, in addition, meet any requirements for the job class in which the employee is classified as established by the department of administrative services, pursuant to Iowa Code chapter 8A, subchapter IV, part 2.

EXCEPTION: An employee of the department who performs inspections on behalf of the building code commissioner may perform such inspections for no more than six months prior to obtaining certification.

[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—300.6(103A) Local code enforcement. Provisions of the state building code applicable statewide or applicable in a local jurisdiction that has adopted the state building code by local ordinance may be enforced by the local jurisdiction.

Any local jurisdiction that adopts the state building code by local ordinance may further adopt provisions for the administration and enforcement of the building code by the local jurisdiction. These provisions may include administrative provisions contained in the codes adopted by reference as part of the state building code and may include other provisions at the discretion of the local jurisdiction.

300.6(1) *Creation of department.* There may be established within the governmental subdivision a "building department" that is under the jurisdiction of the building official designated by the appointing authority. Within the state building code, including publications adopted by reference within the state building code, the terms "administrative authority," "authority having jurisdiction," and "authorized representative" mean the building official. The local governmental subdivision must inform the state building code bureau, in writing transmitted by mail, email, or fax, when it establishes or dissolves a building department.

300.6(2) *Powers and duties of building official.* The building official in those governmental subdivisions establishing a building department will enforce all the provisions of any applicable building code as prescribed by local law or ordinance and as outlined by Iowa Code section 103A.19.

300.6(3) *Permits only.* Any governmental subdivision that has not established a building department but requires a permit to construct or an occupancy permit or both is known as the "issuing authority."

300.6(4) *Statement of compliance with energy conservation requirements.* Any application for a building permit, except for applications to renovate or remodel residential buildings of one or two units, shall include a statement that the construction will comply with all applicable energy conservation requirements.

[**ARC 9473C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code chapter 103A.

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[Editorial change: IAC Supplement 11/26/25]

CHAPTER 301
STATE BUILDING CODE

[Prior to 12/21/05, see rules 661—16.1(103A) to 661—16.500(103A)]
[Prior to 11/26/25, see Public Safety Department[661] Ch 301]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

PART 1
GENERAL PROVISIONS

481—301.1(103A) Scope and applicability. The provisions of this chapter apply to buildings and facilities subject to the state building code pursuant to Iowa Code chapter 103A, including sections 103A.10 and 103A.12, and provisions of state or federal law other than Iowa Code chapter 103A.
[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.2(103A) Definitions. The definitions set forth in Iowa Code section 103A.3 are incorporated herein by reference. Additionally:

"Appropriated by the state of Iowa" means funds that are included in a bill enacted by the Iowa general assembly and signed by the governor or that are appropriated in a provision of the Iowa Code.

"Board of appeals" means the local board of appeals as created by local ordinance.

"Building component" means any part, subsystem, subassembly, or other system designed for use in, or as a part of, a structure, including but not limited to the following: structural, electrical, mechanical, fire protection, or plumbing systems, and including such variations thereof as are specifically permitted by regulation, and which variations are submitted as part of the building system or amendment thereof.

"Building department" means an agency of any governmental subdivision charged with the administration, supervision, or enforcement of building regulations, prescribed or required by state or local building regulations.

"Building system" means plans, specifications and documentation for a system of manufactured factory-built structures or buildings or for a type or a system of building components, including but not limited to the following: structural, electrical, mechanical, fire protection, or plumbing systems, and including such variations thereof as are specifically permitted by regulation, and which variations are submitted as part of the building system or amendment thereof.

"Bureau" means the building code bureau of the department of inspections, appeals, and licensing.

"Construction cost" means the total cost of the work to the owner of all elements of the project designed or specified by the design professional including the cost at current market rates of labor and materials furnished by the owner and equipment designed, specified or specifically provided by the design professional. Construction costs include the costs of management or supervision of construction or installation provided by a separate construction manager or contractor, plus a reasonable allowance for each construction manager's or contractor's overhead and profit.

"Enforcement authority" means any state agency or political subdivision of the state that has the authority to enforce the state building code.

"Label" means an approved device affixed to a factory-built structure or building, or building component, by an approved agency, evidencing code compliance.

"Listing agency" means an agency approved by the commissioner that is in the business of listing or labeling, that maintains a periodic inspection program on current production of listed models, and that makes available timely reports of such listing including specific information verifying that the product has been tested to approved standards and found acceptable for use in a specified manner.

"Responsible design professional" means a registered architect or licensed professional engineer who stamps and signs the documents submitted, pursuant to Iowa Code chapters 542B and 544A.

"State fire code" means administrative rules adopted by the director of the department of inspections, appeals, and licensing in consultation with the state fire marshal, pursuant to Iowa Code section 10A.511.

"State mechanical code" means the state mechanical code adopted by the state plumbing and mechanical systems board, pursuant to Iowa Code chapter 105.

"State plumbing code" means the state plumbing code adopted by the state plumbing and mechanical systems board, pursuant to Iowa Code chapter 105.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.3(103A) General provisions. The provisions of the International Building Code, 2024 edition, published by the International Code Council, www.iccsafe.org, are hereby adopted by reference as the general requirements for building construction, with the following amendments:

301.3(1) Delete section 101.1.

301.3(2) Delete section 101.2 and insert in lieu thereof the following new section:

101.2 Scope. The provisions of this code apply to the construction, alteration, movement, enlargement, replacement, repair, equipment, use and occupancy, location, maintenance, removal and demolition of every building or structure or any appurtenances connected or attached to such buildings or structures.

Exception: Detached one- and two-family dwellings and multiple single-family dwellings (townhouses) not more than three stories above grade plane in height with a separate means of egress and their accessory structures shall comply with the International Residential Code, as amended by rule 481—301.8(103A).

301.3(3) Delete sections 101.4.1 through 101.4.6.

301.3(4) Delete section 102.6 and insert in lieu thereof the following new section:

102.6 Existing Structures. The legal occupancy of any structure existing on the date of adoption of this code is permitted to continue without change, except as specifically covered in this code or the state fire code, or as deemed necessary by the building code commissioner for the general safety and welfare of the occupants and the public.

301.3(5) Delete sections 103, 104, 105 and sections therein.

301.3(6) Delete section 106.2.

301.3(7) Delete section 107.1 and insert in lieu thereof the following new section:

107.1 General. Submittal documents consisting of construction documents, statement of special inspections, a geotechnical report and other data shall be submitted in one or more sets with each plan review application. The construction documents shall be prepared by a responsible design professional where required by the statutes of the jurisdiction in which the project is to be constructed. Where special conditions exist, the commissioner is authorized to require additional construction documents to be prepared by a responsible design professional.

Exception: The commissioner may waive the submission of construction documents and other data if it is found that the nature of the work applied for is such that review of construction documents is not necessary to obtain compliance with this code.

301.3(8) Delete sections 107.3, 107.4, and 107.5 and sections therein.

301.3(9) Delete sections 109, 110, 111, 112, 113, 114, 115, and 116 and sections therein.

301.3(10) Add the following to section 202, Definitions:

"Cabin Building." A residential building or structure the use of which is transient in nature and which is used for sleeping purposes when not classified as an Institutional Group I or when not regulated by the International Residential Code.

301.3(11) Add the following to section 310.2:

Cabin buildings.

301.3(12) Add the following new section 408.9.1:

408.9.1 Windowed Buildings. Plans and specifications for windowed buildings or portions of windowed buildings shall include a rational analysis demonstrating a tenable environment for exiting from the smoke compartment in the area of fire origin.

301.3(13) Delete section 423 in its entirety and insert in lieu thereof the following new section:

423 Storm Shelters.

423.1 General. Any storm shelter or weather safe room as defined by rule 481—301.38(103A) shall comply with ICC 500-2014.

423.1.1 Scope. In accordance with 481—Chapter 301, Part 6, this section applies to storm shelters and weather safe rooms constructed on or after January 1, 2011. This section does not require the construction

of a weather safe room or rooms for any construction project but does establish standards for design and construction of storm shelters and weather safe rooms when their construction is required by another statute, federal statute or regulation, or is incorporated voluntarily in a construction project.

301.3(14) Delete section 903.2.8, except for subsections 903.2.8.1 through 903.2.8.3, and insert in lieu thereof the following new section:

903.2.8 Group R. An automatic sprinkler system installed in accordance with section 903.3 shall be provided throughout all buildings with a Group R fire area.

Exception: Cabin buildings that are located in remote areas without a sufficient municipal water supply for design of a fire sprinkler system and that meet all of the following:

1. Not more than one story.
2. Not more than 750 square feet in floor area.
3. Fuel-fired heating equipment and other fuel-fired appliances are separated from sleeping areas by a one-hour fire-rated assembly.
4. Provided with fire alarm and smoke alarm systems in accord with 907 for R-1 occupancies.
5. No basements.
6. Maintain a fire separation of 20 feet from any other building or structure.
7. Comply with all applicable requirements of the state building code.

301.3(15) Delete section 907.2.3 and insert in lieu thereof the following new section:

907.2.3 Group E. In the absence of a complete automatic sprinkler system, a complete automatic detection system utilizing an emergency voice/alarm communication system shall be installed throughout the entire Group E occupancy. A Group E occupancy with a complete automatic sprinkler system shall be provided with a fire alarm system utilizing an emergency voice/alarm communication system in compliance with section 907.5.2.2 and installed in accordance with section 907.6. Smoke detection shall be provided in corridors at a maximum spacing of 30 feet on center, and heat or smoke detection provided in any hazardous or nonoccupied areas.

Exceptions:

1. Group E occupancies with an occupant load of less than 50.
2. Manual fire alarm boxes are not necessary in Group E occupancies where all of the following apply:

2.1. Interior corridors are protected by smoke detectors with alarm verification.

2.2. Auditoriums, cafeterias, gymnasiums and the like are protected by heat detectors or other approved detection devices.

2.3. Shops and laboratories involving dusts or vapors are protected by heat detectors or other approved detection devices.

2.4. Off-premises monitoring is provided.

2.5. The capability to activate the evacuation signal from a central point is provided.

2.6. In buildings where normally occupied spaces are provided with a two-way communication system between such spaces and a constantly attended receiving station from which a general evacuation alarm can be sounded, except in locations specifically designated by the fire code official.

3. Manual fire alarm boxes are not necessary in Group E occupancies where the building is equipped throughout with an approved automatic sprinkler system, the notification appliances will activate on sprinkler water flow, and manual activation is provided from a normally occupied location.

4. Emergency voice/alarm communication systems meeting the requirements of section 907.5.2.2 and installed in accordance with section 907.6 are not necessary in Group E occupancies with occupant loads of 100 or less, provided that activation of the fire alarm system initiates an approved occupant notification signal in accordance with section 907.5.

301.3(16) Add the following new section 1003.8:

1003.8 Frost Protection. Exterior landings at doors shall be provided with frost protection.

301.3(17) Add the following new section 1027.5.1:

1027.5.1 Exit Discharge Pathways. Exit discharge pathways shall be paved from all exits of the building to the public way.

301.3(18) Delete section 1030.1.1 and insert in lieu thereof the following new section:

1030.1.1 Bleachers, grandstands, and folding and telescopic seating that are not building elements shall comply with ICC-300, Standard for Bleachers, Folding and Telescopic Seating, and Grandstands, 2012 edition, with the following amendments to ICC-300:

a. Delete section 105.2 and insert in lieu thereof the following new section:

105.2 Yearly inspection. All bleachers and folding and telescopic seating installed on or after December 1, 2011, shall be inspected at least once a year in order to verify that the structure is maintained in compliance with the provisions of this standard. All folding and telescopic seating shall also be inspected to evaluate compliance with the manufacturer's installation and operational instructions during the opening and closing of such seating. Any inspection conducted in compliance with this section may be conducted by any knowledgeable person including, but not limited to, a person who has been instructed by the manufacturer or installer as to procedures and standards for inspections of the structure being inspected and including, but not limited to, the owner of the structure or an employee of the owner of the structure. There are no further restrictions on the identity or employment of the person conducting the inspection unless otherwise provided by law. The owner shall maintain documentation of the required annual inspections, showing the date and name of the person conducting the inspection and initialed by the person conducting the inspection.

b. Delete section 501.2 and insert in lieu thereof the following new section:

501.2 Inspections. All tiered seating that was installed prior to December 1, 2011, shall be inspected at least once a year. The inspection may be conducted by any knowledgeable person including, but not limited to, a person who has been instructed by the manufacturer or installer as to procedures and standards for inspections of the structure being inspected and including, but not limited to, the owner of the structure or an employee of the owner of the structure. There are no further restrictions on the person conducting the inspection unless otherwise provided by law. All folding and telescopic seating shall be inspected to evaluate compliance with the manufacturer's installation and operational instructions and be inspected during the opening and closing of such seating. The owner shall maintain documentation of the inspections, which show the date and name of the person conducting the inspection and are initialed by the person conducting the inspection.

301.3(19) Add the following new section 1100:

1100. Any building or facility in compliance with the applicable requirements of 481—Chapter 301, Part 2, is in compliance with any applicable requirements contained in the International Building Code concerning accessibility for persons with disabilities.

301.3(20) Delete chapter 29.

301.3(21) Amend section 3001.3 by adding the following new unnumbered paragraph after the introductory paragraph:

Notwithstanding the references in Chapter 35 to editions of national standards adopted in this section, any editions of these standards adopted by the elevator safety board in 481—Chapter 372 are hereby adopted by reference. If a standard is adopted by reference in this section and there is no adoption by reference of the same standard in 481—Chapter 372, the adoption by reference in this section is of the edition identified in Chapter 35.

301.3(22) Delete appendices A, B, D, E, F, G, H, I, J, K, L, M, N, O, and P.

301.3(23) Retain Appendix C, Group U Agricultural Buildings.

301.3(24) Delete all references to the "International Plumbing Code" and insert in lieu thereof "state plumbing code".

301.3(25) Delete all references to the "International Fuel Gas Code" and insert in lieu thereof "rule 481—301.9(103A)".

301.3(26) Delete all references to the "International Mechanical Code" and insert in lieu thereof "state mechanical code".

301.3(27) Delete all references to the "International Residential Code" and insert in lieu thereof "rule 481—301.8(103A)".

301.3(28) Delete all references to the "International Energy Conservation Code" and insert in lieu thereof "481—Chapter 301, Part 3".

301.3(29) *Hospitals and health care facilities.*

a. A hospital, as defined in rule 481—280.2(10A), that is required to meet the provisions of the state building code is in compliance with the fire safety requirements of the state building code if the hospital is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code, adopted in 481—subrule 280.14(2), is inconsistent with an applicable requirement of the state building code, the hospital is in compliance with the state building code requirement if the Life Safety Code requirement is met.

b. A nursing facility or hospice, as defined in rule 481—280.2(10A), that is required to meet the provisions of the state building code is in compliance with the fire safety requirements of the state building code if the nursing facility or hospice is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code, adopted in 481—subrule 280.14(2), is inconsistent with an applicable requirement of the state building code, the nursing facility or hospice is in compliance with the state building code requirement if the Life Safety Code requirement is met.

c. An intermediate care facility, as defined in rule 481—280.2(10A), that is required to meet the provisions of the state building code is in compliance with the fire safety requirements of the state building code if the intermediate care facility is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code, as adopted in 481—subrule 280.14(2), is inconsistent with an applicable requirement of the state building code, the intermediate care facility is in compliance with the state building code requirement if the Life Safety Code requirement is met.

d. An ambulatory surgical center, as defined in rule 481—280.2(10A), that is required to meet the provisions of the state building code is in compliance with the fire safety requirements of the state building code if the ambulatory surgical center is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code, as adopted in 481—subrule 280.14(2), is inconsistent with an applicable requirement of the state building code, the ambulatory surgical center is in compliance with the state building code requirement if the Life Safety Code requirement is met.

e. A religious nonmedical health care institution that is required to meet the provisions of the state building code is in compliance with the provisions of the state building code if the institution is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code, as adopted in 481—subrule 280.14(2), is inconsistent with an applicable requirement of the state building code, the religious nonmedical health care institution is in compliance with the state building code requirement if the Life Safety Code requirement is met.

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481—301.4(103A) Mechanical requirements. The provisions of the state mechanical code, 481—Chapter 426, as adopted and amended by the state plumbing and mechanical systems board pursuant to Iowa Code chapter 105 are hereby adopted by reference as the requirements for mechanical installations.

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481—301.5(103A) Electrical requirements. The provisions of the state electrical code, as adopted and amended in 481—Chapter 404, are hereby adopted by reference as the requirements for electrical installations.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.6(103A) Plumbing requirements.

301.6(1) Provisions of the state plumbing code, 481—Chapter 425, adopted by the state plumbing and mechanical systems board pursuant to Iowa Code chapter 105, apply to plumbing installations in this state.

301.6(2) Factory-built structures, as referenced by Iowa Code section 103A.10(3), that contain plumbing installations are allowed to comply with either the state plumbing code or with the International Plumbing Code, 2024 edition, published by the International Code Council, located at www.iccsafe.org. The manufacturer's data plate must indicate which plumbing code was utilized for compliance with this rule, as set forth in 481—paragraph 321.610(15)*"e."*

301.6(3) Private sewage disposal systems shall comply with 567—Chapter 69.

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481—301.7(103A) Existing buildings. The provisions of the International Existing Building Code, 2024 edition, published by the International Code Council, located at www.iccsafe.org, are hereby adopted by reference as the requirements for repair, alteration, change of occupancy, addition, and relocation of existing buildings, with the following amendments:

301.7(1) Delete section 101.1.

301.7(2) Delete section 101.4.2 and insert in lieu thereof the following new section:

101.4.2 Buildings Previously Occupied. The legal occupancy of any structure existing on the date of adoption of this code shall be permitted to continue without change, except as specifically covered in this code or the state fire code, or as deemed necessary by the commissioner for the general safety and welfare of the occupants and the public.

301.7(3) Delete sections 101.5 and 101.6.

301.7(4) Delete sections 103, 104, and 105.

301.7(5) Delete sections 106.1, 106.3, 106.4, 106.5, and 106.6.

301.7(6) Delete sections 108, 109, 110, 112, 113, 114, 115, 116 and 117.

301.7(7) Delete section 306.

301.7(8) Delete all references to the "International Plumbing Code" and insert in lieu thereof "state plumbing code".

301.7(9) Delete all references to the "International Fuel Gas Code" and insert in lieu thereof "rule 481—301.9(103A)".

301.7(10) Delete all references to the "International Mechanical Code" and insert in lieu thereof "state mechanical code".

301.7(11) Delete all references to the "International Building Code" and insert in lieu thereof "rule 481—301.3(103A)".

301.7(12) Delete all references to the "International Residential Code" and insert in lieu thereof "rule 481—301.8(103A)".

301.7(13) Delete all references to the "International Fire Code" and insert in lieu thereof "state fire code".

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481—301.8(103A) Residential construction requirements. The provisions of the International Residential Code, 2024 edition, published by the International Code Council, located at www.iccsafe.org, are hereby adopted by reference as the requirements for construction, alteration, movement, enlargement, replacement, repair, equipment, use and occupancy, location, removal, and demolition of detached one- and two-family dwellings and multiple single-family dwellings (townhouses) not more than three stories in height with a separate means of egress and their accessory structures, with the following amendments:

301.8(1) Delete section R101.1.

301.8(2) Delete sections R103 through R114 and sections therein.

301.8(3) NOTE: The values for Table R301.2 are determined by the location of the project and referenced footnotes from Table R301.2.

301.8(4) Amend section R306.1.7 by striking the words "Chapter 3 of the International Private Sewage Disposal Code" and inserting in lieu thereof "567—Chapter 69".

301.8(5) Delete section R309.1.

NOTE: Deletion of section R309.1, which would have required the installation of sprinklers in newly constructed townhouses, is consistent with 2010 Iowa Acts, Senate Joint Resolution 2009.

301.8(6) Delete section R309.2.

NOTE: Deletion of section R309.2, which would have required the installation of sprinklers in newly constructed one- and two-family residences, is consistent with 2010 Iowa Acts, Senate Joint Resolution 2009.

301.8(7) Delete section R319.1 and insert in lieu thereof the following new section:

R319.1 Emergency escape and rescue required as follows: Basements, habitable attics and every sleeping room have at least one operable emergency and rescue opening that opens directly into a public street, public alley, yard or court. Where basements contain one or more sleeping rooms, emergency egress and rescue openings are in each sleeping room, but are not necessary in adjoining areas of the basement. Where emergency escape and rescue openings are provided, they have a sill height of not more than 44 inches (1118 mm) above an adjacent permanent interior standing surface that is no less than 36 inches wide and 18 inches deep and no more than 24 inches high. Where a door opening having a threshold below the adjacent ground elevation serves as an emergency escape and rescue opening and is provided with a bulkhead enclosure, the bulkhead enclosure complies with section R319.3. The net clear opening dimensions are obtained by the normal operation of the emergency escape and rescue opening from the inside. Emergency escape and rescue openings with a finished sill height below the adjacent ground elevation are provided with a window well in accordance with section R319.2. Emergency escape and rescue openings open directly into a public way, or to a yard or court that opens to a public way.

Exceptions:

- Basements used only to house mechanical equipment and not exceeding total floor area of 200 square feet (18.58 m^2).
- Storm shelters constructed in accordance with 481—Chapter 301, Part 2.
- Where the dwelling unit or townhouse unit is equipped with an automatic sprinkler system installed in accordance with section P2904, sleeping rooms in basements are not required to have emergency escape and rescue openings provided that the basement has either (1) one means of egress complying with section R318 and one emergency escape and rescue opening or (2) two means of egress complying with section R318.
- A yard is not required to open directly into a public way where the yard opens to an unobstructed path from the yard to the public way if the path has a width of not less than 36 inches (914 mm).

301.8(8) Delete chapter 11 and insert in lieu thereof rule 481—301.24(103A).

301.8(9) Delete chapter 24 and sections therein and insert in lieu thereof the following new section:

All fuel gas piping installations shall comply with rule 481—301.9(103A).

301.8(10) Delete chapters 25 through 33 and sections therein, except for section P2904, and insert in lieu thereof the following new section:

All plumbing installations shall comply with the state plumbing code as adopted by the state plumbing and mechanical systems board pursuant to Iowa Code chapter 105.

Exception: Factory-built structures, as referenced by Iowa Code section 103A.10(3), that contain plumbing installations are allowed to comply with either the state plumbing code or with the International Plumbing Code, 2024 edition, published by the International Code Council, located at www.iccsafe.org. The manufacturer's data plate must indicate which plumbing code was utilized for compliance with this rule, as set forth in 481—paragraph 321.610(15)*"e."*

301.8(11) Delete chapters 34 to 43 and sections therein and insert in lieu thereof the following new section:

The provisions of the state electrical code, as adopted and amended in 481—Chapter 404, are hereby adopted by reference as the requirements for electrical installations.

301.8(12) Delete appendices AA through CH.

301.8(13) Delete all references to the "International Plumbing Code" and insert in lieu thereof "state plumbing code".

301.8(14) Delete all references to the "International Mechanical Code" and insert in lieu thereof "state mechanical code".

301.8(15) Delete all references to the "International Fuel Gas Code" and insert in lieu thereof "rule 481—301.9(103A)".

301.8(16) Delete all references to the "International Building Code" and insert in lieu thereof "rule 481—301.3(103A)".

301.8(17) Delete all references to the "International Fire Code" and insert in lieu thereof "state fire code".

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481—301.9(103A) Fuel gas piping requirements. Fuel gas piping shall comply with the requirements of rule 481—425.3(105). Liquefied petroleum gas facilities and appliances shall comply with rule 481—286.1(101).

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481—301.10(103A) Transition period. A construction project subject to the provisions of any rule in Part 1 or Part 3 and commenced within 12 months after the effective date of revised standards may comply with either the newly adopted standards or the previous standards. "Commenced" means that the submitter has obtained preliminary approval from the commissioner or a local building department pursuant to rule 481—300.6(103A).

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.11 to **301.15** Reserved.

PART 2
ACCESSIBILITY OF BUILDINGS AND FACILITIES AVAILABLE TO THE PUBLIC

481—301.16(103A,104A) Purpose and scope. Part 2 is intended to ensure that buildings and facilities used by the public, other than places of worship, are accessible to, and functional for, persons with disabilities. Rule 481—301.18(103A,104A) applies statewide to new construction of buildings and facilities available to the public and to renovation and rehabilitation projects on existing buildings and facilities when local or state building codes require compliance with standards for new construction. Rule 481—301.19(103A,104A) applies statewide to construction of multiunit residential buildings.

301.16(1) NOTE A. Although rule 481—301.18(103A,104A) is based upon the federal 2010 ADA Standards for Accessible Design and adopts the language of the 2010 ADA Standards for Accessible Design by reference, and rule 481—301.19(103A,104A) is based upon the requirements of the federal Fair Housing Act, determinations of state and local building officials charged with enforcement of these rules are not binding on other state or federal jurisdictions and do not prevent the federal government or another state from making a different determination under applicable law.

301.16(2) NOTE B. Other federal and state laws address requirements for accessibility for persons with disabilities and may be applicable to buildings and facilities subject to Part 2. Nothing in these rules should be interpreted as limiting the applicability of other provisions of state or federal law. These provisions include but are not limited to the following:

a. Iowa Code chapter 216, the Iowa civil rights Act of 1965.

b. Iowa Code chapter 216C, which enumerates the rights of persons who are blind or partially blind and persons with physical disabilities.

c. Iowa Code chapter 321L and 661—Chapter 18, which relate to requirements for parking for persons with disabilities.

d. The federal Architectural Barriers Act of 1968 (Public Law 90-480).

e. The federal Rehabilitation Act of 1973 (Public Law 93-112).

f. The federal Fair Housing Act of 1968 (Public Law 90-284); the federal Fair Housing Amendments Act of 1988 (Public Law 100-430); and related regulations, including 24 CFR 100, Subpart D.

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481—301.17(103A,104A) Definitions. The following definitions apply to Part 2:

"ADA" means the federal Americans with Disabilities Act (Public Law 101-336).

"ADAAG" means Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities, 28 CFR Part 36, Appendix A, as revised through July 1, 1994.

"ADASAD 2010" means 2010 ADA Standards for Accessible Design, published by the U.S. Department of Justice, September 15, 2010. Included in the publication are accessibility standards for state and local government facilities and accessibility standards for public accommodations and commercial facilities.

NOTE: Copies of ADASAD 2010 and additional explanatory material may be downloaded from www.ada.gov/law-and-regs.

"IBC" means the International Building Code, adopted in rule 481—301.3(103A).

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481—301.18(103A,104A) Accessibility of buildings and facilities available to the public. Buildings and facilities that are available to the public, other than places of worship, shall comply with one of the following:

301.18(1) Applicable provisions of ADASAD 2010.

301.18(2) IBC, Chapter 11 and applicable accessibility provisions contained in IBC.

NOTE: Approval of construction plans based upon compliance with the applicable provisions of the IBC, as provided, does not relieve the designer, builder, building owner, or building operator from responsibility under federal law to comply with all applicable provisions of the 2010 ADA Standards for Accessible Design.

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481—301.19(103A,104A) Making apartments accessible and functional for persons with disabilities.

301.19(1) Multiple dwelling unit buildings. This rule applies to all multiple dwelling unit buildings that consist of four or more dwelling units if such buildings have one or more elevators. In such buildings without an elevator, all ground floor units must be accessible. The requirements of this rule apply to the individual dwelling units and the common use spaces that are accessible to persons with disabilities in multiple dwelling unit buildings.

EXCEPTION 1: A multiple dwelling unit building is deemed to be in compliance with this rule if it is located in a local jurisdiction that has enacted accessibility rules that have been recognized by the U.S. Department of Housing and Urban Development as providing a safe harbor for compliance with the accessibility requirements established in the federal Fair Housing Act and if the building has been found to be in compliance with those requirements unless the building is required to comply with the requirements of the Uniform Federal Accessibility Standards or other applicable standards that may be more restrictive than the provisions of this rule.

EXCEPTION 2: Certain multiple dwelling unit buildings are required to comply with the Uniform Federal Accessibility Standards, published by the U.S. Access Board, 1988. Compliance with the provisions of this rule does not substitute for compliance with any applicable provision of the Uniform Federal Accessibility Standards or any other applicable standards that may be more restrictive than the provisions of this rule.

NOTE: Compliance with the Uniform Federal Accessibility Standards is generally necessary for buildings and facilities constructed with federal financial assistance.

"Dwelling unit" means a single unit of residence for a household of one or more persons. Examples of a dwelling unit covered by these rules include a condominium, an apartment unit within an apartment building, and another type of dwelling in which sleeping accommodations are provided but toilet or cooking facilities are shared by occupants of more than one room or portion of the dwelling. Examples of the latter include dormitory rooms and sleeping accommodations in shelters intended for occupancy as a residence for homeless persons.

"Ground floor" means a floor of a building with a building entrance on an accessible route. A building may have one or more ground floors.

a. The individual dwelling units shall contain an accessible route into and through the unit, as well as meet the following:

(1) All doors intended for use as passage through the dwelling unit have a clear opening of at least 32″ nominal width with the door open 90 degrees, measured between the face of the door and the stop. Openings more than 24″ in depth are not considered doorways.

NOTE: A 34″ door, hung in the standard manner, provides an acceptable 32″ opening.

(2) Except at doorways, the minimum clear width of the accessible route is at least 36″ wide.

(3) In single-story units, special features such as lofts or sunken or raised areas may be on an accessible route provided the areas do not interrupt the accessible route through the remainder of the dwelling unit.

(4) In multistory dwelling units in buildings with elevators, the story of the unit that is served by the building elevator is the primary entry to the unit and such entry/accessible floor complies with the requirements of subparagraphs (1), (2) and (3) above. The entry/accessible floor contains a bathroom or powder room that complies with paragraph *"c"* below.

(5) Exterior deck, patio, or balcony surfaces are no more than ½″ below the floor level of the interior of the dwelling unit unless they are constructed of impervious material such as concrete, brick or flagstone. In such case, the surface is no more than 4″ below the floor level of the interior or lower if required by local building code.

(6) Thresholds at exterior doors, including sliding tracks, are no higher than ¾″. Thresholds and changes in elevations as in subparagraph (5) above are beveled with a slope no greater than 1:2.

b. Kitchens shall meet or be adaptable to meet the following:

(1) A clear floor space at least 30″ × 48″ that allows a parallel approach by a person in a wheelchair is provided at the range or cooktop and the sink. Either a parallel or forward approach is provided at the oven, dishwasher, refrigerator/freezer or trash compactor.

(2) Clearance between counters and all opposing base cabinets, countertops, appliances or walls are at least 40″. In U-shaped kitchens with a sink or cooktop at the base of the "U," the base cabinets are removable at that location or a 60″ turning radius is provided.

c. All bathrooms of covered multifamily dwelling units shall comply with provisions of subparagraph (1) of this paragraph or at least one bathroom in the dwelling unit shall comply with provisions of subparagraph (2) of this paragraph and all other bathrooms and powder rooms within the dwelling unit must be on an accessible route with usable entry doors in accordance with paragraph "a" above. "Powder room" means a room with a toilet and sink.

In multistory dwelling units, only those bathrooms on the accessible level are subject to these requirements. Where the powder room is the only facility provided on the accessible level of a multistory dwelling unit, the powder room must comply with the provisions of subparagraph (1) or (2) of this paragraph.

(1) Sufficient maneuvering space is provided within the bathroom for a person using a wheelchair or other mobility aid to enter and close the door, use the fixtures, reopen the door and exit. Doors may swing into the clear floor space provided at any fixture if the maneuvering space is provided. Maneuvering space may include any knee space or toe space available below the bathroom fixtures.

Clear floor space at fixtures may overlap.

If the shower stall is the only bathing facility provided in the covered dwelling unit, the shower stall measures at least 36″ × 36″.

NOTE: Cabinets under lavatories are acceptable provided the bathroom has space to allow a parallel approach by a person in a wheelchair; if parallel approach is not possible within the space, any cabinets provided would have to be removable to afford the necessary knee clearance for forward approach.

(2) Where the door swings into the bathroom, there is a clear space (2′6″ × 4′0″) within the room to position a wheelchair or other mobility aid clear of the path of the door as it is closed and to permit the use of the fixtures. This clear space can include any knee space and toe space available below the bathroom fixtures.

Where the door swings out, a clear space is provided within the bathroom for a person using a wheelchair or other mobility aid to position the wheelchair such that the person is allowed use of the fixtures. There is a clear space to allow persons using wheelchairs to reopen the door to exit.

When both tub and shower fixtures are provided in the bathroom, at least one fixture is made accessible. When two or more lavatories are provided in a bathroom, at least one is made accessible.

Toilets are located within bathrooms in a manner that permits a grab bar to be installed on one side of the fixture. In locations where toilets are adjacent to walls or bathtubs, the centerline of the fixture is a minimum of 1′6″ from the obstacle. The nongrab bar side of the toilet fixture is a minimum of 1′3″ from the finished surface of the adjoining walls, vanities, or the edge of a lavatory.

Vanities and lavatories are installed with the center line of the fixture a minimum of 1′3″ horizontally from an adjoining wall or fixture. The top of the fixture rim is a maximum height of 2′10″ above the

finished floor. If knee space is provided below the vanity, the bottom of the apron is at least 2′3″ above the floor. If provided, full knee space (for front approach) is at least 1′5″ deep.

Bathtubs and tub/showers located in the bathroom provide a clear access aisle adjacent to the lavatory that is at least 2′6″ wide and extends for a length of 4′0″ measured from the head of the bathtub.

Stall showers in the bathroom may be of any size or configuration. A minimum clear floor space 2′6″ wide × 4′0″ deep should be available outside the stall. If the shower stall is the only bathing facility provided in the covered dwelling unit, or on the accessible level of a covered multistory unit, and measures a nominal 36″ × 36″, the shower stall has reinforcing to allow for installation of an optional wall-hung bench seat.

d. Walls in bathrooms that are to be adaptable will be reinforced to allow later installation of grab bars around toilet, tub, shower stall and shower seat where provided.

Where the toilet is not placed adjacent to a side wall, provision shall be made for floor-mounted foldaway or similar alternative grab bars. Where the powder room is the only toilet facility located on an accessible level of a multistory dwelling unit, it must comply with this requirement for reinforced walls for grab bars.

NOTE: A tub may have shelves or benches at either end, or a tub may be installed without surrounding walls, if there is provision for alternative mounting of grab bars. For example, a sunken tub placed away from walls could have reinforced areas for installation of floor-mounted grab bars. The same principle applies to shower stalls, e.g., glass-walled stalls could be planned to allow floor-mounted grab bars to be installed later.

Reinforcement for grab bars may be provided in a variety of ways (for example, by plywood or wood blocking) so long as the necessary reinforcement is placed so as to permit later installation of appropriate grab bars.

e. Public and common use areas shall be readily accessible to and usable by persons with disabilities.

f. Light switches, electrical outlets, thermostats and other environmental controls shall be located no higher than 48″, and no lower than 15″, above the floor. If the reach is over an obstruction between 20″ and 25″ in depth, the maximum height is reduced to 44″ for forward approach; or 46″ for side approach, provided the obstruction is no more than 24″ in depth. Obstructions should not extend more than 25″ from the wall beneath a control. (See ADAAG Figure 5.)

NOTE: Controls or outlets that do not satisfy these specifications are acceptable provided that comparable controls or outlets (i.e., that perform the same functions) are provided within the same area and are accessible.

301.19(2) Elevators. An elevator meeting the requirements established for accessible elevators in Section 4.10 of the ADAAG is required in any apartment building of four or more stories.

NOTE: Elevators are not necessary in apartment buildings of three or fewer stories; however, the Uniform Federal Accessibility Standards, or any other applicable standard, may require the installation of an elevator. If an elevator is not required to be installed by this rule, then the elevator is not subject to the requirements of Section 4.10 of the ADAAG.

301.19(3) Any covered units within a multiple unit dwelling which comply with a code or standard which has been certified as a safe harbor for compliance with the accessibility requirements of the federal Fair Housing Act by the U.S. Department of Housing and Urban Development are in compliance with these rules unless the covered units are required to comply with the Uniform Federal Accessibility Standards or any other applicable requirements which may be more restrictive than the provisions of this rule.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.20 to **301.22** Reserved.

PART 3
REQUIREMENTS FOR ENERGY CONSERVATION IN CONSTRUCTION

481—301.23(103A) Scope and applicability of energy conservation requirements.

301.23(1) *Scope.* Part 3 establishes thermal energy efficiency standards for the design of new buildings and structures or portions thereof, additions to existing buildings, and renovation and remodeling of existing buildings, except for residential buildings of one or two dwelling units, that are intended for human occupancy and that are heated or cooled by regulating their exterior envelopes and selection of their heating, ventilation, and air-conditioning systems, service water heating systems and equipment for the efficient use of energy, and lighting efficiency standards for buildings intended for human occupancy that are lighted.

301.23(2) *Applicability.* Part 3 applies to design and construction of buildings that are intended for human occupancy throughout the state of Iowa. Any construction of buildings or facilities that are intended for human occupancy and that are heated or cooled is covered, with the exception of renovation and remodeling of residential buildings of one or two dwelling units, which are not covered. Rule 481—301.24(103A) establishes standards for design and construction of residential buildings of three or fewer stories. Rule 481—301.25(103A) establishes standards for design and construction of commercial buildings and residential buildings of four or more stories. The occupancy of any building covered by this chapter shall be determined based upon the occupancy definitions in chapter 3 of the International Building Code, as adopted in rule 481—301.3(103A).

301.23(3) *Review by architect or engineer.* Plan review shall meet the following criteria:

a. The plans and specifications for all buildings to be constructed that exceed a total volume of 100,000 cubic feet of enclosed space that is heated or cooled are reviewed by a registered architect or licensed professional engineer for compliance with applicable energy efficiency standards. Buildings with less than 100,000 cubic feet can be reviewed by the owner or designated representative.

b. A statement that a review has been accomplished and that the design complies with the energy efficiency standards is signed and sealed by the responsible registered architect or licensed professional engineer. This statement is filed with the commissioner or a local building official on a form approved by the commissioner prior to construction or before obtaining any local permits. The statement is filed with the commissioner for any project that is subject to plan review by the building code bureau.

c. If the plans and specifications relating to energy efficiency for a specific structure have been approved, additional buildings may be constructed from those same plans and specifications without need of further approval if construction begins within five years of the date of approval. Alterations of a structure that has been previously approved do not require a review because of these changes, provided the basic structure remains unchanged and no additional energy is necessary for heating, cooling or lighting.

d. Prior to the completion of construction, no changes are made to any approved plan or specifications that increase the amount of energy used for heating, cooling, or lighting unless the changes are approved by the responsible registered architect or licensed professional engineer in writing and notice has been filed with the commissioner or a local building official. The commissioner or a local building official is notified of any change that is anticipated to decrease the amount of energy used. The commissioner is notified pursuant to this paragraph for any project that is subject to plan review by the bureau.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.24(103A) Residential energy code. The International Energy Conservation Code – Residential Provisions, 2012 edition, published by the International Code Council, located at www.iccsafe.org, is adopted by reference as the residential energy code of the state of Iowa building code, applicable to residential construction limited to three or fewer stories throughout the state of Iowa, with the following amendments:

301.24(1) Delete section R101.1.

301.24(2) Delete section R101.2 and insert in lieu thereof the following new section:

R101.2 Scope. This code applies to residential buildings and the building sites and associated systems and equipment as defined pursuant to 481—subrule 301.23(2). The remodeling or renovation of one- and two-family dwelling units is not within the scope of this code.

301.24(3) Delete section R103.3.1.

301.24(4) Delete section R103.3.2.

301.24(5) Delete section R103.3.3.

301.24(6) Delete section R104.1 and insert in lieu thereof the following new section:

R104.1 General. Construction or other work that is required to be inspected by state law or local ordinance shall be in accordance with sections R104.2 through R104.8. The commissioner has authority to perform audits to ensure compliance with this code. When local governments conduct compliance audits, the information may be provided to the Department of Energy or to the commissioner in a timely way. Local governments may contract with the commissioner to conduct audits.

301.24(7) Delete sections R108 and R109 and all sections contained therein.

301.24(8) Delete section R402.1.1 and insert in lieu thereof the following new section:

R402.1.1 Insulation and fenestration criteria. The building thermal envelope shall meet the requirements of Table R402.1.1 based on the climate zone specified in chapter 3.

Table R402.1.1

Table R402.1.1 Insulation and Fenestration Requirements by Component[a]

Climate Zone	Fenestration U-Factor[b]	Skylight U-Factor[b]	Glazed Fenestration SHGC[b,e]	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value[i]	Floor R-Value	Basement Wall R-Value[c]	Slab R-Value & Depth[d]	Crawl Space[c] Wall R-Value
1	NR	.75	.25	30	13	3/4	13	0	0	0
2	.40	.65	.25	38	13	4/6	13	0	0	0
3	.35	.55	.25	38	20 or 13+5[h]	8/13	19	5/13[f]	0	5/13
4	.35	.55	.40	49	20 or 13+5[h]	8/13	19	10/13	10, 2ft	10/13
5	.32	.55	NR	49	20 or 13+5[h]	13/17	30[g]	15/19	10, 2ft	15/19
6	.32	.55	NR	49	20 or 13+5[h]	15/20	30[g]	15/19	10, 4ft	15/19
7 & 8	.32	.55	NR	49	20+5 or 13+10[h]	19/21	38[g]	15/19	10, 4ft	15/19

[a] R-values are minimums. U-factors and SHGC are maximums. When insulation is installed in a cavity that is less than the label or design thickness of the insulation, the installed R-value of the insulation shall not be less than the R-value specified in the table.

[b] The fenestration U-factor column excludes skylights. The SHGC column applies to all glazed fenestration. Exception: Skylights may be excluded from glazed fenestration SHGC requirements in Climate Zones 1 through 3 where the SHGC for such skylights does not exceed .30.

[c] "15/19" means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" shall be permitted to be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.

[d] R-5 shall be added to the slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Climate Zones 1 through 3 for heated slabs.

[e] There are no SHGC requirements in the Marine Zone.

[f] Basement wall insulation is not necessary in warm-humid locations as defined by Figure R301.1 and Table R301.1.

[g] Or insulation sufficient to fill the framing cavity, R-19 minimum.

[h] First value is cavity insulation; second value is continuous insulation or insulated siding. Therefore, "13+5" means R-13 cavity insulation plus R-5 continuous insulation or insulated siding. If structural sheathing covers 40 percent or less of the exterior, continuous insulation R-value shall be permitted to be reduced by no more than R-3 in the locations where structural sheathing is used – to maintain a consistent total sheathing thickness.

[i] The second R-value applies when more than half the insulation is on the interior of the mass wall.

301.24(9) Delete section R402.4.1.2 and insert in lieu thereof the following new section:

R402.4.1.2 Testing shall meet the following requirements: The building or dwelling unit is tested and verified as having an air leakage rate not exceeding 5 air changes per hour in Climate Zones 1 and 2, and 4 air changes per hour in Climate Zones 3 through 8. Testing is conducted with a blower door at a pressure of 0.2 inches w.g. (50 pascals). Where required by the code official, testing is conducted by an approved third party and a written report of the results is signed by the party conducting the test and provided to the code official. Testing is performed at any time after creation of all penetrations of the building thermal envelope.

During testing:

1. Exterior windows and doors, fireplace and stove doors are closed, but not sealed beyond the intended weatherstripping or other infiltration control measures;
2. Dampers including exhaust, intake, makeup air, backdraft and flue dampers are closed, but not sealed beyond intended infiltration control measures;
3. Interior doors, if installed at the time of the test, are open;
4. Exterior doors for continuous ventilation systems and heat recovery ventilators are closed and sealed;
5. Heating and cooling systems, if installed at the time of the test, are turned off; and
6. Supply and return registers, if installed at the time of the test, are fully open.

301.24(10) Delete section R403.2.2 and insert in lieu thereof the following new section:

R403.2.2 Sealing is mandatory and shall meet the following requirements: Ducts, air handlers, and filter boxes are sealed. Joints and seams comply with either the International Mechanical Code or International Residential Code, as applicable.

Exceptions:

1. Air-impermeable spray foam products may be applied without additional joint seals.
2. Where a duct connection is made that is partially inaccessible, three screws or rivets are equally spaced on the exposed portion of the joint so as to prevent a hinge effect.
3. Continuously welded and locking-type longitudinal joints and seams in ducts operating at static pressures less than 2 inches of water column (500 Pa) pressure classification do not require additional closure systems.

Duct tightness is verified by either of the following:

1. Postconstruction test: Leakage to outdoors is less than or equal to 4 cfm (113.3 L/min) per 100 square feet (9.29 m^2) of conditioned floor area or total leakage is less than or equal to 6 cfm (170 L/min) per 100 square feet (9.29 m^2) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. All register boots are taped or otherwise sealed during the test.
2. Rough-in test: Total leakage is less than or equal to 6 cfm (170 L/min) per 100 square feet (9.29 m^2) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure. All registers are taped or otherwise sealed during the test. If the air handler is not installed at the time of the test, total leakage is less than or equal to 3 cfm (85 L/min) per 100 square feet (9.29 m^2) of conditioned floor area.

Testing is conducted by an approved third party and a written report of the results is signed by the party conducting the test and provided to the code official.

Exception: The duct leakage test is not needed for ducts and air handlers located entirely within the building thermal envelope unless cavities are used for returns.

301.24(11) Delete section R403.2.3 and insert in lieu thereof the following new section:

R403.2.3 Building cavities (mandatory). Building framing cavities cannot be used as supply ducts. Building framing cavities may be used as return ducts if both of the following conditions exist:

1. Ducts must be tested for duct leakage in accordance with section R403.2.2.
2. Exterior wall cavities cannot be used for return ducts.

301.24(12) Delete the first clause of the Standard Reference Design for Building Component "Air exchange rate" in Table R405.5.2(1) and insert in lieu thereof the following new clause: "Air leakage of 5 air changes per hour in Climate Zones 1 and 2, and 4 air changes per hour in Climate Zones 3 through 8 at a pressure of 0.2 inches w.g. (50 Pa)."

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25; **ARC 0412D**, IAB 7/8/26, effective 8/12/26]

481—301.25(103A) Adoption of nonresidential energy code. The International Energy Conservation Code – Commercial Provisions, 2012 edition, published by the International Code Council, located at www.iccsafe.org, is hereby adopted by reference as the nonresidential energy code of the state building code, applicable to commercial construction or residential construction of four or more stories within the state of Iowa, with the following amendments:

301.25(1) Delete section C101.1.

301.25(2) Delete section C101.2 and insert in lieu thereof the following new section:

C101.2 Scope. This code applies to commercial buildings and the buildings' sites and associated systems and equipment as defined pursuant to 481—subrule 301.23(2).

301.25(3) Delete section C103.3.1.

301.25(4) Delete section C104.1 and insert in lieu thereof the following new section:

C104.1 General. Construction or other work that is to be inspected by state law or local ordinance shall be in accordance with sections C104.2 through C104.8.

301.25(5) Delete sections C108 and C109 and all sections contained therein.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.26 and **301.27** Reserved.

PART 4
LIFE CYCLE COST ANALYSIS OF PUBLIC FACILITIES

481—301.28(470) Life cycle cost analysis.

301.28(1) *Submission.* Any public agency as defined by Iowa Code section 470.1 will prepare a life cycle cost analysis in compliance with Iowa Code chapter 470 and submit the analysis to the commissioner before construction commences.

301.28(2) *Notification by state agency.* Any public agency that is a state agency as defined in Iowa Code section 7D.34 will, within 60 days of final selection of a design architect or engineer, notify the commissioner and the Iowa energy office in the economic development authority of the methodology to be used to perform the life cycle cost analysis. Notice will be given on the forms provided by the Iowa office of energy for this purpose. A life cycle cost analysis prepared by a state agency will be submitted in sufficient time ahead of the release of plans for bids to allow for revisions or additions that may be made to the plans. Public funds will not be used for the construction or renovation of a facility unless the design for the work is prepared in accordance with Iowa Code chapter 470 and the actual construction or renovation is consistent with the design.

301.28(3) *Exemptions from implementation.*

a. A public agency responsible for construction or renovation of a public facility may apply to the commissioner for exemption from any recommendation of the life cycle cost analysis.

b. The public agency will implement all recommendations of the life cycle cost analysis except those that have been approved for exemption by the commissioner and the director of the office of energy independence.

EXCEPTION: The public agency is not required to implement any recommendation that would result in a violation of any other provision of law. If the public agency determines that compliance with any recommendation of the life cycle cost analysis would result in a violation of law, the public agency will so notify the commissioner.

c. The commissioner and the director of the economic development authority will evaluate each request for an exemption on a case-by-case basis, considering the following factors:

(1) The purpose of the facility or renovation;
(2) Preservation of historic architectural features;
(3) Site considerations;
(4) Health and safety concerns;
(5) Compliance with any other provisions of law; and

(6) The technical feasibility of implementing the recommendation. "Technical feasibility" means that a recommendation may be implemented without altering major structural features of an existing facility.
[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.29 Reserved.

PART 5
SUSTAINABLE DESIGN STANDARDS

481—301.30(103A) Scope and purpose.

301.30(1) *Scope.* The standards established in Part 5 apply to building construction projects in Iowa and are based upon state or federal statutory requirements; administrative rules adopted by state agencies that own, manage, regulate, or finance building construction projects; or federal regulations.

301.30(2) *Purpose.* The purpose of the standards in Part 5 is to promote sustainable design in building construction, which is defined as construction that meets current needs while not compromising the needs of future generations. Sustainable design standards are intended to minimize the adverse environmental impacts of construction and the built environment.
[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.31(103A) Definitions. The following definitions apply to Part 5:

"Commercial" means a building construction project that is not residential.

"Residential" means a building construction project that involves a building or buildings, each of which is a detached one- or two-family dwelling or which consists of townhouses not more than three stories above grade in height with a separate means of egress to the exterior of the building for each dwelling unit and consisting entirely of dwelling units and their accessory structures.
[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.32(103A) Submission of projects.

301.32(1) *Approval of building code commissioner.* Approval of a construction project as sustainably designed pursuant to these rules may be granted only by the commissioner. All requests for approval of a project as sustainably designed must be submitted to the bureau at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

301.32(2) *Building code approval.* No building construction project will be approved as a sustainably designed project pursuant to these rules unless construction plans for the project have been approved by the commissioner as meeting the state building code or by a local building department as meeting the applicable local building code.

301.32(3) *Projects subject to state building code.* If approval as a sustainably designed project is requested for a project that is otherwise subject to the state building code, approval may be requested by including a statement in the materials submitted pursuant to 481—Chapter 300 that approval for the project as sustainably designed is being requested.

301.32(4) *Projects subject to local building codes.* If approval from the commissioner is sought for a project that is subject to a local building code and code enforcement, approval may be sought by submitting construction plans to the bureau as provided in 481—Chapter 300, with a cover letter stating that approval of the project as a sustainably designed project is being requested and that the project has been submitted for review to the local building department. The commissioner will not issue approval of the project as a sustainably designed project until evidence of approval of the construction plans by the local building department are submitted to the bureau.

301.32(5) *Projects not otherwise subject to state or local building codes.* If approval as a sustainably designed project is sought for a building construction project that is otherwise not subject to the state building code or a local building code, approval may be sought by submitting construction plans for the project to the bureau as provided in 481—Chapter 300, with a cover letter stating that approval as a sustainably designed project is being requested and that the project is not subject to a local building code

enforced by a local jurisdiction. The project will be subject to the state building code and to procedures and fees for review of construction plans and inspections as provided in 481—Chapter 300.

301.32(6) *Application form.* A completed application form prescribed by the commissioner shall be included with the submission of the construction plans for review of any project for which approval as a sustainably designed project is requested.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.33(103A) Sustainable design criteria for residential projects. A residential building construction project will be approved as sustainably designed if it meets any of the following requirements:

301.33(1) Satisfaction of all of the mandatory criteria of the economic development authority's Iowa green streets criteria; or

301.33(2) Compliance with ICC 700 National Green Building Standard®, (ICC 700-2008 NGBS) published by the International Code Council, at the bronze level; or

301.33(3) Certification from the United States Green Building Council at the certified level or better in the Leadership in Energy and Environmental Design (LEED) green building rating system for residential projects; or

301.33(4) Satisfaction of any alternative set of criteria submitted in advance to and approved by the commissioner as equivalent to the requirements of 481—subrules 300.33(1) through 300.33(3).

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.34(103A) Sustainable design criteria for commercial projects. A commercial building construction project will be approved as sustainably designed if it meets the following applicable requirements:

301.34(1) If approval as a sustainably designed project is being sought in order to qualify for a tax credit or tax refund, the project will be approved as sustainably designed if the building receives certification from the United States Green Building Council at the Certified level or better in the Leadership in Energy and Environmental Design (LEED) green building rating system and if the building complies with the requirements of ASHRAE 90.1 2007, Energy Standard for Buildings Except Low-Rise Residential Buildings, published by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE).

301.34(2) If the project includes only the following commercial structures, satisfaction of all of the mandatory criteria of the Iowa green streets criteria:

a. Day care centers.

b. Vocational rehabilitation centers.

c. Community centers.

d. Senior centers.

EXCEPTION: Application may be made to the commissioner to accept satisfaction of all of the mandatory criteria of the Iowa green streets criteria as the basis for approval of other commercial projects as sustainably designed. Such submission should be limited to smaller commercial projects, and approval as a sustainably designed project is at the discretion of the commissioner, who will award such approval only if the commissioner is convinced that the Iowa green streets criteria are applicable to the project. Written approval for use of the Iowa green streets criteria pursuant to this exception shall be sought and obtained prior to submission of an application for approval as a sustainably designed project.

301.34(3) If a project involves the construction of a building or a portion of a building intended to host a data center or operations of a web portal business, it will be approved as sustainably designed if the project receives certification at the certified level from the United States Green Building Council in the LEED green building rating system and complies with the requirements of ASHRAE 90.1 2007, Energy Standard for Buildings Except Low-Rise Residential Buildings, published by the ASHRAE.

301.34(4) Satisfaction of any alternative set of criteria submitted in advance to and approved by the commissioner as equivalent to the requirements set forth in subrule 301.34(1).

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.35(103A) Fees.

301.35(1) *Projects subject to the state building code.* For any project for which approval as a sustainably designed project is requested from the commissioner and which is otherwise subject to the state building code, the additional fee for review for compliance with sustainable design standards is $100, due prior to review of the application.

301.35(2) *Projects subject to local building codes and code enforcement.* For any project approved by a local building department as compliant with the local building code and for which approval as a sustainably designed project is requested, a fee of $250 is due prior to the commissioner's review of the application for approval as a sustainably designed project.

301.35(3) *Projects not otherwise subject to a building code.* For any project for which approval as a sustainably designed project is requested and which is not otherwise subject to a building code, the plan review fee is the same as the plan review fee for the project established in 481—subrule 300.4(2). An additional fee of $100 for review for compliance with the requirements set forth in Part 5 applies and is due prior to review of the plan.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.36 Reserved.

PART 6
WEATHER SAFE ROOMS

481—301.37(103A) Scope. The standards adopted in Part 6 apply to the design and construction of weather safe rooms. This chapter does not require the construction of a weather safe room or rooms for any construction project but does establish standards for design and construction of weather safe rooms when their construction is necessary under another provision of law or is incorporated voluntarily in a construction project.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.38(103A) Definition. The following definition applies to Part 6:

"Weather safe room" means a building, structure, or portion of a building or structure designated for use during a severe windstorm event.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.39(103A) Standards. Any weather safe room shall be designed and constructed in compliance with the provisions of ICC 500-2014, ICC/NSSA Standard for the Design and Construction of Storm Shelters, published by the International Code Council, located at www.iccsafe.org. Any provision that would apply to a hurricane safe structure but not to a tornado safe structure does not apply. For any provision for which a distinction is made between a tornado safe structure and a hurricane safe structure, the requirement for a tornado safe structure applies.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.40 Reserved.

PART 7
STATE HISTORIC BUILDING CODE

481—301.41(103A) Scope and definition. Part 7 applies to historic buildings and is an alternative to the state building code or local building codes for the buildings to which it applies.

"Historic building" means any building or structure that is listed in the state or National Register of Historic Places, that is designated as a historic property under local or state designation law or survey, that is certified as a contributing resource within a National Register-listed or locally designated historic district, or that has an opinion or certification that the property is eligible to be listed on the state or National Register of Historic Places either individually or as a contributing building to a historic district by the state

historic preservation officer pursuant to Iowa Code section 103A.42 or the Keeper of the National Register of Historic Places.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—301.42(103A) Adoption. The provisions of the International Existing Building Code, 2024 edition, published by the International Code Council, located at www.iccsafe.org, are adopted as the alternative requirements for rehabilitation, preservation, restoration, repair, alteration, change of occupancy and relocation of and addition to historic buildings, with the following amendments:

301.42(1) Delete the definition of "historic building".

301.42(2) Delete section 101.1.

301.42(3) Delete section 101.4.2 and insert in lieu thereof the following new section: 101.4.2 Buildings previously occupied. The legal occupancy of any structure existing on the date of adoption of this code is permitted to continue without change, except as specifically covered in this code or the state fire code, or as deemed necessary by the commissioner for the general safety and welfare of the occupants and the public.

301.42(4) Delete sections 101.5 and 101.6.

301.42(5) Delete sections 103, 104, and 105.

301.42(6) Delete sections 106.1, 106.3, 106.4, 106.5, and 106.6.

301.42(7) Delete sections 108, 109, 110, 112, 113, 114, 115, 116 and 117.

301.42(8) Delete section 306.

301.42(9) Delete appendix B and insert in lieu thereof:

"Any building or facility subject to Part 7 shall comply with the provisions of 481—Chapter 301, Part 2."

301.42(10) Delete all references to the "International Fuel Gas Code" and insert in lieu thereof "rule 481—301.9(103A)".

301.42(11) Delete all references to the "International Plumbing Code" and insert in lieu thereof "state plumbing code".

301.42(12) Delete all references to the "International Mechanical Code" and insert in lieu thereof "state mechanical code".

301.42(13) Delete all references to the "International Building Code" and insert in lieu thereof "rule 481—301.3(103A)".

301.42(14) Delete all references to the "International Residential Code" and insert in lieu thereof "rule 481—301.8(103A)".

301.42(15) Delete all references to the "International Fire Code" and insert in lieu thereof "state fire code".

NOTE 1: International Existing Building Code, as adopted by rule 481—301.7(103A), Resource A, provides guidelines for evaluating fire ratings of archaic materials and assemblies that may be used by designers and code officials when evaluating compliance with provisions of this chapter.

NOTE 2: Except for elevators excluded from the jurisdiction of the department by the provisions of Iowa Code section 89A.2, each elevator is to comply with any applicable requirements established by the department and is subject to enforcement of any applicable regulation.

NOTE 3: Except for boilers and pressure vessels excluded from the jurisdiction of the department by the provisions of Iowa Code section 89.4, each boiler or pressure vessel is to comply with any applicable requirements established by the department and is subject to enforcement of any applicable regulations.

Any boiler that is subject to requirements established by the department of natural resources is to comply with any such requirements and is subject to enforcement of any applicable regulations by the department of natural resources.

[**ARC 9474C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code chapters 103A, 104A, and 470.

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[Filed ARC 1301C (Notice ARC 1198C, IAB 11/27/13), IAB 2/5/14, effective 3/12/14]
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[Editorial change: IAC Supplement 11/26/25]
[Filed ARC 0412D (Notice ARC 0123D, IAB 3/18/26), IAB 7/8/26, effective 8/12/26]

[1] January 1, 2010, effective date of the portions of 661—301.8(103A) pertaining to Sections R313.1 and R313.2 delayed until the adjournment of the 2010 Session of the General Assembly by the Administrative Rules Review Committee at its meeting held December 8, 2009.

CHAPTERS 302 to 320
Reserved

CHAPTER 321
STATE BUILDING CODE—FACTORY-BUILT STRUCTURES

[Transferred from O.P.P., ch 5, See IAB 7/6/83]
[Prior to 4/20/88, see Public Safety Department[680] Ch 16]
[Prior to 11/26/25, see Public Safety Department[661] Ch 16]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—321.1 to **321.609** Reserved.

PART 1—MODULAR FACTORY-BUILT STRUCTURES

481—321.610(103A) "Modular factory-built structures." Part 1 of this chapter contains the rules and regulations applicable to all factory-built structures that are not specifically included in Part 2.

321.610(1) *Authority to promulgate rules.* Provisions contained within all of Part 1 are authorized under Iowa Code section 103A.9.

321.610(2) *Scope and applicability.* The provisions contained within Part 1 apply to the following:

a. Plan evaluation, manufacture, inspection, and installation of "modular factory-built structures," of closed-type construction and of open-type construction for those manufacturers who have by option chosen to have their building component, assembly or system considered to be closed construction.

b. Approval by the commissioner or the commissioner's designated representative of an organization or person referred to as a third-party agent, or independent inspection agency.

c. All "modular factory-built structures" manufactured for installation in Iowa after February 1, 1973.

321.610(3) *Definitions.* The definitions set forth in Iowa Code sections 103A.3 and 103A.51 and rule 481—301.2(103A) are incorporated herein by reference. The following definitions also apply:

"Certificate of compliance." A certification that is filed with the commissioner that indicates that the third-party agency has approved specific models or model groups of factory-built structures as meeting the state building code. (More information contained in paragraph 321.610(14)*"d"* and subrule 321.610(17).)

"Closed construction." Any structure, building, component, assembly or system manufactured in such a manner that all portions cannot be readily inspected at the installation site without disassembly, damage to, or destruction thereof.

"Code compliance certificate." The certificate prepared by an approved manufacturer and submitted by the manufacturer for each unit that is to be installed in Iowa and includes an Installation Certificate. (More information contained in subrules 321.610(19) and 321.610(20).)

"Commercial modular." A modular factory-built structure that is not a modular home.

"Component." Any part, material or appliance that is built in as an integral part of the factory-built structure during the manufacturing process, or any factory-built system, subsystem or assembly not approved as part of a unit, section, or module.

"Evaluation or inspection agency." An approved person or organization, private or public, determined by the commissioner to be qualified by reason of facilities, personnel, experience and demonstrated reliability and independence of judgment, to investigate, evaluate and approve factory-built structures or buildings, building components, building systems, and compliance assurance programs.

"Factory-built structure." Any structure, building, component, assembly or system that is of closed construction and that is made or assembled in manufacturing facilities, on or off the building site, for installation or assembly and installation, on the building site. Factory-built structures may also mean, at the option of the manufacturer, any structure or building of open construction, made or assembled in manufacturing facilities away from the building site, for installation, or assembly and installation, on the building site. Factory-built structure also means "factory-built unit."

"Independence of judgment" means not being affiliated with or influenced by or controlled by building manufacturers or producers, suppliers, or vendors of products or equipment used in factory-built structures or buildings and building components in any manner that is likely to affect their capacity to tender reports and findings objectively and without bias.

"Manufacturer's bill of sale." Any document, certificate, sales receipt, etc., signed by the manufacturer or importer that the modular factory-built structure described has been transferred to the person or dealer named. The document shall have attached a copy of the 3A section of the Code Compliance Certificate or shall contain at least the make, model year, manufacturer's serial number, Iowa model approval number and the code compliance seal number of the unit.

"Model or model groups." One or more manufacturer-designed modular homes that can constitute one model group.

"Modular." A general term to describe factory-built structures that are not manufactured homes or manufactured home add-on units. Modular includes but is not limited to panelized units, components, sections and modules.

"Module." A unit or a section that is assembled in its final form and transported in such a manner.

"Open construction." Any structure, building, component, assembly or system manufactured in such a manner that all portions can be readily inspected at the installation site without disassembly, damage to, or destruction thereof.

"Residential modular" or *"modular home."* Modular factory-built structure used as a one- or two-family dwelling.

"Seal" or *"insignia."* A device or insignia issued to the manufacturer by the commissioner for affixing to a factory-built structure or system evidencing compliance with the code.

"Section." A division of a factory-built structure that must be combined with other sections to form a complete structure.

"Temporary field construction office." A factory-built structure used at a construction site as an office facility by the personnel engaged in the construction of another structure or project. The intent of this structure is to remain on the job site only as long as necessary during the construction and then be removed before construction is completed.

"Testing agency." An organization approved by the commissioner that:

1. Is qualified and equipped for the testing, observation, evaluation, or approval of building components, construction, materials, equipment, or systems as regulated by approved standards;
2. Is not under the jurisdiction, affiliation, influence, or control of any manufacturer or supplier of any industry;
3. Makes available a published report in which specific information is included certifying that the equipment and installations listed or labeled have been tested and found acceptable according to approved standards.

"Third-party agency." An approved person or organization, private or public, determined by the state building code commissioner to be qualified to act as an evaluation, inspection, testing, or listing agency, as defined in this section.

"Unit." A single factory-built structure approved by the state building code commissioner. Units may be combined to form a larger complex structure or may be a combination of sections.

321.610(4) *Administration.* This section covers the basic requirements for constructing modular structures and all of the administrative procedures under which the modular program functions including methods of certification approval and manufacturing requirements, inspection and installation.

321.610(5) *Modular construction requirements.* All modular factory-built structures shall be constructed in accordance with the following provisions in 481—Chapter 301, as applicable: rules 481—301.3(103A), 481—301.4(103A), 481—301.5(103A), 481—301.6(103A), and 481—301.8(103A); Part 2; and Part 3.

321.610(6) *Modular installation requirements.* All modular factory-built structures shall be installed according to the manufacturer's approved installation drawings and any additional state-approved requirements. All approvals shall be part of the third-party certification agency approval for their respective manufacturer. All installations shall comply with local building codes for items not included as part of the state approval and local zoning requirements whenever applicable.

Modular installation seals shall be obtained and attached upon completion and the installation certificate completed and filed pursuant to subrule 321.610(20).

321.610(7) *Procedures for approval.* Approval procedures shall meet the following criteria:

The manufacturer contracts with third-party agencies for third-party approvals and notifies the commissioner of the intent to manufacture units to be installed in Iowa and the name of the third party or parties to be used.

The third-party agency notifies the commissioner that it has entered into a contract to perform services with the manufacturer.

Third-party approvals are required for plan and design approval, plant facilities approval and a continuing inspection of units during manufacture.

The manufacturers submit plans to the third-party agency or agencies for review and approval. After the plans, the plant facilities, and an inspection procedure have been approved by the third-party agency, the manufacturer submits a compliance certificate on the form supplied by the commissioner for each model or model group. The commissioner will assign an Iowa approval number for those models included in the approval.

At the time of production of units for installation in Iowa the manufacturer obtains from the commissioner Iowa insignia seals for manufacture and installation, to be attached to the units at the time of manufacture and installation, as well as code compliance and installation certificates.

321.610(8) *Requirements and procedures for obtaining third-party agency approval.*

a. The commissioner or the commissioner's designated representative will be responsible for approving any person, state or organization who applies to the commissioner for approval and whose application is accompanied by written material evidencing that said agency is:

(1) Capable of discharging without bias the responsibilities assigned by these regulations.

(2) Not under the jurisdiction or control of any manufacturer or supplier of any industry.

(3) Professionally competent with independence of judgment to perform the function for which commissioned.

(4) Qualified to submit all findings regarding code compliance in a detailed report to the commissioner.

(5) Willing to be inspected and reviewed by the commissioner for all phases of work.

b. The commissioner may limit the agencies' approval to particular types of factory-built structures, buildings, building systems, components, assemblies or systems.

c. Other states wishing to exercise application with this state in order to act in the capacity of an approved third-party agency, may do so provided that:

(1) The state laws for issuing seals or insignia for code compliance are substantially similar to those specified in this code.

(2) The conditions in subparagraph 321.610(8)*"c"*(1) are enforced in their state.

(3) Other states agree to monitoring of this reciprocal agreement by representatives of this state assigned by the commissioner.

(4) Violations of any condition as part of the reciprocal agreement may be deemed just cause for revocation or suspension of this agreement by the commissioner.

321.610(9) *Third-party agency responsibilities.* Third-party approval agencies shall satisfy the following criteria:

a. Evidence of approval by the state are on file at each manufacturing facility.

b. Notification to the commissioner when they have contracted with a manufacturer to serve as their third-party agency.

c. Manufacturer plans and specifications are approved by the third-party agency.

d. File of all plans and documents are maintained at each manufacturing facility and in the third-party agency office.

e. Send a report to the commissioner stating that the plans and specifications comply with the Iowa state building code.

(1) Plans and specifications are not necessary for submittal with this report.

(2) A list of approved models for each manufacturing facility.

(3) Verify that all engineering documents have been signed by a registered engineer or architect.

(4) Update the report as necessary.

(5) Indicate approval of installation procedures for all of these structures as well as the personnel who will be doing the installation. Installation of factory-built structures comply, in addition to provisions of this code, with any local ordinances that apply. (That is, those construction processes that are not included as part of the state approval.)

f. Notify the manufacturer of plans and specifications approval including model numbers for use in preparing certificates of compliance.

g. Inspect manufacturing facilities and review or establish a quality control program and test procedure.

h. Notify the manufacturer of facilities approval for use in preparing certificates of compliance.

i. Prepare an inspection manual to be used by the third-party inspectors and the commissioner, maintained on file at each manufacturing facility.

j. Report to the state outlining in-plant procedures and include a typical inspection checkoff sheet.

k. Notify the manufacturer when in-plant inspection program is in force for use in preparing certificates of compliance.

l. Report each quarter to the state for each manufacturer and submit information as follows:

(1) Account for all Iowa seals used by each manufacturer during the quarter.

(2) Manufacturer's serial number and model number.

(3) Third-party seal number.

(4) Iowa seal number.

(5) The portion of the unit that was actually inspected during an in-plant inspection.

321.610(10) *Third-party agency documentation and plan verification.* The third-party agency is responsible for the investigation, evaluation, review of test results, of plans and documents, and each revision thereto submitted to the agency by the manufacturer with which it has a contract for compliance with applicable requirements set forth in this code. Such a review shall include but not be limited to:

a. All documentations and plans indicate the manufacturer's name, office address, and manufacturing facility address.

b. Manufacturer's plans show all elements relating to specific systems on drawings properly identifiable.

c. Each plan that contains material requiring engineering evaluation bears the signature and seal of a registered architect or engineer.

d. The plans indicate the method of evaluation and inspection for all required on-site testing of each system.

e. Plans designate all work to be performed on site, including all system connections, equipment and appliances and all work performed within the plant.

f. Space is provided on all sheets of plans near the title box for the approved stamp.

g. Individual system design or any structural design or method of construction and data complies with the Iowa state building code. Plumbing, electrical, heating and mechanical systems constitute individual system designs.

h. Grade, quality, and identification of all materials are specified.

i. Design calculations and test reports are submitted when specified or required.

j. Plans are drawn to scale.

k. Plans indicate the location of the approved seal and data plate locations.

l. Copies of approved plans showing third-party agency approval are on file at each manufacturing facility or made readily available.

m. Review and approval of all installation procedures conforms to the following:

(1) Crews performing installation that are under the jurisdiction of the unit manufacturer or the manufacturer's designee are approved as competent by the authorized third-party agency.

(2) Copies of the installation manual are available during installation for use by the commissioner or the commissioner's representative or by the local building official.

321.610(11) *Third-party agency plant investigation for quality control.* All manufacturing facilities shall be inspected to the performance objectives as stated in the Iowa state building code. These include as follows:

a. Review of the manufacturer's quality control manuals or establishing a quality control procedure to ensure code compliance.

b. Implementation of inspection and test procedures that will control the quality of fabrication and workmanship.

c. Making a complete report to the commissioner that includes certification of all manufacturing procedures.

321.610(12) *Third-party agency in-plant inspections.* To ensure compliance with the approved specifications and plans and the Iowa state building code and in conjunction with monitoring each manufacturer's quality control program, every approved third-party agency shall:

a. Maintain a record of inspections, with such records including the seal report and reported to the commissioner every quarter.

b. Witness and verify all required testing in accordance with the quality control manual.

c. Certify that all seals are being attached as required and only after each unit meets the code requirements.

d. Prepare a detailed inspection manual that specifies the third-party agency procedures in making the required inspections, which will be available for use by the commissioner or the commissioner's representative when periodic monitoring is performed.

e. Inspect some part of every unit, although 100 percent inspection is not necessary. A complete inspection of a typical structural, plumbing, heating and electrical system shall be made each visit to the manufacturing facility.

321.610(13) *Reapproval of third-party agencies.* Any agency approved by the commissioner or the commissioner's designated representative must file for reapproval annually. Such application for reapproval may be filed at any time from the forty-fifth day prior to the scheduled annual expiration date of the current approval. The applying third-party agency seeking reapproval shall completely and accurately update all information previously submitted to the commissioner or the commissioner's representative as part of its original application for approval and all subsequent applications for reapproval. The application for reapproval will become a permanent record of the department administering the provisions of the code. Should there be no change in the status of the applying agency from its original application, an affidavit to that effect will suffice for consideration of approval.

321.610(14) *Requirements and procedures for modular manufacturers.* Every modular manufacturer shall perform or meet the following:

a. Be responsible for all corrective actions required. The contractual agreement that each has with the approved third-party agency does not diminish this responsibility.

b. Notify the commissioner that the manufacturer's facility desires to construct units that are to be installed in the state of Iowa.

c. Contract with an approved third-party agency to perform all duties listed in subrules 321.610(9), 321.610(10), 321.610(11), and 321.610(12). The commissioner will furnish a list of approved third-party agencies upon request.

d. File certificates of compliance with the commissioner for each model or model group after all third-party reviews are completed; whenever additional models or changes are proposed, file additional certificates of compliance or request that additions be made to existing model lists.

e. Purchase Iowa seals from the office of the commissioner in accordance with requirements of subrule 321.610(22).

f. All units or sections have seals if manufactured after February 1, 1973, and if they are to be installed in Iowa. Regardless of manufactured date, all units being installed in Iowa for the first time have a seal attached.

g. Complete and furnish compliance certificates and installation certificates in accordance with the requirements of subrules 321.610(19) and 321.610(20).

321.610(15) *Manufacturer's data plate for modular units.* The following information shall be placed directly or by reference on one or more permanent manufacturer's data plates in the vicinity of the electrical distribution panel box or in some other designated location that is readily accessible for inspection.

a. Manufacturer's name and address.

b. Serial number of the structure or unit.

c. Model designation and name of each of the manufacturers of major factory-installed appliances.

d. Wherever applicable, identification of permissible type of gas for appliance and direction for water and drain connections.

e. Name and date of the standards complied with in construction of this structure or unit.

f. The seal serial number.

g. Design loads and special conditions or limitations.

h. Date of manufacture.

i. Electrical ratings. Instructions and warnings on voltage, phase size and connections of units and grounding requirements.

321.610(16) *Changes and alterations to factory-built structures.*

a. Changes to approved plans, drawings or installation instructions proposed by the manufacturer or third-party agency are to be requested in writing and submitted to the commissioner. All work being performed in the manufacturing plant that is affected by these changes will not proceed until written approval is received from the commissioner. Where these changes do not affect code compliance, then approval is permitted when changes are authorized through the third-party agency and said changes are then incorporated into the design documents.

b. The commissioner will notify the manufacturer and the third-party agency of all amendments, deletions or additions to the code provisions and the commissioner will allow the manufacturer a reasonable time frame in which to submit a request for a change in plan approval, if required, in order to conform to the code change.

c. Basic changes in manufacturing facility locations, company name or address changes, and changes resulting in companies changing ownership or dissolving their business are all to be reported promptly to the commissioner and the third-party agency, in writing, generally within a two-week period after said change was made.

d. Alterations to factory-built structures pursuant to the construction, plumbing, heat producing, electrical equipment or installation or fire safety in a unit after an Iowa seal has been affixed are all considered to be subject to the same requirements that exist for any structure within the local jurisdiction.

e. The following do not constitute an alteration to a factory-built structure.

(1) Any repairs to approved component parts.

(2) Conversion of listed fuel-burning appliances in accordance with the terms of their listing.

(3) Adjustment and maintenance of equipment installed in the factory-built structure.

(4) Replacement of equipment in kind.

321.610(17) *Certificate of compliance.* The manufacturer shall provide the commissioner with a certificate of compliance for each model or model group of the approved modular design that includes the following:

a. Model or model group number that will appear on the data plate and compliance certificate.

b. The signature of an authorized representative of the manufacturer.

c. The name of the third-party agency certifying compliance with the code, for each of the three certifications.

d. Evidence of code compliance certified by the third-party agencies, for the specific model or model group being submitted.

321.610(18) *Limitations.* For all types of structures other than modular homes, there shall be, with the certificate of compliance, an attached statement that sets out the limitations of the structure based on site conditions, type of construction, area, and height limitations. A statement to the effect that the structure should not be used except where it meets these conditions will not be acceptable.

321.610(19) *Code compliance and installation certificates.* Code compliance and installation certificates approved for use are available at the website of the building code bureau when seals are purchased pursuant to subrule 321.610(22). The manufacturer shall complete the certificate and distribute it as follows:

a. A copy returned to:

State Building Code Bureau
Department of Inspections, Appeals, and Licensing
6200 Park Avenue
Des Moines, Iowa 50321

b. A copy retained for plant records and to be used to make additional copies if necessary, including an additional copy to accompany other shipping documents carried by the transporter and to be available for inspection by any authorized official or department.

c. A copy of the compliance certificate forwarded to the dealer, distributor, or any other person who is required to obtain a local building permit or to oversee installation.

321.610(20) *Installation certificates.* The installation certificate portion of the supplied combination certificate (subrule 321.610(19)) shall be partially completed by the manufacturer at the same time the code compliance certificate is prepared and made part of the documents shipped with the unit and completed by the local building official or the installer.

a. When a building permit is required, a copy of the code compliance certificate shall be presented to the local building official at the time application for a permit is made. The building official shall sign the certificate and send a copy to the commissioner at the address designated in this rule.

b. When a building permit is not required, the code compliance certificate shall be signed by the installer and forwarded to the commissioner at the address designated in this rule.

321.610(21) *Certification seals.* There shall be two seals attached to every factory-built structure that is installed in Iowa as follows:

a. Every module, unit, section, or component has a state compliance seal securely affixed at the manufacturing facility to show that the manufactured unit complies with the code. When components and systems are included within a module, section or unit and have been approved by the third-party agency to be part of that module, section or unit, only one seal is necessary for the module, section, or unit. A series of panels that make up the final unit when assembled at the site, and where approved in that manner, need only one seal.

b. Every completed unit when installed at the final site has an installation seal attached to show that the installation complies with the requirements of this code.

321.610(22) *Compliance seals.*

a. Compliance seal issuance. The state compliance seal will be issued by the commissioner upon application and after approval of the plans and manufacturing procedures has been certified by the third-party agency evidencing compliance with this code. Applications for compliance seals shall be made to the commissioner on the supplied form and include the following:

(1) Number of seals requested.

(2) Iowa model or system approval numbers.

(3) Reference to approval of manufacturing procedures and third-party agency or agencies involved.

(4) A statement by the applicant that consent is given for inspection and investigation at all reasonable hours.

(5) Applicable compliance seal fees.

b. Compliance seal reporting. Manufacturers shall notify the commissioner monthly of the use of seals by the manufacturers' facilities, on a form approved by the commissioner and containing adequate information to determine the following:

(1) Compliance seal number.

(2) Serial number of the unit on which the seal was placed.

(3) Make and model of the unit on which the seal was placed.

(4) Number of sections that comprise the finished unit.

(5) Location to which the unit was shipped.

321.610(23) *Number of compliance seals required.* Each modular building shall have a compliance seal attached to every section or unit of the building.

321.610(24) *Compliance seal placement on modular units.* Every compliance seal shall be assigned and securely affixed to a specific section or unit in a readily visible location. Assigned seals are not transferable and are void when not affixed as assigned. All seals not properly affixed shall be returned to or

may be confiscated by the commissioner. The seal remains the property of the commissioner in the event of violation of the conditions of approval.

321.610(25) *Denial and repossession of seals.* Should investigation or inspection reveal that a manufacturer is not constructing modular units in accordance with the plans approved by the third-party agency, and such manufacturer, after having been served with a notice setting forth in what respect the provisions of these rules and the code have been violated, continues to manufacture units in violation of these rules and the code, applications for new seals will be denied and the seals previously issued will be confiscated. Upon satisfactory proof of compliance, such manufacturer may resubmit an application for seals.

321.610(26) *Seal removal.* In the event that any unit bearing the seal is found to be in violation of the code, the commissioner may remove the seal after furnishing the owner or the owner's agent with a written statement of such violations. No new seals will be issued until proof of corrections has been submitted to the commissioner.

321.610(27) *Lost or damaged seals.* When or if a seal has been lost or damaged, the commissioner shall be notified immediately in writing by the manufacturer, including identification of the unit serial number, and when possible, the seal number.

a. All seals that are damaged shall be promptly returned to the commissioner.

b. Lost and damaged seals will be replaced by the commissioner with a new seal upon payment of the seal fee as provided in this section.

321.610(28) *Return of seals.* When a manufacturer discontinues production of a unit carrying plan approval, the manufacturer shall within ten days advise the commissioner of the date of such discontinuance and either return all seals allocated for such discontinued unit or assign said seals to other approved units.

321.610(29) *Fees.*

a. Form of remittance. All remittances are to be:

(1) In the form of checks or money orders;

(2) Made payable to Iowa Department of Inspections, Appeals, and Licensing; and

(3) Addressed to:

State Building Code Bureau
Department of Inspections, Appeals, and Licensing
6200 Park Avenue
Des Moines, Iowa 50321

b. Seal fees.

Modular code compliance seals	$30 per seal
Modular installation seals	$15 per seal

c. Other fees. A fee equal to the direct expense will be charged for all other services furnished by the commissioner that are not direct administrative duties of the commissioner's office, including but not limited to obtaining consultants for review and evaluation of applications or obtaining reviews from the national code writing organizations.

321.610(30) *Local issuance of building permits and local zoning.*

a. The issuance of building permits and occupancy permits will be in accordance with local ordinances and Iowa Code sections 103A.19 and 103A.20.

b. Local building codes and regulations apply to all parts of any project that are not included in the state approval of either the manufactured structure or the installation procedure.

c. Nothing in these rules or the state building code exempts any factory-built structure from the requirements of local zoning or site condition requirements.

d. A modular factory-built structure moved or relocated after the first installation in Iowa shall comply with the applicable codes and zoning restrictions of the jurisdiction into which it is being moved or relocated.

321.610(31) *Noncompliance to code provisions.* Any noncompliance or unauthorized deviation with the provisions of this code from the approved plans or production procedures will be just cause for the revocation of the plan approval and the return of the seals.

[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.611 to **321.619** Reserved.

PART 2—MANUFACTURED HOUSING

481—321.620(103A) Manufactured home construction. (Previously called mobile home.)

321.620(1) *Authority to promulgate rules.* Pursuant to Public Law 93-383, Section 604, of the National Manufactured Home Construction and Safety Act of 1974, specified in 42 U.S.C. 5403 and signed into law on August 22, 1974, the authority to promulgate rules and regulations in order to establish federal manufactured home construction standards and procedures of enforcement were established by Congress and subsequent provisions for their implementation were so granted to the United States Department of Housing and Urban Development (HUD). Title VI of this Act authorizes the secretary of HUD to promulgate the federal standards and to issue the rules and regulations to ensure adequate administration and enforcement of such standards.

321.620(2) *Scope and applicability.* Provisions contained within Part 2 shall apply to all factory-built structures defined as a "manufactured home" in subrule 321.620(4). These regulations shall govern manufactured homes that enter the first stage of production on or after June 15, 1976, and manufactured homes that entered the first stage of production prior to June 15, 1976, to which HUD labels were affixed. These provisions supersede all local, state, or other governmental regulations for manufactured home standards and are applicable for every manufactured home unit newly manufactured and offered for sale in the United States and its governing territories. These provisions do not apply to the following:

a. Factory-built structures that comply with the requirements of Part 1.

b. Manufactured homes manufactured for installation in the state of Iowa on or after February 1, 1973, and prior to June 15, 1976.

321.620(3) *Manufacture of units prior to June 15, 1976.* Manufactured home units and add-on units that were manufactured for installation in Iowa prior to June 15, 1976, which established the effective date of the HUD standard, shall have been constructed to the standards of manufactured homes of the Iowa state building code that was in effect at the time of manufacture.

321.620(4) *Definitions and terms.* Terms and definitions for purposes of clarification when used in Part 2. (More information contained in subrule 321.610(3).)

"Anchoring equipment." Straps, cables, turnbuckles, clamps, clips, and other fasteners including tensioning devices, which are used with ties to secure a manufactured home to ground anchors.

"Anchoring system." A combination of ties, anchoring equipment, and ground anchors that will, when properly designed and installed, resist overturning and lateral movement of the manufactured home from wind forces.

"Approved installer." Approval by the commissioner or the commissioner's designated representative of a person, dealer, agency or organization, qualified to inspect, or install ground anchoring and support systems for manufactured homes or other manufactured structures, who installs units, for others, at a site of occupancy by attaching support and anchoring systems, and is familiar with and has agreed to comply with these installation procedures.

"Certificate, installation." The certificate provided by the installer to both the commissioner and the owner that warrants that the installation system complies with these rules. When an installer installs only the support system or anchorage system, an installation certificate shall also be completed and copies distributed accordingly for each installation and with the applicable information completed on the certificate pertinent to that type of installation (more information contained in subrule 321.623(5)).

"DAPIA." A design inspection agency approved by HUD to perform in-plant design reviews on all drawings and specifications in order to provide compliance to the HUD standard for manufactured home construction.

"Diagonal tie (frame tie)." A tie intended primarily to resist horizontal or shear forces and that may secondarily resist vertical, uplift, and overturning forces.

"Ground anchor." Any device at the manufactured home site designed to transfer manufactured home anchoring loads to the ground.

"IPIA." A production inspection agency approved by HUD to perform the in-plant quality assurance inspection programs within manufactured home manufacturing facilities.

"Label or certification label." The approved form of certification by the manufacturer that is affixed to each transportable section of each manufactured home manufactured for sale to a purchaser in the United States or its governing territories.

"Main frame (chassis)." The structural component on which is mounted the body of the manufactured home.

"Manufactured home." (Previously called mobile home.) A structure transportable in one or more sections that when erected on site measures 8 body feet or more in width and 40 body feet or more in length or when erected on site is 320 or more square feet in area, and that is built on a permanent chassis and designed to be used as a dwelling unit with or without a permanent foundation when connected to the required utilities and includes the plumbing, heating, air conditioning and electrical systems contained therein.

"Manufactured home add-on." A structure that is designed and produced and to be made an integral part of a manufactured home and will be considered part of the manufactured home, when attached thereto.

"Manufacturer's statement of origin" means a certification signed by the manufacturer or importer that the manufactured home described has been transferred to the person or dealer named and that the transfer is the first transfer of the manufactured home in ordinary trade and commerce. The label number required by 24 CFR Chapter XX, Section 3282.362(c)(2), shall be included. (This number is commonly known as the HUD number.) The terms "manufacturer's certificate," "importer's certificate," "MSO" and "MCO" shall be synonymous with the term "manufacturer's statement of origin."

"Pier." That portion of the support system between the pier foundation and the manufactured home exclusive of caps and shims.

"Pier foundation (footing)." That portion of the support system that transmits loads directly to the soil, and shall be sized to support the loads shown herein.

"SAA." A state administrative agency approved by the Department of Housing and Urban Development to participate in the enforcement of all provisions to which a manufactured home is regulated under the HUD standard.

"Seal, installation." Is an insignia issued by the commissioner that is attached to a manufactured home by the installer to certify that the installation is in compliance with the requirements of the state building code.

"Stabilizing system (tie-down system)." A combination of the anchoring system and the support system when properly installed. Therefore, components of the anchoring and support systems such as piers, pier foundations, ties, anchoring equipment, anchors, or any other equipment that supports or secures the manufactured home to the ground, shall be defined as stabilizing devices. For the purposes of this code the definition of a stabilizing system and the definition of a tie-down system shall be one and the same.

"Support system." A combination of pier foundations, piers, caps, and shims that will, when properly installed, support the manufactured home.

"Tie." Strap, cable or securing device used to connect the manufactured home to ground anchors.

"Tie-down system (stabilizing system)." Means a ground support system and a ground anchoring system used in concert to provide anchoring and support for a manufactured home.

"Vertical tie (over-the-top)." A tie intended to resist the uplifting and overturning forces. This tie may continue over-the-top but if properly attached may only extend partway up each side.

321.620(5) *Administration.* This section covers the basic requirements for constructing manufactured homes and all of the administrative procedures under which the manufactured home program functions including information pursuant to certification, approval and manufacturing requirements. This section also applies to those structures defined in subrule 321.620(4) of Part 2 as manufactured home add-on units, temporary field construction offices and multifamily homes. There are also included within Part 2

(rule 481—321.621(103A)) sections dealing with installation procedures and information pursuant to the handling of consumer complaints (subrule 321.620(15)) consistent with the duties of the state of Iowa to be performed as a State Administrative Agency (SAA) in conjunction with the manufactured home program.

321.620(6) *Manufactured home construction requirements.* All factory-built structures that are defined as a manufactured home under subrule 321.620(4) of Part 2, shall be constructed to the standards as promulgated by the United States Department of Housing and Urban Development hereafter referred to as HUD. These standards were published as final rules in the December 18, 1975, issue of the Federal Register, Volume 40, No. 244, and will be amended from time to time. These standards are herein adopted and apply to all manufactured homes manufactured after June 15, 1976. All provisions for manufactured home procedural and enforcement regulations are covered within the May 13, 1976, Federal Register, Volume 41, No. 94. All factory-built structures defined as a manufactured home by the federal standard shall be manufactured and so regulated by these documents.

321.620(7) *Procedures of approval for manufactured homes.* Every manufactured home unit or structure approval will follow the method of third-party certification approval with all approvals obtained through the HUD secretary. All manufactured home plans, specifications, documentation, plant facilities and in-plant inspections must be submitted to and approved by a third-party certification agency so designated by the HUD secretary. Rules and regulations pursuant to these procedures are outlined in the manufactured home procedural and enforcement regulations, Parts 3282.201 through 3282.204, which set out requirements to be met by states or private organizations that wish to qualify as primary inspection agencies (more information contained in subrule 321.620(4) about Part 2 definitions for IPIA and DAPIA).

321.620(8) *Compliance certification.* Every manufactured home unit or structure must conform to the certification requirements within section 3282.205 of the manufactured home procedural enforcement regulatory document.

321.620(9) *Certification seals (labels) and other seal requirements.* Every manufactured home unit or structure must conform to the requirements within the manufactured home procedural and enforcement regulatory document section 3282.362(c)(2) in lieu of Iowa insignias. Other types of units manufactured under the requirements of Part 2 will be labeled as prescribed in subrule 321.620(10).

321.620(10) *Manufactured home add-on units.* Every factory-built structure manufactured as a manufactured home add-on unit as defined in subrule 321.620(4) shall be constructed to the standards set forth in subrule 321.620(6), except that these units will bear an Iowa seal in accordance with the provisions of Part 1. Manufacturers of manufactured home add-on units with the exception of constructing to the HUD standard, which has been herein adopted for these units, must comply with all other provisions of Part 1.

321.620(11) *Seal types for manufactured home add-on units.*

a. When ordering seals for manufactured home add-on units, each manufacturer will indicate the number of each type of seal requested and the letter prefix required. Examples of seals issued are as follows: (A00-0000MH), (B00-0000MH), C, D, and E, etc. Single units are without prefix letters (00-0000MH). More details are contained in subrule 321.610(21).

b. It is noted that manufactured home type seals shall be attached to all of these type units. All other procedures for seal issuance, removal, damage, repossession and return are to conform with provisions of this code as outlined in Part 1.

321.620(12) *Noncompliance.* Failure to conform to the provisions of Part 2 as they apply to the federal standard for the construction of manufactured homes is subject to the penalties where applicable as set forth within Part 1. The state of Iowa having adopted the federal standard and the enforcement regulations shall participate in the federal program as an agent of HUD, thereby providing assurances to ensure code compliance when these units are offered for sale for subsequent installation within the state of Iowa.

321.620(13) *Consumer complaints.* The state building code bureau serving as an approved State Administrative Agency (SAA) for the Federal Department of Housing and Urban Development shall receive complaints and process them in accordance with the requirements of the federal regulations as outlined in subpart I, paragraph 3282.401, titled, “Consumer Complaint Handling and Remedial Actions of the Manufactured Home Procedural and Enforcement Document.” These specific complaints are

categorized as possible imminent safety hazards or possible failures to conform to the federal standard. Imminent safety hazards shall be those items that could result in an unreasonable risk of injury or death to the occupants of the manufactured homes. Failures to conform to the federal standard are those items that do not result in an unreasonable risk of injury or death to the occupants of manufactured homes, but nevertheless do not meet the provisions of the federal standard in some specific manner.
[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.621(103A) Installation of manufactured homes.

321.621(1) *Authority.* These rules and regulations are to establish minimum requirements for the installation of manufactured homes as authorized by Iowa Code sections 103A.7(2)*"c"* and 103A.9.

321.621(2) *Application.*

a. These rules apply to the initial installation of manufactured homes manufactured on or after February 1, 1973, and to factory-built structures manufactured homes before February 1, 1973, which have never been installed in Iowa, and are approved by the commissioner.

b. These rules apply to all manufactured homes, new or used, that are sold in Iowa or sold to be installed in Iowa after September 1, 1977, for new manufactured homes and January 1, 1978, for used manufactured homes. The seller shall provide an approved tie-down system and the purchaser shall install or have the system installed within 150 days (more information contained in subrule 321.620(4) about the definition of a tie-down system). The 150-day period is designated for time to complete the installation when climatic conditions may restrict the completion of the tie-down system.

c. These rules apply to the installation of manufactured home add-on units, temporary field construction offices and manufactured multifamily homes.

d. These rules shall apply to any person doing any work on any part of the tie-down system (both support or anchorage systems) whether the unit is being sold or not.

321.621(3) *Enforcement.* The commissioner shall administer and enforce these provisions. Any person, agent, or organization approved and authorized by the commissioner may inspect any installation system and equipment to ensure compliance with these regulations. Evidence of compliance shall be supported by the submission to the commissioner of a certificate of installation. One copy of such certificate will remain in possession of the owner of the installed structure.

321.621(4) *Manufactured home installation instructions.* Every manufactured home manufacturer that manufactures manufactured homes for installation in Iowa shall provide the commissioner with a reproducible copy of printed instructions of installation for each specific make and model of manufactured home that is to be installed in Iowa. These instructions shall include copies of the materials that have been certified by a registered professional engineer for compliance with the federal manufactured home construction standards and 3280.306(a)(2), 3280.306(b), and 3280.303(c) of the regulatory standards. The manufacturer's installation instructions shall also be available at the installation site.

321.621(5) *Approvals and procedures.* Requirements for approval of installers, support and anchorage systems, seals and certificates are described in the remaining sections of this part.
[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.622 Reserved.

481—321.623(103A) Installation seal and certificate procedures for manufactured homes.

321.623(1) *Application for seals.* Any installer who has met the applicable requirements of 481—Chapter 325 may apply for installation seals as needed. Such seals may be obtained from the commissioner or local building officials or building department who is a participant in the state's installation program.

321.623(2) *Manufactured home installation certificates.* The installer of manufactured homes shall supply the building code commissioner and the owner of the unit with the signed and completed installation certificate that has been issued by the Iowa building code commissioner, within 30 days of affixing the Iowa installation seal.

321.623(3) *Obtaining installation certificates.* Any person who installs a tie-down system or any portion thereof shall be supplied with the installation certificate forms when ordering installation seals and

the payment of the appropriate fee. Installers who are not listed as an installer shall be supplied the proper form to be attached to the copy of the installation certificate to be filed with the commissioner, which will record compliance with the approved system.

321.623(4) *Placement of installation seal.*

a. The installation seal shall be placed in a readily visible location on the rear of the unit. Those units manufactured after June 15, 1976, shall have the installation seal placed adjacent to the federal (HUD) label. Those units manufactured before June 15, 1976, shall have the installation seal placed at the left rear corner above any skirting.

b. Multiple width units require only one seal for the completed installation. Additions that are added after the initial installation shall have an installation seal on that portion.

321.623(5) *Denial and repossession of installation seals.* Should investigation or inspection reveal that an approved installer has not installed an anchoring system, support system, or the complete tie-down system according to these rules and the code, the commissioner may deny such installer's application for new installation seals and any installation seals previously issued shall be confiscated. Upon satisfactory proof of modification of such installation bringing them into compliance, such dealer or installer may resubmit an application for installation seals.

321.623(6) *Seal removal, installation.* Should a violation of the rules regarding installation be found, the commissioner may remove the installation seal after furnishing the owner or a designated agent with a written statement of such violation. The commissioner shall not issue a new installation seal until corrections have been made and the owner or a designated agent has requested an inspection pursuant to subrule 321.625(1).

321.623(7) *Lost or damaged seals, installation.* When an installation seal is lost or damaged, the commissioner shall be notified in writing. Damaged or lost installation seals shall be replaced by the commissioner upon payment of the replacement installation seal fee as provided in rule 481—322.20(103A).

321.623(8) *Return of seals, installation.* When a dealer or installer discontinues the installation of manufactured homes, the dealer or installer shall notify the commissioner within ten days of the date of such discontinuance and return all unused installation seals that have been issued to the dealer or installer. Installation seals may not be transferred by any dealer or installer after being issued to that dealer or installer.

321.623(9) *Seals for existing manufactured homes.* Seals may be obtained for existing manufactured homes that are tied down in accordance with the requirements of rule 481—321.627(103A).

[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.624 to **321.626** Reserved.

481—321.627(103A) Approval of existing manufactured home tie-down systems. This rule is to provide a method by which manufactured homes that have been installed prior to August 12, 1983, can be sold without requiring a new tie-down system to be installed and to allow existing manufactured homes that are properly supported and anchored to be sold without installing new support and anchorage systems.

321.627(1) *Sale of a certified unit.*

a. The commissioner shall be notified in writing by the seller of the change of ownership when any manufactured home sold after August 12, 1983, remains in the same location. The installation seal shall remain in place and a copy of the installation certificate shall be supplied to the new owner. Replacement seals and certificates may be obtained if necessary (subrule 321.623(9)).

b. A certified manufactured home sold after August 12, 1983, that is moved to a new location must obtain a new certificate and seal. The existing support and anchorage system may be used if the installer verifies the conditions of use and the installation procedures of the existing systems are met at the new location.

321.627(2) *Sale or acceptance of installed existing units as an owner's option.* Application may be made to the commissioner for approval of an existing manufactured home support and anchor system on one of the following conditions:

a. If the support and anchorage systems were installed by an approved installer and are approved systems.

b. If the existing support and anchorage system has been inspected by an approved installer and the installer attests by signing the installation certificate that to the best of the installer's knowledge, the existing systems are equal to or better than the minimum requirements of this code.

c. If the existing support and anchorage systems are inspected and approved by a registered engineer or architect, and attested to in writing.

d. If the existing support and anchorage systems are inspected by a field inspector with the Iowa state building code and the existing systems are found to be equal to or better than the minimum requirements of this code.

If compliance is met by one of the above procedures and payment of the required fee has been paid, an Iowa installation seal and certificate may then be issued.

[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.628(103A) Procedure for governmental subdivisions for installation of factory-built structures.

321.628(1) Any governmental subdivision that has adopted the state building code or any other building code is required to enforce the state building code requirements for the installation of factory-built structures (Iowa Code section 103A.9(1)*"d"*(1)).

321.628(2) Governmental subdivisions that are issuing building permits and are inspecting construction for compliance with the local building regulations shall verify the installation of factory-built structures within their jurisdiction and shall sign the installation certificate and forward the appropriate copy to the commissioner.

a. The local official shall obtain the installation certificate and the installation seal from the person making application for a building permit that includes a factory-built structure.

b. Upon completion and review of the installation the local official shall attach the installation seal to the unit.

c. Governmental subdivisions are permitted to assess fees as may be required by local ordinances.

d. Nothing in this rule is intended to reduce the authority of the governmental subdivision from establishing zoning regulations as outlined in Iowa Code sections 414.28 and 335.30.

[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—321.629(103A) Support and anchoring systems submission.

321.629(1) *Submission by manufacturer.* The manufacturer of each manufactured home installed in Iowa shall submit to the building code commissioner a copy of the installation instructions by mail in printed form and in an electronic form acceptable to the commissioner.

321.629(2) *Submission by licensed professional engineer.* A licensed professional engineer who designs a support and anchoring system for use in the installation of a manufactured home in Iowa shall submit to the building code commissioner a copy of the specifications and instructions for the system by mail in printed form and in an electronic form acceptable to the building code commissioner. A support and anchoring system designed by a licensed professional engineer shall not be utilized unless it has been submitted to the building code commissioner in compliance with this subrule.

TABLE 6A

MINIMUM NUMBER OF TIEDOWNS

REQUIRED FOR SINGLEWIDE MOBILE HOMES

MOBILE HOME BOX LENGTH NOT EXCEEDING	MINIMUM NUMBER OF TIEDOWNS PER SIDE	
	DIAGONAL TIES	VERTICAL TIES*
40′-0″	3	2
54′-0″	3	2
73′-0″	4	2
84′-0″	5	2

*If more than minimum number of vertical or diagonal ties have been supplied, they shall all be used.

NOTES:

1. Doublewide mobile homes shall comply with Table 6A except that no vertical ties are required.
2. Wherever a vertical tie and a diagonal tie lie in a plane that is vertical and transverse to the main longitudinal beam, both ties may be connected to the same ground anchor, providing that particular anchor withstands both loadings.
3. This table shall be used only if there are no manufacturers approved installation requirements.

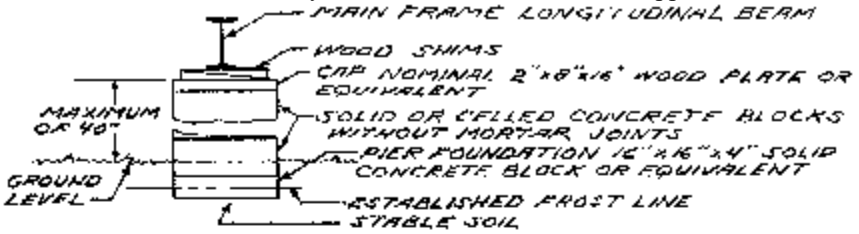


FIGURE 1. PIERS UP TO 40" IN HEIGHT (SINGLE BLOCK CONSTRUCTION)

NOTE: CORNER PIERS MORE THAN THREE (3) BLOCKS HIGH SHALL BE DOUBLE BLOCK CONSTRUCTION AS SHOWN IN FIGURES 2 & 3

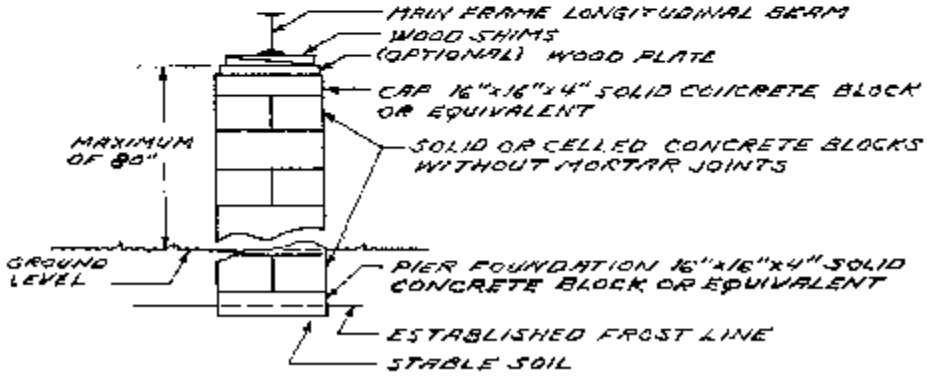


FIGURE 2 - PIERS OVER 40" IN HEIGHT AND NOT EXCEEDING 80" IN HEIGHT (DOUBLE BLOCK CONSTRUCTION)

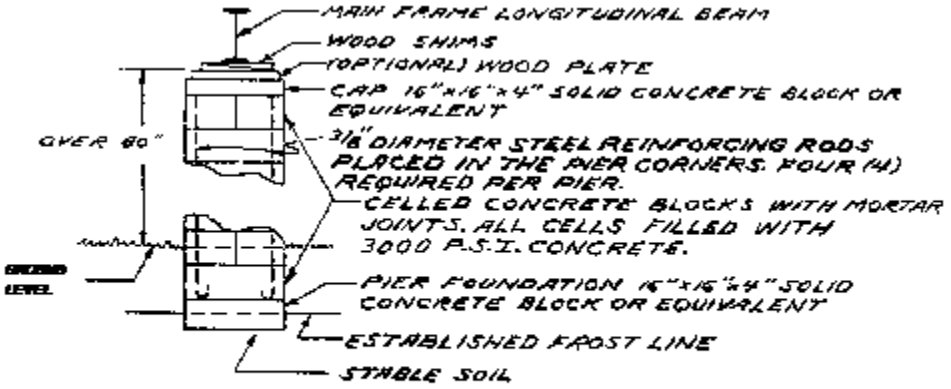
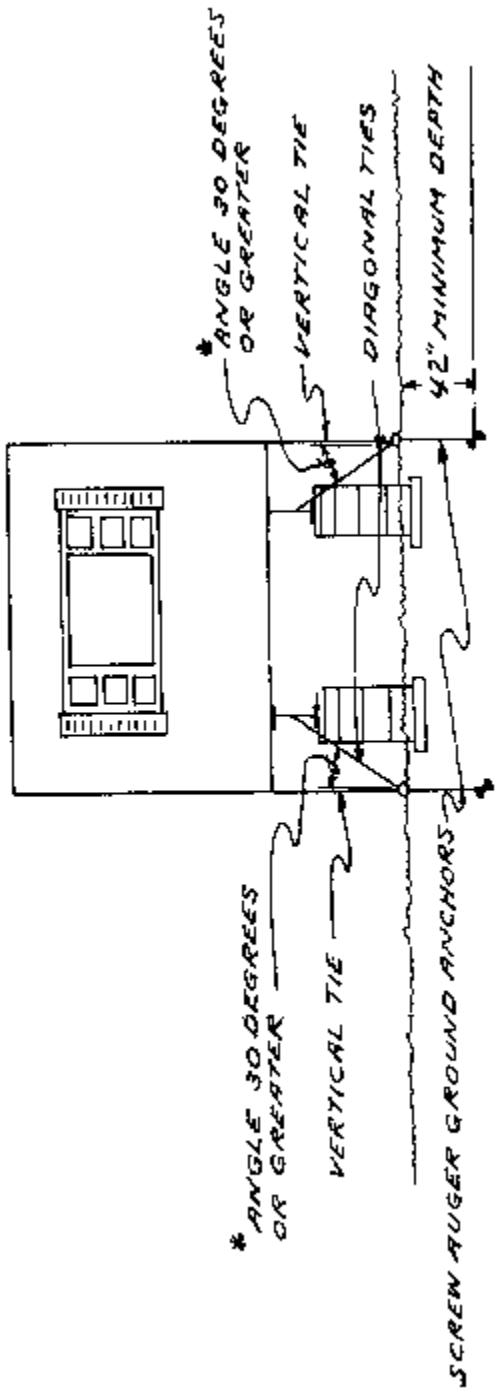


FIGURE 3 - PIERS OVER 80" IN HEIGHT (DOUBLE BLOCK CONSTRUCTION, STEEL REINFORCED)

FIGURE 4

MOBILE HOME TIEDOWN

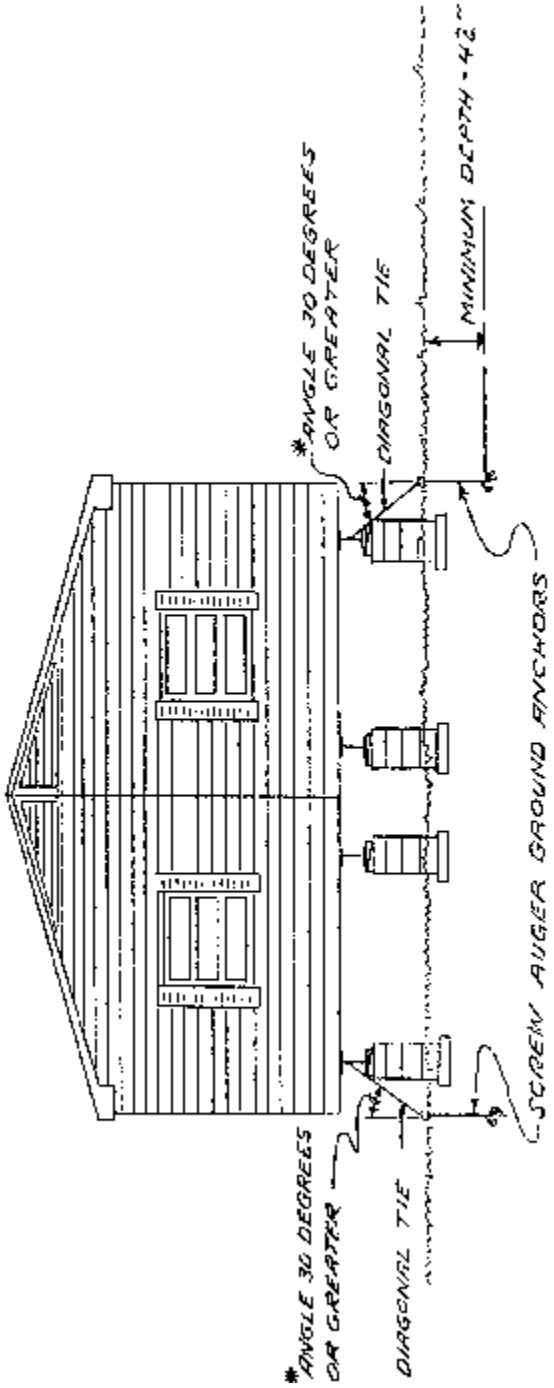


*DIAGONAL TIE SHALL DEVIATE FROM A VERTICAL DIRECTION 30 DEGREES OR MORE.

FIGURE 5

DOUBLE WIDE MOBILE HOME TIEDOWN

*DIAGONAL TIE SHALL DEVIATE FROM A VERTICAL DIRECTION 30 DEGREES OR MORE.



[**ARC 9471C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code sections 103A.7 and 103A.9 and Public Law 102-486.

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[Filed ARC 9471C (Notice ARC 9050C, IAB 4/2/25), IAB 8/6/25, effective 9/10/25]
[Editorial change: IAC Supplement 11/26/25]

1 Inadvertently dropped out from 1/7/81 IAC Supplement replacement pages.

2 Effective date of IAB amendments to [O.P.P. 5.600 to 5.629] Division VI (16.600 to 16.629) delayed 70 days by the Administrative Rules Review Committee.

3 Effective date (1/1/89) of 16.120(2)[3802 “h” only] delayed until adjournment of the 1988 Session of the General Assembly by the Administrative Rules Review Committee at its December 13, 1988, meeting.

CHAPTER 322
STATE BUILDING CODE—MANUFACTURED HOUSING SUPPORT AND ANCHORAGE SYSTEMS

[Prior to 7/2/08, see rules 661—16.625(103A) and 661—16.626(103A)]
[Prior to 11/26/25, see Public Safety Department[661] Ch 322]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—322.1 Reserved.

481—322.2(103A) Definitions. The definitions in 481—subrule 321.620(4) apply to this chapter.
[**ARC 9475C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—322.3 to **322.10** Reserved.

481—322.11(103A) Support and anchorage of manufactured homes.

322.11(1) *First time installation.* Manufactured homes shall be installed according to one of the following:

a. Homes manufactured prior to October 20, 2008, which are being installed for the first time will be installed with support and anchorage as recommended by the manufacturer and in accordance with federal manufactured home construction and safety standards, 24 CFR Section 3280.306(b), as published April 1, 2004; or

b. Homes manufactured on or after October 20, 2008, which are being installed for the first time shall be installed with support and anchorage as recommended by the manufacturer and in accordance with 24 CFR Part 3285, Model Manufactured Home Installation Standards, as published April 1, 2008; or

c. With a support and anchorage system that is designed by an Iowa-licensed professional engineer and that meets or exceeds the requirements of 24 CFR Part 3285 as published April 1, 2008; or

d. Homes installed in areas subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6 may be installed in compliance with subrule 322.11(5).

322.11(2) *Reinstallation of homes.*

a. The provisions of this subrule apply only to homes that have been previously installed in the United States and are being reinstalled at either the same location or a different location.

b. The following definitions apply to this subrule.

"Frost-protected footing" or *"frost-free footing."* Foundation material installed to depth of 42 inches below finished grade.

"Ground anchor." A specific anchoring assembly device designed to transfer home anchoring loads to the ground.

"Pier." That portion of the support system between the footing and the manufactured home, exclusive of shims. Types of piers include but are not limited to manufactured steel stands, pressure-treated wood, manufactured concrete stands, concrete blocks, and portions of foundation walls.

"Pier footing." That portion of a support system that supports the piers or blocking, is sized to adequately support the weight of the home at that load point, and is capable of transferring all design loads to the ground.

"Support system." Pilings, columns, footings, piers, foundation walls, shims, and any combination thereof that, when properly installed, support the manufactured home.

c. Homes reinstalled pursuant to subrule 322.11(2) must meet the following mandatory minimum requirements:

(1) Above ground support systems must meet the manufacturer's specifications or the requirements of subrule 322.11(3).

(2) Ground anchors must meet the manufacturer's specifications or subrule 322.11(4). Engineered ground anchoring systems that do not extend to the frost line may be used only if they are approved by the commissioner.

NOTE 1: Pier footings may be placed below the frost line for reinstallation of homes.

NOTE 2: If the home is still under a manufacturer's warranty, the manufacturer's installation instructions should be followed or the warranty may be void.

d. Pursuant to 481—subrule 321.623(2), prior to the reinstallation of a manufactured home, the installer reinstalling the home or the installer hired to inspect the home that is being reinstalled by the owner shall complete the portion of the installation certificate relating to the installation of frost-protected footings. This portion of the certificate must state that the home is not being installed with frost-protected footings and be signed and witnessed by the installer and the owner. Upon completion of the reinstallation, the installer shall complete and submit the certificate to the commissioner as prescribed by 481—subrule 321.623(2).

NOTE: Iowa Code sections 335.30 and 414.28 have requirements that may affect the reinstallation of homes.

322.11(3) *Requirements for support system installations.*

a. Piers placed on foundations shall be installed and centered directly under the main frame longitudinal beams. The piers should not be farther apart than 10 feet on centers for manufactured homes 12 feet wide or less and not more than 8 feet on centers for manufactured homes over 12 feet wide to less than 16 feet wide and no more than 6 feet on centers for manufactured homes 16 feet wide or more. The main frame, front or back, should not extend farther than two feet beyond the centerline of the end piers.

NOTE: When making excavations for footings and piers on private property, installers shall take precautions to ensure that no telephone, electrical, plumbing or water lines are contacted. Utility line locations shall be verified with the property owner or property owner's representative.

b. Pier foundations shall be placed on level, undisturbed soil or on controlled fill that is free of grass and organic materials. A small amount of sand may be of use to provide a level surface. All pier foundations shall be set level and piers installed plumb. The pier foundation shall be at least a 16″ × 16″ × 4″ solid concrete pad, precast or poured in place, or other approved material. Two nominal 4″ × 8″ × 16″ solid concrete blocks may be used provided that the joint between the blocks is parallel to the main frame longitudinal beam. Concrete used in foundations shall have a 28-day compressive strength of not less than 3,000 pounds per square inch (3,000 psi).

c. Unless otherwise directed by the owner of the site, the soil-bearing capacity of the site may be assumed to be 2,000 pounds per square foot. The acceptable construction under this subrule is based upon a soil-bearing capacity of 2,000 pounds per square foot. Sites with less soil-bearing capacity will require increased-size footings.

Explanation: The permissible footing sizes and pier spacing are based upon a combined live and dead load of 65 pounds per square foot of unit. This assumes that the full snow and internal live load will not be present at the same time.

d. Piers may be constructed of concrete or undamaged nominal 8″ × 8″ × 16″ concrete blocks, open-celled or solid, placed on the pier foundation. All open-celled concrete block shall be installed with the cells of the block in a vertical position. Nominal 2″ × 8″ × 16″ or nominal 4″ × 8″ × 16″ solid concrete blocks may be utilized as needed to achieve the necessary heights of the piers for a particular installation. A nominal 2″ × 8″ × 16″ wood plate, or equivalent, shall be placed on top of each pier, unless there is at least 4 inches of solid block, with shims fitted and driven between the wood plate or solid block and the main frame longitudinal beam. The wood blocking shall not occupy more than a nominal two inches of vertical space, and shims shall not occupy more than one inch of vertical space. Shims that have a thickness of more than 3/8″ shall be hardwood.

(1) Piers up to 40 inches in height, except corner piers over three blocks high (a nominal 24″), may be of single-block construction and shall be installed transverse (right angle) to the main frame longitudinal beam.

(2) Piers over 40 inches in height but not exceeding 80 inches in height and corner piers over three blocks high shall be of double-block construction with every other course either parallel or transverse (right angle) to the main frame longitudinal beam and be capped with a nominal 16″ × 16″ × 4″ solid concrete block or equivalent. Wood blocking and hardwood shims shall be installed accordingly.

(3) Piers over 80 inches in height shall be of reinforced concrete or of double-block construction and installed exactly according to the procedure given in subparagraph (2) above. Only celled concrete blocks

shall be used (with open cells vertical) with 3/8″ diameter or larger steel reinforcing rods placed in the pier corners and all cells filled with 3,000 psi concrete. Wood blocking and shims shall be installed accordingly.

322.11(4) *Requirements for anchorage systems.* When instructions are not provided by the manufacturer, ties shall be attached vertically and diagonally to a system of ground anchors in a manner as illustrated in Figures 4 and 5. The minimum number of ties are listed in Table 6–A. There shall be a diagonal tie between the ground anchors and the unit at each vertical tie. Additional diagonal ties may be required between vertical ties. The ties shall be as evenly spaced as practicable along the length of the unit with not over eight feet open on each end.

a. Ties may be either steel cable, steel strapping, or other materials that meet the requirements of paragraph 322.11(4)*"f."* Ties are to be fastened to ground anchors and drawn tight with galvanized turnbuckles or yoke-type fasteners and tensioning devices. Turnbuckles shall be ended with jaws of forged or welded eyes (hook ends are not approved).

b. When continuous straps (over-the-top tie-downs) are provided as vertical ties, they should be positioned at rafters and studs to prevent structural damage. Where a vertical tie and diagonal tie are located at the same place, both ties may be connected to a single double-head ground anchor provided that the anchor used is capable of carrying the combined loads and is included on a list of approved products maintained by the commissioner.

c. Cable used for ties shall be either galvanized steel or stainless steel and have a breaking strength of at least 4,725 pounds. Cable should be either 7/32″ diameter or greater (7 × 7) steel cable or ¼″ diameter or greater (7 × 19) aircraft cable. All cable ends should be secured with at least two I-bolt-type cable clamps or other nationally approved fastening devices.

d. When flat steel straps are used as ties, they shall conform with 24 CFR Section 3285.402(c)(2). Steel strap ties shall terminate with D-rings, bolts, or other nationally approved fastening devices that will not cause distortion or reduce the breaking strength of the ties.

e. The direction of pull of the diagonal ties should be at a right angle to the main frame longitudinal beam. Connection of the diagonal tie to the main frame longitudinal beam should be in accordance with anchor system instructions for those fastening devices. When steel strap ties are used, care should be exercised that the minimum bending radius is adhered to so the breaking strength is not reduced.

f. Anchors and anchorage materials shall meet the following requirements:

(1) The anchorage materials shall be capable of resisting an allowable minimum working load of 3,150 pounds (pullout in a vertical direction) with no more than 2 percent elongation and withstanding a 50 percent overload. All anchorage materials shall be resistant to weathering deterioration at least equivalent to that provided by a coating of zinc on steel strapping of not less than 0.30 ounces per square foot surface coated. Anchors to reinforced concrete slab or to rock shall be of comparable strength as provided within this paragraph.

(2) Each ground anchor, when installed, shall be capable of resisting an allowable working load at least equal to 3,150 pounds in the direction of the ties plus a 50 percent overload (4,750 pounds total) without failure. Failure is considered to have occurred when the point of connection between the tie and anchor moves more than two inches at 4,750 pounds in the direction of the vertical tie when anchoring equipment is installed in accordance with the anchorage manufacturer's instructions. Those ground anchors that are designed to be installed so that the loads on the anchor are other than direct withdrawal shall be designed and installed to resist an applied design load of 3,150 pounds at 45° from horizontal without displacing the anchor more than four inches horizontally at the point where the tie attaches to the anchor.

(3) Anchors designed for connection of multiple ties shall be capable of resisting the combined working load and overload consistent with the intent expressed in this paragraph.

(4) Ground anchors shall be installed so that the load-carrying portion of the anchor in its final working position is below the frost depth (42 inches), and the anchor head shall be at ground level. Total anchor length shall be more than 42 inches as necessary.

NOTE: When installing ground anchors on private property, installers shall take precautions to ensure that no telephone, electrical, plumbing or water lines are contacted. Utility line locations shall be verified with the property owner or property owner's representative.

TABLE 6–A

MINIMUM NUMBER OF TIEDOWNS
REQUIRED FOR SINGLEWIDE MOBILE HOMES

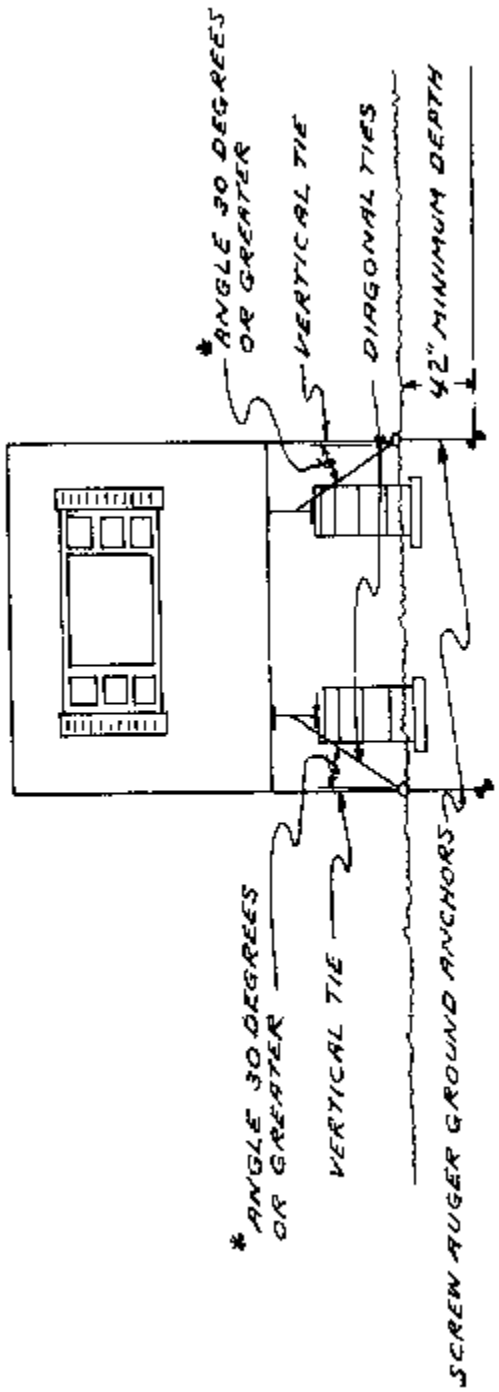
MOBILE HOME BOX LENGTH NOT EXCEEDING	MINIMUM NUMBER OF TIEDOWNS PER SIDE	
	DIAGONAL TIES	VERTICAL TIES*
40′–0″	3	2
54′–0″	3	2
73′–0″	4	2
84′–0″	5	2

*If more than the minimum number of vertical or diagonal ties have been supplied, they shall all be used.

1. Doublewide mobile homes shall comply with Table 6–A except that no vertical ties are required.
2. Wherever a vertical tie and a diagonal tie lie in a plane that is vertical and transverse to the main longitudinal beam, both ties may be connected to the same ground anchor, providing that the particular anchor withstands both loadings.
3. This table shall be used only if there are no manufacturer’s approved installation requirements.

FIGURE 4

MOBILE HOME TIEDOWN

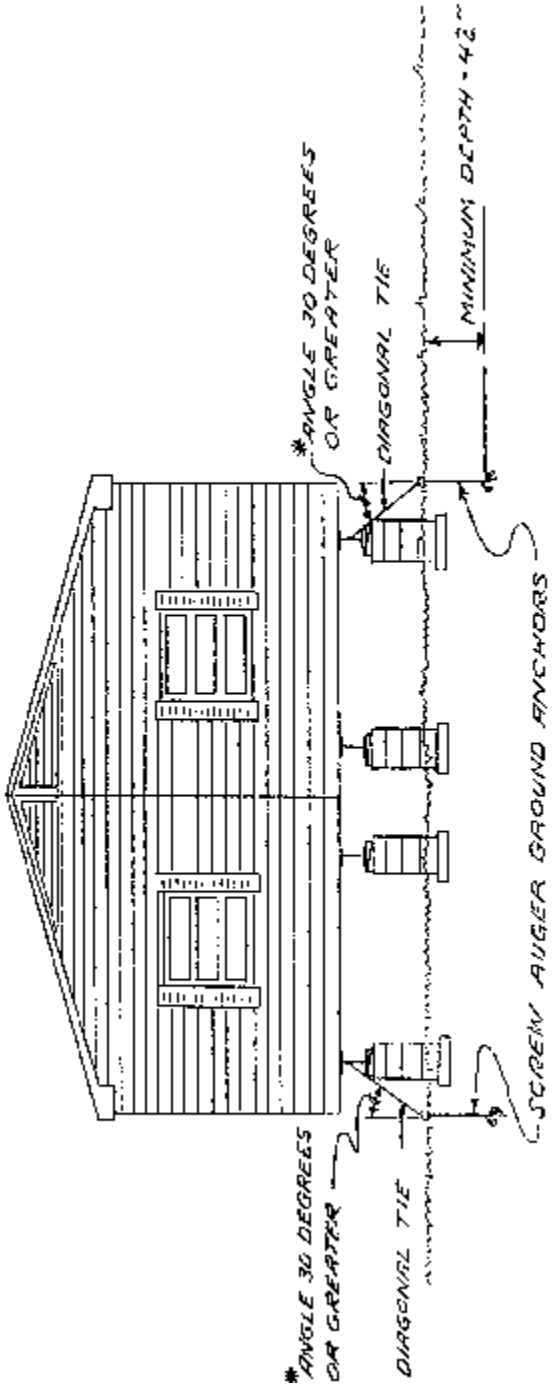


*DIAGONAL TIE SHALL DEVIATE FROM A VERTICAL DIRECTION 30 DEGREES OR MORE.

FIGURE 5

DOUBLE WIDE MOBILE HOME TIEDOWN

*DIAGONAL TIE SHALL DEVIATE FROM A VERTICAL DIRECTION 30 DEGREES OR MORE.



322.11(5) *Installations in disaster emergency areas.* In an area subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6, a manufactured home may be installed without a permanent support system provided that all of the following apply:

a. The installation complies with anchorage and aboveground support requirements specified by the manufacturer or subrule 322.11(4) as applicable;

b. A government agency or a third-party contractor is contractually obligated to regularly inspect the home while it is occupied and to loosen the ties or straps used in the anchoring system as needed between November 15 of each year and April 15 of the following year, in order to prevent frost heave from affecting

the home, and to retighten the ties or straps on or after April 15 and prior to May 15 of the following year; and

c. The home shall be vacated within 18 months after installation without a support system that is fully compliant with subrules 322.11(1), 322.11(2), 322.11(3) and 322.11(4). A home installed in compliance with this subrule may continue to be occupied if it has been reinstalled in compliance with the provisions of this rule that would apply in the absence of a proclaimed disaster emergency.

[**ARC 9475C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—322.12(103A) Suspension of installation requirements in proclaimed disaster emergencies. The commissioner may suspend any requirement established in this chapter or 481—Chapter 321 for the installation of manufactured homes, provided that all of the following apply:

322.12(1) The installation is within an area that is currently subject to a disaster emergency proclamation issued by the governor.

322.12(2) The commissioner finds that suspension of the requirement or requirements presents no imminent threat to the health or safety of any individual and specifically of any person who may occupy a manufactured home installed while the suspension is in effect.

322.12(3) Any manufactured home whose installation is subject to a suspension of any requirement shall be occupied only for the duration of the disaster emergency proclamation and for no more than 180 days after the expiration of the proclamation, or for a shorter time specified by the commissioner, unless the home has been installed or reinstalled in compliance with all requirements of this chapter and 481—Chapter 321 prior to the expiration of the period specified for suspension of the requirements.

[**ARC 9475C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

481—322.13 to **322.19** Reserved.

481—322.20(103A) Fees.

322.20(1) All remittances of fees shall be made by check or money order payable to Iowa Department of Inspections, Appeals, and Licensing—Building Code Bureau and remitted to the Building Code Bureau, Iowa Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Des Moines, Iowa 50321.

322.20(2) The following table sets out the fee schedule for the manufactured home program.

Installation Seal	$25
Installation Seal Replacement	$10
Verification Inspections Requested by Installer or Owner	No Charge
Ground Support and Anchoring System Approval	$100

[**ARC 9475C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code sections 103A.7 and 103A.9.

[Filed emergency 6/12/08—published 7/2/08, effective 7/1/08]
[Filed emergency 6/25/08—published 7/16/08, effective 7/1/08]
[Filed emergency 7/8/08—published 7/30/08, effective 7/10/08]
[Filed Emergency ARC 7775B, IAB 5/20/09, effective 5/1/09]
[Filed ARC 9475C (Notice ARC 9049C, IAB 4/2/25), IAB 8/6/25, effective 9/10/25]
[Editorial change: IAC Supplement 11/26/25]

CHAPTER 323
TEMPORARY EMERGENCY USE OF FACTORY-BUILT STRUCTURES—COMMERCIAL USE

[Prior to 11/26/25, see Public Safety Department[661] Ch 323]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—323.1(103A) Temporary factory-built structures for commercial use. A factory-built structure, as defined in Iowa Code section 103A.3, may be installed and used as a temporary location for a business or commercial operation, provided that all of the following apply:

323.1(1) The installation is in an area currently subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6.

EXCEPTION: If outside any area covered by a current disaster emergency proclamation, the installation is approved in writing by the building code commissioner provided that all of the other requirements of this rule are met.

323.1(2) The structure was manufactured to be installed without a permanent foundation.

323.1(3) The installation fully complies with all applicable installation requirements established by the manufacturer.

EXCEPTION: If specifications provided by the manufacturer provide for the use of both a support system and an anchoring system, a structure may be installed without a permanent support system, provided that an anchoring system is installed in compliance with specifications provided by the manufacturer and the owner or occupant ensures that straps or ties are loosened to prevent the structure from suffering damage from frost heave as needed between November 15 of any year during which it is in use and April 15 of the following year and retightened on or after April 15 and no later than May 15 of the following year.

323.1(4) The owner ensures full compliance with all maintenance requirements established by the manufacturer.

323.1(5) The structure complies with other applicable codes for the use of the structure, except that a structure installed in compliance with this rule is not required to display an Iowa seal as otherwise required by 481—subrules 321.610(21), 321.610(22), and 321.610(24).

323.1(6) The structure is not used as a private residence. More information on manufactured homes is available in 481—subrule 322.11(5).

323.1(7) The structure is vacated within 18 months of installation.

323.1(8) No portion of the structure is used as an educational occupancy unless written permission for such use has been issued by the fire control bureau and the building code commissioner.

323.1(9) No portion of the structure is used as a health care facility unless written permission for such use has been issued by the fire control bureau and the building code commissioner.

This rule is intended to implement Iowa Code sections 103A.7 and 103A.9.

[**ARC 9476C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 11/26/25]

[Filed emergency 7/8/08—published 7/30/08, effective 7/10/08]
[Filed ARC 9476C (Notice ARC 9053C, IAB 4/2/25), IAB 8/6/25, effective 9/10/25]
[Editorial change: IAC Supplement 11/26/25]

CHAPTER 324
MANUFACTURED OR MOBILE HOME RETAILERS, MANUFACTURERS, AND DISTRIBUTORS

[Prior to 11/26/25, see Public Safety Department[661] Ch 372]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—324.1(103A) Definitions. The definitions in 2006 Iowa Acts, Senate File 2394, section 1, are made part of this chapter. In addition, the following words and phrases when used in this chapter shall have these meanings respectively ascribed to them, except when the context otherwise requires.

"Bureau" means the Building Code Bureau, Fire Marshal Division, Iowa Department of Public Safety, State Public Safety Headquarters Building, 215 East 7th Street, Des Moines, Iowa 50319.

"Certificate of title" means a document issued by the appropriate official which contains a statement of the owner's title, the name and address of the owner, a description of the vehicle, a statement of all security interests and additional information required under the laws or rules of the jurisdiction in which the document was issued, and which is recognized as a matter of law as a document evidencing ownership of the vehicle described. The terms "title certificate," "title only," and "title" are synonymous with the term "certificate of title."

"Commissioner" means the building code commissioner.

"Department" means the Iowa department of public safety.

"Manufacturer's certificate of origin" means a certification signed by the manufacturer or importer that the manufactured or mobile home described has been transferred to the person or retailer named and that the transfer is the first transfer of the manufactured or mobile home in ordinary trade and commerce. The description shall include the make, model year, vehicle identification number, and other information which may be required by statute or rule. The terms "manufacturer's statement," "importer's statement or certificate," "MSO" and "MCO" are synonymous with the term "manufacturer's certificate of origin."

"Model year" means the year of original manufacture or the year certified by the manufacturer.

[Editorial change: IAC Supplement 6/17/09; Editorial change: IAC Supplement 11/26/25]

481—324.2(103A) Criteria for obtaining a manufactured or mobile home retailer's license.

324.2(1) *Licensing information.* Information concerning license requirements may be obtained from the Building Code Bureau, Fire Marshal Division, Iowa Department of Public Safety, State Public Safety Headquarters Building, 215 East 7th Street, Des Moines, Iowa 50319.

324.2(2) *Application.* A manufactured or mobile home retailer shall file a completed application form at least 30 days prior to the expiration of a current license or, if the application is for an initial license, 30 days prior to the date on which the retailer anticipates doing business. A retailer may not operate without a current license.

324.2(3) *Expiration.* Each license expires on January 1 of the calendar year following the year in which the license is issued, except that a license issued in December of any year shall cover the following calendar year.

324.2(4) *Fees.* The license fee established by statute is $100 annually or for any portion of a year, except that a license issued in December of any year is valid for the following calendar year and any retailer with a license valid for a particular calendar year may continue to operate under that license until the end of January of the following calendar year.

324.2(5) *Surety bond.* The applicant shall obtain a surety bond in the amount of $50,000. The original bond shall be filed with the department. The bond shall provide for a 30-day notice to the bureau, prior to cancellation. The bureau shall notify the bonding company of any violations of Iowa Code chapter 103A or these rules by the license holder. The bureau shall notify the retailer by mail or personal service that the retailer's license shall be revoked the same date the bond is canceled unless the bond is reinstated or a new bond is filed.

324.2(6) *Place of business.* The applicant shall maintain a place of business at a designated location. A manufactured or mobile home may be used as an office if the home's taxes are current. The place of business shall include telephone service and an office area in which are kept the business

records, manufacturer's certificates of origin, certificates of title or other evidence of ownership of each manufactured or mobile home offered for sale.

324.2(7) *Separate place of business.* A separate retailer's license shall be obtained for each county in which the applicant maintains a place of business.

[Editorial change: IAC Supplement 6/17/09; Editorial change: IAC Supplement 11/26/25]

481—324.3(103A) Operation under distinct name. A manufactured or mobile home retailer shall not represent or advertise the business under any name other than the name that appears on the retailer's license.

[Editorial change: IAC Supplement 11/26/25]

481—324.4(103A) Supplemental statements. A manufactured or mobile home retailer shall file with the commissioner a written statement upon change of name or change of location of the retailer's place of business. The written statement shall be filed within ten days of the change with a fee of $100 in payment for a new license reflecting the change.

[Editorial change: IAC Supplement 11/26/25]

481—324.5(103A) Denial, suspension, or revocation—civil penalties.

324.5(1) The commissioner may deny the issuance or renewal of a license if the applicant has committed any violation of any provision of law applicable to the operation of a business required to be licensed pursuant to this chapter.

324.5(2) The commissioner may suspend or revoke a license for any violation of this chapter or of any other provision of law applicable to the operation of a business required to be licensed pursuant to this chapter.

324.5(3) The commissioner may impose a civil penalty for any violation of this chapter or of Iowa Code chapter 103A relating to the manufacture of a manufactured or mobile home. A civil penalty may be imposed in addition to a denial of the issuance or renewal of a license, a suspension of a license, or a revocation of a license. A civil penalty shall not be imposed in lieu of a denial of the issuance or renewal of a license or of a revocation of a license. A civil penalty shall not exceed $1,000 for each offense. Each violation involving a separate manufactured or mobile home, or a separate failure or refusal to allow an act to be performed or to perform an act as required by this chapter or Iowa Code chapter 103A, constitutes a separate offense. However, the maximum amount of civil penalties which may be assessed for any series of violations occurring within one year from the date of the first violation shall not exceed $1 million.

324.5(4) Suspension or revocation for nonpayment of child support. The following procedures shall apply to actions taken by the building code commissioner on a certificate of noncompliance received from the Iowa department of human services pursuant to Iowa Code chapter 252J:

a. The notice required by Iowa Code section 252J.8 shall be served upon the licensee by restricted certified mail, return receipt requested, or personal service in accordance with Iowa Rule of Civil Procedure 1.305. Alternatively, the licensee may accept service personally or through authorized counsel.

b. The effective date of revocation or suspension of certification of a licensee, as specified in the notice required by Iowa Code section 252J.8, shall be 60 days following service upon the licensee.

c. Licensees shall keep the building code commissioner informed of all court actions and all child support recovery unit actions taken under or in connection with Iowa Code chapter 252J and shall provide the building code commissioner with copies, within 7 days of filing or issuance, of all applications filed with the district court pursuant to Iowa Code section 252J.9, all court orders entered in such actions, and withdrawals of certificates of noncompliance by the child support recovery unit.

d. All applicable fees for an application or reinstatement must be paid by the licensee before a license will be issued, renewed, or reinstated after the building code commissioner has denied the issuance or renewal of a license or has suspended or revoked a license pursuant to Iowa Code chapter 252J.

e. In the event a licensee files a timely district court action following service of a notice pursuant to Iowa Code sections 252J.8 and 252J.9, the building code commissioner shall continue with the intended action described in the notice upon the receipt of a court order lifting the stay, dismissing the action, or otherwise directing the department to proceed. For the purpose of determining the effective date of

revocation or suspension of the certification, the building code commissioner shall count the number of days before the action was filed and the number of days after the action was disposed of by the court.

f. Suspensions or revocations imposed pursuant to this subrule may not be appealed administratively within the department of public safety.

NOTE: The procedures established in subrule 324.5(4) implement the requirements of Iowa Code chapter 252J. The provisions of Iowa Code chapter 252J establish mandatory requirements for an agency which administers a licensure program, such as the one established in this chapter, and provide that actions brought under these provisions are not subject to contested case procedures established in Iowa Code chapter 17A, but must be appealed directly to district court.

324.5(5) Appeals. Any denial, suspension, or revocation of a certification, or any civil penalty imposed upon a licensee under this rule, other than one imposed pursuant to subrule 372.5(4), may be appealed by the licensee within 14 days of receipt of the notice. Appeals of actions taken by the building code commissioner under this rule shall be to the commissioner of public safety and shall be treated as contested cases, following the procedures established in 7—Chapter 2506.

[Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

481—324.6(103A,321) Sale or transfer of manufactured or mobile homes. The following criteria apply to the sale or transfer of manufactured or mobile homes.

324.6(1) *Retailer sales.*

a. A manufactured home, which was manufactured on or after June 15, 1976, and which is owned by a retailer, shall not be offered for sale unless the retailer has a properly assigned manufacturer's certificate of origin or a certificate of title, a seal from the United States Department of Housing and Urban Development properly attached, a data plate attached by the manufacturer, and a manufacturer's installation manual for the home, if the manual is available to the retailer. A retailer shall not sell a manufactured or mobile home owned by the retailer without delivering to the transferee a manufacturer's certificate of origin or a certificate of title duly assigned to the transferee.

b. A used manufactured or mobile home with an Iowa title assigned to the retailer shall not be reassigned by the retailer. After acquiring the used home, the retailer shall obtain a new certificate of title as required by law.

324.6(2) *Transfers.* A manufactured or mobile home not owned by a retailer may be offered for sale and sold by a retailer under the following conditions:

a. The manufactured or mobile home owner and retailer shall enter into a written listing agreement, signed by the owner or by one owner of a manufactured or mobile home owned jointly by more than one person, and signed by the retailer, which shall be dated and include the following provisions:

(1) The make, model year, and vehicle identification number.

(2) The period of time that the agreement shall remain in force.

(3) The commission or other remuneration that the retailer is entitled to receive.

(4) The price for which the manufactured or mobile home shall be sold.

(5) The name and address of the secured party, if the manufactured or mobile home is subject to a security interest.

(6) Any additional terms to which the owner(s) and retailer agree.

b. If current taxes have not been paid, the taxes and penalties shall be paid from the proceeds of the sale.

c. The retailer shall inform a prospective purchaser of a manufactured or mobile home that the home is not owned by the retailer and, if requested by a prospective purchaser, provide the name and address of the owner(s).

d. An offer to purchase a manufactured or mobile home shall be in writing.

e. The retailer shall make a written disclosure to the purchaser of the description of the manufactured or mobile home; the name and address of the owner; if the home is subject to a security interest, the name and address of the secured party; and, if the current taxes have not been paid, the amount of taxes and penalties due. The disclosure statement shall be signed and dated by the transferee. The disclosure statement shall be in duplicate. The original shall be given to the transferee and the duplicate retained by the retailer, at the retailer's principal place of business, for a period of three years.

f. The documents required pursuant to this subrule shall be made available to the commissioner or any designee of the commissioner for inspection upon request.
[Editorial change: IAC Supplement 11/26/25]

481—324.7(103A) Right of inspection. The commissioner or any designee of the commissioner shall have the authority to inspect manufactured or mobile homes, business records, manufacturer's certificates of origin, certificates of title or other evidence of ownership of each manufactured or mobile home offered for sale.
[Editorial change: IAC Supplement 11/26/25]

481—324.8(103A) Criteria for obtaining a manufactured or mobile home manufacturer's or distributor's license. Information concerning license requirements may be obtained from the Building Code Bureau, Building and Construction Division, Iowa Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

324.8(1) *Application.* A manufactured or mobile home manufacturer or distributor shall file a completed application form at least 30 days prior to the expiration of a current license, or if the application is for an initial license, 30 days prior to the date on which the manufacturer or distributor anticipates doing business. A manufacturer or distributor may not operate without a current license.

324.8(2) *Expiration.* Each license expires on January 1 of the calendar year following the year in which it is issued, except that a license issued in December of any year shall cover the following calendar year.

324.8(3) *Fees.* The license fee established by statute is $100 annually or for any portion of a year, except that a license issued in December of any year is valid for the following calendar year and any manufacturer or distributor with a license valid for a particular calendar year may continue to operate under that license until the end of January of the following calendar year.

324.8(4) *Notification.* Manufactured or mobile home manufacturers and distributors shall, within ten days of the fact, notify the bureau in writing of:

a. Any change in the name, method of doing business or location of the place of business as shown on the license and shall include a fee of $100 in payment of a new license reflecting the change. However, a change in the location of the place of business when the original location is in an area subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6 and when the relocation results from flooding, storm damage, or other conditions which form a basis for issuance of the disaster emergency proclamation shall not require the issuance of a new license. In these circumstances, an amended license shall be furnished to the licensee at no charge to the licensee.

b. Issuance of a contract with a person in this state to sell new manufactured or mobile homes at retail.

c. Any change in the trade names of manufactured or mobile homes being manufactured for delivery in this state.

324.8(5) *Required acts.* Manufactured or mobile home manufacturers and distributors shall furnish sample manufacturer's certificates of origin to the commissioner for each make of manufactured or mobile home assembled by the manufacturer for delivery in this state.
[Editorial change: IAC Supplement 6/17/09; Editorial change: IAC Supplement 11/26/25]

481—324.9(17A,103A) Waivers. Applications for waivers of the provisions of the rules in this chapter may be submitted and shall be considered under the procedures and criteria established in 481—Chapter 6, except for the following:

1. Petitions for waivers shall be addressed to:
Building Code Commissioner
Building Code Bureau
Building and Construction Division
Iowa Department of Inspections, Appeals, and Licensing
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

2. Consideration of and determinations regarding requests for waivers of any provision of this chapter shall be the responsibility of the building code commissioner. Any reference to "department" in 7—Chapter 2504 shall be replaced, for purposes of this rule, with "building code commissioner."

[Editorial change: IAC Supplement 6/17/09; Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 103A as amended by 2006 Iowa Acts, Senate File 2394.

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[Editorial change: IAC Supplement 6/17/09]
[Editorial change: IAC Supplement 11/26/25]
[Editorial change: IAC Supplement 8/5/26]

CHAPTER 325
MANUFACTURED HOUSING INSTALLER CERTIFICATION

[Prior to 7/2/08, see rule 661—16.622(103A)]
[Prior to 11/26/25, see Public Safety Department[661] Ch 374]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—325.1(103A) Certification program. There is established in the building code bureau of the fire marshal division a manufactured housing installer certification program. The program may be contacted by email at buildingcode@dia.iowa.gov, by telephone at 515.725.6145, or by mail at the following address:

Manufactured Housing Installer Certification Program
Building Code Bureau
Building and Construction Division
Iowa Department of Inspections, Appeals, and Licensing
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

[Editorial change: IAC Supplement 11/26/25]

481—325.2(103A) Certified installer required. There shall be at least one person certified as a manufactured housing installer present at the installation of any manufactured home in Iowa. The installation of a manufactured home shall be under the direct supervision of a certified manufactured housing installer, who shall be present at all times at the installation site while any installation work is proceeding.

EXCEPTION: Installation of a manufactured home may be completed by the owner of the home, if the home is the primary residence of the person completing the work, whether or not the person is certified as a manufactured housing installer, provided that the work is inspected as required and that a state-certified installer certifies compliance with appropriate provisions of this chapter, 481—Chapter 321, and 481—Chapter 322.

[Editorial change: IAC Supplement 11/26/25]

481—325.3(103A) Requirements for installer certification. An applicant for certification must meet all of the following requirements:

325.3(1) The applicant must be at least 18 years old.

325.3(2) The applicant must have a minimum of one year of experience in the installation, construction or inspection of manufactured homes. Proof of experience shall be submitted on a notarized affidavit submitted with the application to the commissioner.

325.3(3) The applicant must successfully complete a minimum of eight hours of training approved by the commissioner. Training shall be based on the manufactured housing installation standards published by the U.S. Department of Housing and Urban Development and material approved by the commissioner.

325.3(4) The applicant must have received a passing grade on an examination approved by the commissioner.

[Editorial change: IAC Supplement 11/26/25]

481—325.4(103A) Certification fee. The certification fee shall be $300, payable at the time of application, and shall cover certification for three years. Fees shall be remitted in the form of a check or money order, payable to the Iowa Department of Public Safety – Building Code Bureau. The following should be written in the memo portion of the check: "Manufactured Housing Installer Certification." Applications and fees received after July 1 of any year will cover the remainder of the fiscal year in which they are received and the following two state fiscal years. Applications and fees received prior to July 1 of any year shall cover the period through June 30 of the third year following.

Exception:

If as of June 1, 2009, statutory language regarding fees collected for certification and recertification of manufactured housing installers does not clearly provide that any such fees collected are exempt from

reversion to the state treasury pursuant to Iowa Code section 8.33, then all current certificate holders who paid the $300 fee shall have $200 of the fee refunded.
[Editorial change: IAC Supplement 11/26/25]

481—325.5(103A) Certification period. Installer certifications and recertifications shall be issued for three years and shall expire on June 30 of the third year of the certification period. Certifications and recertifications issued after July 1 shall cover the remainder of the fiscal year in which they are issued and the following two state fiscal years.
Exception:
If as of June 1, 2009, statutory language regarding fees collected for certification and recertification of manufactured housing installers does not clearly provide that any such fees collected are exempt from reversion to the state treasury pursuant to Iowa Code section 8.33, then all current certificates shall be modified to expire after one year rather than three years from their effective dates.
[Editorial change: IAC Supplement 11/26/25]

481—325.6(103A) Review of application for certification. Upon receipt of an application for certification or recertification, staff of the building code bureau shall review the application and recommend approval or denial to the building code commissioner. If an application is approved, the certificate shall be issued to the applicant. If an application is denied, the applicant shall be notified and given an explanation of the reason or reasons for denial. Denials of applications by the building code commissioner may be appealed according to the contested case provisions of 7—Chapter 2506. An appeal may be filed as a request for contested case proceeding as provided in rule 7—2506.4(17A). An appeal must be filed within 30 days of the date of the denial.
[Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

481—325.7(103A) Certification renewal and continuing education.

325.7(1) A certification may be renewed if the installer applying for recertification has completed 12 hours of continuing education, approved by the commissioner, during the three-year certification period. Such training shall be submitted to the commissioner for review and approval prior to the date the training is received. Requests for approval shall be submitted on a form supplied by the commissioner, with supporting documentation.

325.7(2) Any installer who has not been recertified by the expiration date of the installer's certification shall not be allowed to work as an installer until a valid certification is obtained.

325.7(3) Failure to renew a certification within 60 days of its expiration shall require successful completion of an approved examination.

325.7(4) The recertification fee shall be $300, payable at the time of application. Fees shall be remitted in the form of a check or money order, payable to the Iowa Department of Public Safety – Building Code Bureau. The following shall be written in the memo portion of the check: "Manufactured Housing Installer Certification." Applications and fees received after July 1 shall cover the remainder of the fiscal year in which they are received and the following two years.
[Editorial change: IAC Supplement 11/26/25]

481—325.8(103A) Suspension or revocation of certification. An installer certification may be suspended or revoked for cause pursuant to a recommendation by the staff of the building code bureau to the building code commissioner. Suspension or revocation of an installer certification may be appealed subject to the provisions of 7—Chapter 2506 for contested case proceedings. An appeal may be filed as a request for contested case proceeding as provided in rule 7—2506.4(17A). An appeal must be filed within 30 days of the date of the suspension or revocation.
[Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

481—325.9(103A) Civil penalties. In addition to possible suspension or revocation of a certification, a person who violates the rules governing manufactured housing installation may be subject to civil penalties. Civil penalties may be assessed by the building code commissioner based on recommendation from staff of the building code bureau. Assessments of civil penalties may be appealed subject to the

provisions of 7—Chapter 2506 for contested case proceedings. An appeal may be filed as a request for contested case proceeding as provided in rule 7—2506.4(17A). An appeal must be filed within 30 days of the date of the assessment of the civil penalty.
[Editorial change: IAC Supplement 11/26/25; Editorial change: IAC Supplement 8/5/26]

481—325.10(103A) Inspections.

325.10(1) The installation of any manufactured home as defined in Iowa Code section 103A.51 shall be subject to inspection by a representative of the building code bureau.

325.10(2) Any person planning to install a manufactured home shall notify the building code bureau of the person's intent to install a home at least three business days prior to the date of installation.

325.10(3) A manufactured home shall not be occupied until approval has been given by the building code bureau. If the inspection of the home is not completed within the three-business-day notification period, approval may be given by the building code bureau to proceed with the installation.
[Editorial change: IAC Supplement 11/26/25]

481—325.11(103A) Temporary certification during proclaimed disaster emergencies. The commissioner may issue a temporary certification which shall be valid for a period of 90 days only, for use only in areas which are currently subject to a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6. The fee for a temporary emergency certification shall be $50. The following conditions must be met in order for a certification to be issued.

325.11(1) The applicant must be at least 18 years old.

325.11(2) The applicant must have general and complete operations liability insurance in the amount of at least $1 million for all work performed that requires certification pursuant to this chapter.

a. The carrier of any insurance coverage maintained by a certificate holder to meet this requirement shall notify the board 30 days prior to the effective date of cancellation or reduction of the coverage.

b. The certificate holder shall cease operation immediately if the insurance coverage required by this subrule is no longer in force and other insurance coverage meeting the requirements of this subrule is not in force. A certificate holder shall not initiate any installation work which cannot reasonably be expected to be completed prior to the effective date of the cancellation of the insurance coverage required by this subrule and of which the certificate holder has received notice, unless new insurance coverage meeting the requirements of this subrule has been obtained and will be in force upon cancellation of the prior coverage.

325.11(3) The applicant shall submit a completed application form to the certification program as specified in rule 481—325.1(103A), accompanied by a cover letter stating that the applicant is seeking temporary emergency certification and the applicant is certified or licensed to install manufactured homes in another state or states, and proof of insurance as required by subrule 325.11(2). The other state or states in which the applicant is certified or licensed shall be specified in the letter.

325.11(4) The application shall be accompanied by a check or money order for $50 to cover the certification fee. This fee is nonrefundable. The check or money order shall be made out to "Iowa Department of Public Safety," and the memo portion of the check or money order shall say "Manufactured Housing Installer Certification."

325.11(5) The application shall be accompanied by a copy of each license or certificate from other states cited in the letter required by subrule 325.11(1). The copy shall clearly display the name of the applicant and any unique identifying number assigned to the certificate or license.

325.11(6) A temporary emergency certificate may be renewed once, and the renewal certification shall be valid for 90 days beyond the expiration of the original temporary emergency certificate. The renewal application shall comply with subrules 325.11(1), 325.11(2), and 325.11(3). If a renewal application is received for a holder of a temporary emergency certificate which has previously been renewed once, the application shall be denied.

325.11(7) A holder of a temporary emergency certificate may apply at any time for a regular certificate issued pursuant to rules 481—325.2(103A) through 481—325.4(103A) by complying with all of the provisions of those rules.

325.11(8) A temporary emergency certificate may be suspended or revoked pursuant to rule 481—325.8(103A) or if the certificate holder fails to maintain compliance with any provision of this rule.

325.11(9) A decision to deny, suspend, or revoke a temporary emergency certificate may be appealed as provided in rule 481—325.8(103A).

[Editorial change: IAC Supplement 11/26/25]

These rules are intended to implement Iowa Code section 103A.59.

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[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 326 to 364
Reserved

ELEVATOR SAFETY BOARD

CHAPTER 365
ELEVATOR SAFETY BOARD ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 7/9/25, see Labor Services Division[875] Ch 65]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—365.1(89A) Definitions. The definitions contained in this rule apply to 481—Chapters 365 through 373.

"Board" means the elevator safety board.

"Board office" means the offices of the department of inspections, appeals, and licensing.

"Conveyance" means an elevator, construction personnel hoist, dumbwaiter, escalator, moving walk, lift or inclined or vertical wheelchair lift subject to regulation under Iowa Code chapter 89A and includes hoistways, rails, guides, and all other related mechanical and electrical equipment.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

[**ARC 8771C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—365.2(89A) Authority of the board. The authority and responsibilities of the board include but are not limited to:

365.2(1) Adopting rules necessary to protect public health, safety and welfare and to administer the duties of the board.

365.2(2) Hearing and deciding appeals concerning inspection reports that relate to the installation, alteration, operation, and maintenance of conveyances in the state.

365.2(3) Hearing and deciding appeals concerning actions by the director to deny, suspend or revoke operating permits.

365.2(4) Establishing fees.

365.2(5) Establishing committees of the board.

[**ARC 8771C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—365.3(21,89A) Board officers. The board shall elect a chairperson, vice chairperson, and secretary from its membership at the first meeting after July 1 of each year. Neither the director nor the director's designee may serve as chairperson. The chairperson presides at meetings, appoints members and chairpersons of committees, and performs all duties and exercises all powers of the chairperson. The vice chairperson, in the absence or incapacity of the chairperson, performs all duties and exercises all powers of the chairperson.

[**ARC 8771C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—365.4(21,89A) Public meetings.

365.4(1) The board shall hold at least one meeting each calendar quarter.

365.4(2) Board meetings are governed in accordance with Iowa Code chapter 21 and conducted in accordance with Robert's Rules of Order.

365.4(3) The chairperson or the chairperson's designee prepares the agenda listing all matters to be discussed at the meeting.

365.4(4) A majority of the members of the board constitutes a quorum, and all final motions and actions must receive a majority of a quorum vote.

365.4(5) Members of the public may be present during board meetings unless the board votes to hold a closed session in accordance with Iowa Code chapter 21. The dates and locations of board meetings may be obtained from the board's website or the board office.

365.4(6) At every regularly scheduled board meeting, time will be designated for public comment. During the public comment period, any person may speak for up to two minutes. Requests to speak for two

minutes per person when a particular topic comes before the board may be granted at the discretion of the chairperson. The chairperson may limit total public comment time to ten minutes.

365.4(7) The person presiding at a meeting of the board may exclude a person from an open meeting for behavior that obstructs the meeting.

365.4(8) Cameras and recording devices may be used at open meetings provided the cameras and recording devices do not obstruct the meeting. If the user of a camera or recording device obstructs the meeting by the use of such device, the person presiding at the meeting may request the user to discontinue use of the camera or device.

[**ARC 8771C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—365.5(17A,89A) Procedures for waivers in addition to 7—Chapter 2504.

365.5(1) *Filing petition.* A petition is deemed filed when it is received in the board's office. The petition shall include the state identification number of the conveyance and the age of the conveyance. A petition should be sent to the Elevator Safety Board, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321. The petitioner shall submit the petition and all related materials for consideration at least three weeks prior to a scheduled board meeting for board review of the petition at the meeting.

365.5(2) *Waiver form.* Waiver applicants shall use the board's petition for waiver form. The board may request additional information from the petitioner.

365.5(3) *Posting of orders granting waivers.* The order or a copy of the order granting a waiver shall be conspicuously and permanently posted in the machine room corresponding to the conveyance. The order or a copy of the order granting a waiver that relates to a conveyance that does not have a machine room shall be posted in a protective sleeve attached to the inside of the controller cabinet door corresponding to the conveyance.

365.5(4) *Violations.* Violation of a condition in a waiver order will be treated as a violation of the particular rule for which the waiver was granted. As a result, the recipient of a waiver under this rule who violates a condition of the waiver may be subject to the same remedies or penalties as a person who violates the rule at issue.

[**ARC 0372D**, IAB 6/24/26, effective 5/29/26]

481—365.6(17A,89A) Procedures for contested cases in addition to 7—Chapter 2506.

365.6(1) *Reconsideration of inspection report.* The owner or operator of a piece of equipment subject to a written inspection report may petition the director for reconsideration of the report within 30 days of the issuance of the report. Failure to seek timely reconsideration of the inspection report is a waiver of all appeal rights. The burden of demonstrating compliance with all applicable statutory provisions, administrative rules, and codes adopted by reference rests upon the petitioning owner or operator.

a. A petition for reconsideration shall be in writing and must be signed by the requesting party or a representative of that party. The required form for a petition for reconsideration is available on the board's website. A petition for reconsideration specifies:

(1) The party seeking reconsideration, including mailing address and telephone number;
(2) The location of the equipment subject to the challenged inspection report;
(3) The inspection date;
(4) The inspector who issued the challenged inspection report;
(5) The specific findings or conclusions to which exception is taken;
(6) The relief sought.

b. A copy of the challenged inspection report shall be attached to the petition for reconsideration. The petitioning party shall also include all relevant documents that the petitioning party desires the director to consider when evaluating the petition.

c. The director or a designee of the director is authorized to seek additional information relating to a petition for reconsideration from the petitioning party or any other entity possessing information the director deems relevant to the petition. This subrule, however, does not impose any responsibility or duty on the director to discover documents or other information that was not submitted with the petition for reconsideration.

d. Any petition for reconsideration that is not received by the office of the director within 30 days of the issuance of the challenged inspection report is untimely and will not be considered by the director.

e. The director will not consider any request for waiver of an administrative rule made as part of a petition for reconsideration. Requests for waivers of administrative rules may only be made to the board pursuant to the provisions of 481—Chapter 365.

f. In ruling on a petition for reconsideration, the director may:

(1) Affirm the inspection report as issued;

(2) Issue an amended inspection report;

(3) Rescind the inspection report;

(4) Deny the petition as untimely.

g. Any petition for reconsideration that is not ruled upon by the director within 20 days of receipt by the office of the director shall be deemed denied and the challenged inspection report affirmed as issued.

365.6(2) *Appeal to the board.* The director's ruling on a petition for reconsideration or the director's deemed denial of a petition for reconsideration may be appealed to the board. An appeal must be filed in writing with the board within 30 calendar days of the earlier of either the issuance of the director's written ruling on a petition for reconsideration or the director's deemed denial of a petition for reconsideration. At a minimum, an appeal includes a short and concise statement of the basis for the appeal. The required form for an appeal is available on the board's website. Consideration of an appeal of a ruling on a petition for reconsideration is a contested case proceeding subject to the provisions of Iowa Code chapter 17A. The director has an automatic right of intervention in any appeal of the ruling on petition for reconsideration and may defend the ruling in a contested case proceeding.

365.6(3) *Informal review.*

a. In order to preserve the ability of board members to participate in decision-making, a party who elects an informal review under this rule waives the party's right to seek disqualification of a board member as a presiding officer in a later contested case proceeding based on the board member's participation in the informal review. Parties would not be waiving their right to seek disqualification on any other ground.

b. The board may propose a preliminary order at the time of informal review. If a party does not consent to the preliminary order, the party must submit a request to proceed with formal contested case proceedings, including hearing, within ten days of the informal review.

c. File transmitted to the board. Upon receipt of a notice of hearing issued by the board, the director shall within 30 days forward to the board and all parties of record to the appeal copies of the challenged inspection report, the appellant's petition for reconsideration and all supporting documents, all other documents collected by the director in ruling on the petition for reconsideration, and the director's ruling on the petition for reconsideration.

365.6(4) *Presiding officer.*

a. The presiding officer in all contested cases is the board, a panel of board members, or an administrative law judge assigned by the department of inspections, appeals, and licensing. When board members act as presiding officer, the board members shall conduct the hearing and issue either a final decision or, if a quorum of the board is not present, a proposed decision. The board may be assisted by an administrative law judge when the board acts as presiding officer.

b. The board or a panel of board members when acting as presiding officer may request that an administrative law judge perform certain functions as an aid to the board or board panel, such as ruling on prehearing motions, conducting the prehearing conference, ruling on evidentiary objections at hearing, assisting in deliberations, or drafting the written decision for review by the board or board panel.

c. All rulings by an administrative law judge who acts either as presiding officer or assistant to the board are subject to appeal to the board. A party must timely seek intra-agency appeal of prehearing rulings or proposed decisions in order to exhaust adequate administrative remedies. While a party may seek immediate board or board panel review of rulings made by an administrative law judge when sitting with and acting as an aid to the board or board panel during a hearing, such immediate review is not required to preserve error for judicial review.

d. Unless otherwise provided by law, when reviewing a proposed decision of a panel of the board or an administrative law judge, board members have the powers of and shall comply with the provisions of this chapter that apply to presiding officers.

365.6(5) *Subpoenas in a contested case.*

a. A request for a subpoena shall include the following information, as applicable:

(1) The name, address, and telephone number of the person requesting the subpoena;

(2) The name and address of the person to whom the subpoena will be directed;

(3) The date, time, and location at which the person shall be commanded to attend and give testimony;

(4) Whether the testimony is requested in connection with a deposition or hearing;

(5) A description of the books, papers, records, or other evidence requested;

(6) The date, time, and location for production or inspection and copying.

b. Each subpoena shall contain, as applicable:

(1) The caption of the case;

(2) The name, address, and telephone number of the person who requested the subpoena;

(3) The name and address of the person to whom the subpoena is directed;

(4) The date, time, and location at which the person is commanded to appear;

(5) Whether the testimony is commanded in connection with a deposition or hearing;

(6) A description of the books, papers, records, or other evidence the person is commanded to produce;

(7) The date, time, and location for production or inspection and copying;

(8) The time within which a motion to quash or modify the subpoena must be filed;

(9) The signature, address, and telephone number of the presiding officer;

(10) The date of issuance;

(11) A return of service attached to the subpoena.

c. Any person who is aggrieved or adversely affected by compliance with the subpoena or any party to the contested case who desires to challenge the subpoena must, within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days, file with the board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.

d. Upon receipt of a timely motion to quash or modify a subpoena, the board chairperson shall request an administrative law judge to hold a hearing and issue a decision. Oral argument may be scheduled at the discretion of the board or the administrative law judge. The administrative law judge may quash or modify the subpoena or deny the motion.

e. A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving on the board, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge. If the decision of the administrative law judge to quash or modify the subpoena or to deny the motion to quash or modify the subpoena is appealed to the board, the board may uphold or overturn the decision of the administrative law judge.

f. If the person contesting the subpoena is not the party whose appeal is the subject of the contested case, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the party whose appeal is the subject of the contested case, the board's decision is not final for purposes of judicial review until there is a final decision in the contested case.

365.6(6) *Decisions.*

a. Proposed decision. Decisions issued by a panel of less than a quorum of the board or by an administrative law judge are proposed decisions. A proposed decision issued by a panel of the board or an administrative law judge becomes a final decision if not timely appealed by any party or reviewed by the board.

b. Final decision. When a quorum of the board presides over the reception of evidence at the hearing, the decision is a final decision. A copy of the final decision and order shall immediately be sent by certified mail to the appellant's last-known post office address or may be served as in the manner of original notices. Copies shall be mailed by interoffice mail or first-class mail to the counsel of record.

[**ARC 0372D**, IAB 6/24/26, effective 5/29/26]

481—365.7(89A) Official communications. All official communications, including submissions and requests, are to be addressed to the Elevator Safety Board, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

[**ARC 8771C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25; **ARC 0372D**, IAB 6/24/26, effective 5/29/26]

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CHAPTER 366
WAIVERS FROM ADMINISTRATIVE RULES BY THE ELEVATOR SAFETY BOARD

[Prior to 7/9/25, see Labor Services Division[875] Ch 66]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 367
CONTESTED CASES BEFORE THE ELEVATOR SAFETY BOARD

[Prior to 7/9/25, see Labor Services Division[875] Ch 69]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTERS 368 to 370
Reserved

CHAPTER 371
ADMINISTRATION OF THE CONVEYANCE SAFETY PROGRAM
[Prior to 7/9/25, see Labor Services Division[875] Ch 71]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—371.1(89A) Definitions. The definitions contained in this rule apply to 481—Chapters 371, 372, and 373.

"Acceptance checklist" means a checklist available on the website of the department that includes a list of major systems and components of conveyances.

"AECO" means an elevator/escalator certification organization accredited pursuant to ASME A17.7.

"Approved" means approved by the department.

"CCD" means code compliance documentation as described in ASME A17.7, Section 2.10.

"CEI" means a person who is a certified elevator inspector or certified elevator inspector supervisor and who received the certification from a certifying organization that holds a valid document of accreditation issued by an accreditation body in accordance with ANSI/ISO/IEC 17024.

"Center of the elevator path" means a vertical line through the center point of an elevator car top beginning two feet below the lower landing and ending ten feet above the highest landing of an elevator.

"Control" means the system governing the starting, stopping, direction of motion, acceleration, speed and deceleration of the moving member.

"Conveyance" means any elevator, escalator, material lift elevator installed on or after August 10, 2016, dumbwaiter, wind tower lift, CPH, or other equipment governed by Iowa Code chapter 89A.

"CPH" means a construction personnel hoist.

"CPH jump" means the addition or removal of mast or tower allowing a change in the hoist service elevation of a CPH.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Elevator" means a hoisting and lowering mechanism equipped with a car or platform that moves in guides in a substantially vertical direction and that serves two or more floors of a building or structure. "Elevator" does not include a CPH.

"Elevator mechanic" means a person who meets the standard for "elevator personnel" found in ASME A17.1.

"Hoistway-unit system" means a series of hoistway-door interlocks, hoistway-door electric contacts or hoistway-door combination mechanical locks and electric contacts, or a combination thereof, the function of which is to prevent operation of the driving machine by the normal operating device unless all hoistway doors are in the closed position and, if required, locked.

"Imminent danger" means one or more conditions or practices exist that are reasonably expected to cause death or serious physical harm immediately.

"Seal off" means to place a conveyance controller in the off position and attach a wire seal with a tag warning that the conveyance must be rendered dormant or not used pending repairs.

"Serious danger" means one or more conditions or practices exist that create a substantial probability that death or serious physical harm could result.

"Waiver" means a waiver pursuant to Iowa Code section 17A.9A or an exception or variance pursuant to Iowa Code section 89A.11.

"Wind tower lift" means a conveyance designed and utilized solely for movement of trained and authorized people and small loads in wind towers built for the production of electricity.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.2(89A) Registration of conveyances. The owner or authorized agent of each operable conveyance not previously registered shall register the conveyance. An application to install a new conveyance constitutes registration. All registrations are submitted to the director on forms available from the department and include all information requested by the director.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.3(89A) State identification number. The director will assign an identification number to each conveyance that shall be stamped on a metal tag permanently attached to the controller, to the electrical disconnecting switch, or in a wind tower lift cage.
[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.4(89A) Responsibility for obtaining permits. The procuring of all permits and the payment of all fees required by this chapter are the responsibility of the owner. Failure to obtain the appropriate permit prior to installation, alteration or operation may, at the discretion of the director, result in a referral to the attorney general for prosecution of criminal penalties.
[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.5(89A) Installation permit requirements.

371.5(1) Installation will not begin until an installation permit has been issued by the department. A separate installation permit will be issued for each conveyance, except that a single installation permit will cover all identical wind tower lifts installed as the result of one construction contract in identical wind towers in a single wind farm.

371.5(2) Application for an installation permit shall be accompanied by the fee, in the format required by the director, and include the following, as applicable:

a. Sectional plan of car and hoistway.

b. Sectional plan of machine room.

c. Sectional elevation of hoistway and machine room including the pit, bottom and top clearance of car and counterweights.

d. Size and weight of rails and guide rail bracket spacing.

e. The estimated maximum vertical forces on the guide rails on application of the safety device.

f. In the case of freight elevators for class B or class C loading, the horizontal forces on the guide rail faces during loading and unloading and the estimated maximum horizontal forces in a post-wise direction on the guide rail faces on the application of the safety device.

g. The size and weight per foot of any rail reinforcements where rail reinforcements are provided.

h. Job specifications.

i. For a conveyance covered by ASME A17.7, a complete copy of the CCD with attachments and a complete copy of the Certificate of Conformance with attachments as described by ASME A17.7, Appendix I, Section 4.5.

j. For a CPH, the number of CPH jumps planned, the planned dates for each CPH jump, and the change in the number of floors anticipated with each CPH jump.

371.5(3) A CPH installation permit issued in response to an application submitted in full compliance with this subrule permits each planned CPH jump. Each CPH jump will be considered an alteration. The fee for a CPH installation permit is the total of the CPH installation permit fee and the CPH alteration permit fee.

371.5(4) Issuance of an installation permit is not a waiver of any requirement of law.

371.5(5) The installation permit or a copy of the installation permit shall be conspicuously posted at the worksite. All the wind towers covered by a single installation permit are a single worksite, and posting one copy of the installation permit at the construction project office is sufficient compliance with this subrule.

371.5(6) Except as described here, the installation permit expires upon the earlier of the completion of the installation as described in the permit application or one year after issuance.

a. For a CPH, the installation permit expires upon completion of the last CPH jump.

b. For any conveyance, during the tenth month after issuance, and upon submission to the director of sufficient justification, the fee established by this chapter, and other required information, an extension may be granted at the discretion of the director.
[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.6(89A) Construction permits—requirements. A construction permit authorizes the temporary, limited use of an elevator for purposes relating to construction or demolition.

371.6(1) Use of the elevator will not begin until a construction permit has been issued by the department.

371.6(2) Application for a construction permit will be in the format required by the director and must include all the information requested by the director and the fee specified by this chapter.

371.6(3) Upon submission of the completed application and fee, a state inspector will be scheduled to inspect the elevator. Construction permits will be issued only if the following criteria are met:

a. The elevator has been successfully tested pursuant to the requirements of ASME A17.1, Section 8.11.5.13; and

b. The applicable requirements of ASME A17.1, Section 5.10, are met.

371.6(4) The construction permit or a copy of the construction permit will be posted conspicuously in a protective sleeve in the elevator car.

371.6(5) The construction permit will expire 120 days after issuance. However, between 90 and 110 days after issuance and upon submission to the director of sufficient justification, the fee established by this chapter, and other required information, an extension of up to 90 days may be granted at the discretion of the director.

371.6(6) Elevators with a construction permit but without an operating permit will not be accessible to the general public.

371.6(7) Failure to comply with these provisions may result in the revocation of the construction permit.

371.6(8) An operating permit will not be issued before construction and an acceptance inspection are complete.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.7(89A) Operating permits—requirements.

371.7(1) Operation of equipment covered by this chapter without a current operating permit is prohibited, except for construction permits, controller upgrade permits, and temporary removals from service, all defined in this chapter. If operation of a conveyance is prohibited under this rule, the director may post notice on the conveyance that it is not to be used. The conveyance may be returned to service only after an operating permit for the conveyance has been issued or reissued.

371.7(2) Operating permits will not be issued prior to successful completion of an inspection and payment of all permit and inspection fees owed to the department.

371.7(3) Current operating permits or copies of current operating permits will be conspicuously displayed as follows:

a. The operating permit for an elevator or CPH will be posted in the car.

b. The operating permit for an escalator, dumbwaiter, wind tower lift, moving walk, or wheelchair lift will be posted on or near the subject conveyance.

371.7(4) An operating permit expires 60 days after the first permit renewal inspection following the issuance of the operating permit, unless an earlier date is dictated by this rule.

371.7(5) An operating permit is automatically suspended when an alteration begins. The operating permit automatically resumes when the elevator passes an inspection.

371.7(6) An operating permit is automatically terminated when an imminent danger notice is posted on the conveyance.

371.7(7) Notwithstanding other provisions of this rule, at the discretion of the director, a temporary operating permit may be issued for up to 30 days provided the inspection has been completed and no code violations were identified. Issuance of a temporary operating permit does not extend the expiration date of the conveyance's operating permit.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.8(89A) Controller upgrade permits—requirements. A controller upgrade permit may be issued to allow operation of an elevator while work to upgrade controls requires deactivation of the Phase I recall initiated by smoke sensing devices. Each elevator to be altered requires a separate controller upgrade

permit. The duration of a controller upgrade permit will not exceed 90 days. Each elevator in the group will pass inspection prior to being placed back into service.

371.8(1) A controller upgrade permit will not be issued unless each of the following conditions is met:

a. Two or more elevators share a lobby at the level of the recall floor.

b. The project includes the installation of new elevator controllers in all of the elevators in the group.

c. Phase I fire recall initiated by a key-operated switch and all other controls will be properly functioning for each elevator available for use.

d. There is a current alteration permit for the project.

e. A complete application for the controller upgrade permit and the fee established by this chapter have been submitted and accepted.

371.8(2) A controller upgrade permit does not waive or excuse compliance with the requirements of any other governmental entity, including the department of public safety.

371.8(3) Upon the submission to the director of sufficient justification, the fee established by this chapter, and other required information, an extension of the permit for up to 60 days may be granted.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.9(89A) Alteration permits—requirements.

371.9(1) Alteration will not begin until an alteration permit has been issued by the department.

371.9(2) Application for an alteration permit will be in the format required by the director and will include scope of work, drawings and specifications of all planned changes and the fee.

371.9(3) Issuance of an alteration permit is not a waiver of any requirement of law.

371.9(4) The alteration permit or a copy of the alteration permit will be conspicuously posted at the worksite.

371.9(5) If a complete installation permit application was submitted for a CPH pursuant to subrule 371.5(3), at least seven days' advance notice of each CPH jump will be provided to the director.

371.9(6) The alteration permit expires upon the earlier of the completion of the alteration as described in the permit application or one year after issuance. However, during the tenth month after issuance and upon submission to the director of the fee set forth in this chapter, sufficient justification, and other required information, the director may grant an extension of the alteration permit.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.10(89A) Alteration requirements.

371.10(1) Alterations or changes will comply with applicable rules.

371.10(2) A conveyance that is relocated will be brought into compliance with all codes that are applicable at the time of relocation.

371.10(3) Alterations of conveyances other than escalators and elevators require that the entire conveyance be brought into compliance with the current code.

371.10(4) Work required by ASME A17.3 (2011) qualifies as normal maintenance and does not require an alteration permit except for work performed to comply with ASME A17.3 (2011) 2.3.3, 3.4.4.1(a), 3.4.4.2, 3.5.3, 3.5.5(a) and (b), 3.5.7, 3.6.1, 3.6.2, 3.8.1(a), 3.8.3(a), 3.10.1, 3.10.4(b) through (g), 3.10.4(i) through (k), 3.10.4(m), 3.10.4(r), 3.10.4(w), 3.10.7, 3.10.9, 3.10.10, 4.4.2, 4.4.3, and 4.7.3.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.11(89A) Inspection requirements. Pursuant to Iowa Code section 89A.12, inspections by the director will be permitted at reasonable times with or without prior notice.

371.11(1) *Scope of inspections.*

a. Comprehensive. Periodic inspections will be comprehensive. Elevators being transferred from construction permits to operating permits, previously dormant conveyances being returned to service, relocated conveyances, and new conveyances will be inspected in their entirety prior to operation.

b. Limited. An alteration inspection is normally limited to the altered components. If the inspector notices a safety hazard in plain view during an inspection after alteration, or if the periodic inspection is due, the entire conveyance will be inspected.

371.11(2) *When inspections will occur.* When the timing of two different types of inspection on a single conveyance coincide, a state inspector may perform both inspections in one visit.

a. Periodic inspections.

(1) Each construction elevator and CPH will be inspected at intervals not to exceed three months. All other periodic conveyance inspections by state inspectors are conducted annually unless the director determines resources do not allow annual inspections. If the director determines quarterly inspections of construction elevators and CPHs and annual inspections of other state-inspected conveyances are not feasible due to insufficient resources, the director will determine the inspection schedule.

(2) Conveyance inspections by special inspectors will be conducted at least annually.

(3) The inspector will arrange to perform the periodic inspection of a broadcast tower elevator when the maintenance company is on site to perform the periodic tests. If the inspection is to be performed by employees of the director, the inspection will occur during the department's normal business hours, unless otherwise agreed to by the director.

b. Acceptance inspections. A CPH will be inspected pursuant to the schedule in ANSI A10.4 – 2007, Chapter 26. For all other conveyances, an acceptance inspection will occur:

(1) After each relocation,

(2) After each alteration,

(3) For a new installation, not less than two business days after a completed acceptance checklist is submitted by the conveyance installation company,

(4) Before an elevator subject to a construction permit receives an operating permit, and

(5) Before a previously dormant conveyance is returned to service.

c. Other inspections. Inspections may be made when the director reasonably believes that a conveyance is not in compliance with the rules. Accidents, complaints, or requests for consultative inspections may result in inspections by the director.

371.11(3) *Who may perform inspections.*

a. The director will inspect altered conveyances, construction elevators, CPHs, previously dormant conveyances being returned to service, relocated conveyances, and new conveyances.

b. Except as noted in 71.11(3)*"c,"* annual inspections may be performed by state inspectors or special inspectors authorized by the director.

c. An inspection report by a special inspector will not be accepted as the required, annual inspection if the conveyance is under contract for maintenance, installation or alteration by the special inspector or the special inspector's employer, or if the property is owned or leased by the special inspector or the special inspector's employer.

371.11(4) *Inspection standards.* Inspections will be performed in accordance with applicable safety codes or documents such as:

a. CCD;

b. ASME A17.1, Sections 8.10 and 8.11, except Section 8.11.1.1;

c. ANSI A10.4-2007; or

d. ASME A18.1.

371.11(5) *Inspection reports.*

a. All inspectors will file inspection reports on forms approved by the director within 30 days from the date of inspection and will provide owners of conveyances with copies of completed inspection reports. The inspection report must separately list each unsafe condition and the applicable, specific code citation. Up to 30 days will be allowed for correction of the unsafe conditions.

b. The owner may file a petition for reconsideration of an inspection report. The timely and proper filing of a petition for reconsideration extends the deadline for correction of the hazards that are subject to the petition for reconsideration.

371.11(6) *Extension of time.* The owner may petition the director for up to 60 additional days to make the necessary corrections. The time frames may be adjusted by the director as necessary to accommodate an extension of time.

371.11(7) *Correction of unsafe conditions.* In the absence of a determination on reconsideration or appeal that correction of hazards is not required, all unsafe conditions identified in the inspection

report will be corrected. The director will verify correction of all unsafe conditions identified in the inspection report by sending a state inspector to reinspect the conveyance for the applicable fee, or by reviewing appropriate documentation such as a photograph, invoice, other verifiable document, or subsequent inspection report. The time frames set forth in this subrule may be accelerated at the request of the owner.

a. Promptly upon receipt of an inspection report listing unsafe conditions, the director will send to the owner and the special inspector, if any, an abatement order. A copy of the inspection report will be attached to the abatement order. Unless a special inspector conducted the inspection, the order may specify a period that ends no more than 45 days after the inspection during which the owner may submit written evidence that the unsafe conditions have been corrected. The abatement order will:

(1) Identify the equipment.

(2) Demand that the unsafe conditions be corrected within the period set forth in the inspection report.

(3) Set forth the consequences of failure to comply.

b. After the period specified on the inspection report has passed, the director may cause a state inspector to verify correction of all unsafe conditions. If reinspection reveals no significant progress toward correcting the unsafe conditions, or the remaining unsafe conditions create significant safety concerns, the director may serve a notice of intent to suspend, deny or revoke the operating permit.

If there is a serious danger, the director may seal off the conveyance and post notice on the conveyance that it is not to be used pending repairs. Use of a conveyance prior to completion of the required repairs may result in additional legal proceedings. The conveyance may be returned to service only after the serious danger has been corrected and the conveyance has passed a comprehensive inspection.

c. The director may issue an operating permit after receipt of the appropriate fee and verification that each unsafe condition identified in the inspection report has been corrected.

d. If written proof of correction was requested in the abatement order, but adequate proof was not received by the deadline set forth in the abatement order, the director may send a second abatement order or cause a state inspector to inspect the conveyance. If the director elects to send a second abatement order, it will notify the owner that, if written proof of abatement is not received within 20 days, a state inspector may be sent to the site. Copies of the abatement order and the inspection report will be attached to the second abatement order.

e. If a special inspector conducted the inspection, more than 45 days have passed since the deadline for correction of hazards, and an inspection report indicating the hazards are corrected has not been filed, the director may:

(1) Contact the special inspector,

(2) Send a second abatement order to the owner with copies of the inspection report and first abatement order, or

(3) Send a state inspector to inspect the conveyance. If there is a serious danger, the director may seal off the conveyance and post notice on the conveyance that it is not to be used pending repairs. Use of a conveyance prior to completion of the required repairs may result in additional legal proceedings. The conveyance may be returned to service only after the serious danger has been corrected and the conveyance has passed a comprehensive inspection.

f. If an inspection as described in paragraph 71.11(7)*"d"* or *"e"* reveals no significant progress toward correcting the unsafe conditions, and the remaining unsafe conditions create no significant safety concerns, the director may extend the time for abatement of the unsafe conditions an additional ten days or may serve a notice of intent to suspend, deny or revoke the operating permit. The director may also post a notice prohibiting use of the conveyance pending abatement of the unsafe conditions listed in the inspection report.

g. If an abatement order was provided and a conveyance is not in use and the owner does not intend to use the conveyance, repair the conveyance, or make the conveyance dormant, the director may seal off the conveyance.

371.11(8) *Imminent danger.* If the director determines that continued operation of a conveyance pending correction of unsafe conditions creates an imminent danger, the director may seal off the conveyance and post notice on the conveyance that it is not to be used pending repairs. Use of a

conveyance contrary to posted notice by the director may result in additional legal proceedings pursuant to Iowa Code section 89A.10(3) or 89A.18. The conveyance may be returned to service only after the imminent danger has been corrected and the conveyance has passed a comprehensive inspection.

371.11(9) *Interference prohibited.* No person shall interfere with, delay or impede an inspector employed by the state during an inspection.

371.11(10) *Escalator inspections.* The owner will arrange for an escalator mechanic to be on site to assist with the inspection. The inspector will work with the owner to arrange an inspection time.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.12(89A,252J,272D) Special inspector commissions.

371.12(1) *Definition.* As used in this rule, "certificate of noncompliance" means:

a. A certificate of noncompliance issued by the child support recovery unit, department of human services, pursuant to Iowa Code chapter 252J; or

b. A certificate of noncompliance issued by the centralized collection unit of the department of revenue pursuant to Iowa Code chapter 272D.

371.12(2) *Qualifications.*

a. Each applicant will possess a high school diploma or general equivalency degree.

b. Each applicant will have at least three years of full-time work experience in the construction, installation, repair or inspection of conveyances.

c. Each applicant will be a CEI.

d. Each applicant will satisfactorily pass the department's examination on Iowa procedures, Iowa policies, and all safety standards adopted by reference.

e. Each applicant will submit proof of insurance coverage insuring the applicant against liability for injury or death for any act or omission on the part of the applicant. The insurance policy will be in an amount of not less than $1,000,000 for bodily injury to or death of one person in any one accident, and in an amount of not less than $5,000,000 for bodily injury to or death of two or more persons in any one accident, and in an amount of not less than $100,000 for damage to or destruction of property in any one accident. The insurance coverage of the special inspector's employer complies with this requirement if the coverage provides equivalent coverage for each special inspector.

371.12(3) *Application.* An applicant for a commission will complete, sign, and submit to the department the form provided by the department with the required fee. The applicant will include with the application proof that the applicant is a CEI.

371.12(4) *Expiration.* The commission expires when the commission is suspended or revoked by the director or one year from issuance, whichever occurs earlier.

371.12(5) *Changes.* The special inspector shall notify the department at the time any of the information on the form or attachments changes.

371.12(6) *Denials.* The director may refuse to issue or renew a special inspector's commission for failure of the applicant to complete an application package, if the applicant is not a CEI, or for any reason listed in subrules 371.12(8) through 371.12(10).

371.12(7) *Investigations.* The director may investigate for any reasonable cause related to special inspectors or special inspector applicants. The director may conduct interviews and utilize other reasonable investigatory techniques. Investigations may be conducted without prior notice at the times and in the places the director directs. The director may notify the organization that certified the special inspector as a CEI of the findings of an investigation.

371.12(8) *Reasons for probation.* The director may issue a notice of commission probation when an investigation reasonably reveals that the special inspector filed inaccurate reports.

371.12(9) *Reasons for suspension.* The director may issue a notice of commission suspension when an investigation reasonably reveals any of the following:

a. The special inspector failed to submit and report inspections on a timely basis;

b. The special inspector abused the special inspector's authority;

c. The special inspector misrepresented self as a state inspector or a state employee;

d. The special inspector used commission authority for inappropriate personal gain;

e. The special inspector failed to follow the department's rules for inspection of object repairs, alterations, construction, installation, or in-service inspection;

f. The special inspector committed numerous violations;

g. The special inspector used fraud or deception to obtain or retain, or to attempt to obtain or retain, a special inspector commission whether for one's self or another;

h. The special inspector is no longer a CEI;

i. The department received a certificate of noncompliance; or

j. The special inspector failed to take appropriate disciplinary actions against a subordinate special inspector who has committed repeated acts or omissions listed herein.

371.12(10) *Reasons for revocation.* The director may issue a notice of revocation of a special inspector's commission when an investigation reveals any of the following:

a. The special inspector filed a misleading, false or fraudulent report;

b. The special inspector failed to perform a required inspection;

c. The special inspector failed to file a report or filed a report that was not in accordance with the provisions of applicable standards;

d. The special inspector committed repeated violations;

e. The special inspector used fraud or deception to obtain or retain, or to attempt to obtain or retain, a special inspector commission whether for one's self or another;

f. The special inspector instructed, ordered, or otherwise encouraged a subordinate special inspector to perform acts or omissions listed herein;

g. The special inspector is no longer a CEI; or

h. The department received a certificate of noncompliance.

371.12(11) *Procedures.* The following procedures shall apply except in the event of revocation or suspension due to receipt of a certificate of noncompliance. In instances involving receipt of a certificate of noncompliance, the applicable procedures of Iowa Code chapter 252J or 272D shall apply.

a. Notice of actions. The director will serve a notice on the special inspector by certified mail to an address listed on the commission application form or by other service as permitted by Iowa Code chapter 17A.

b. Emergency suspension. If the director finds that the public health, safety or welfare imperatively requires emergency action because a special inspector failed to comply with applicable laws or rules, the special inspector's commission may be summarily suspended.

c. Probation period. A special inspector may be placed on probation for a period not to exceed one year for each incident causing probation.

d. Suspension period. A special inspector's commission may be suspended up to five years for each incident causing a suspension.

e. Revocation period. A special inspector's commission that has been revoked will not be reinstated for five years.

f. Concurrent actions. Multiple actions may proceed at the same time against any special inspector.

g. Revoked or suspended commissions. Within five business days of final agency action revoking or suspending a special inspector commission, the special inspector shall surrender the special inspector's commission card to the director. The director may notify the special inspector's employer and the organization that certified the special inspector as a CEI of a revocation or suspension.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.13(89A) Safety tests. Only safety test reports submitted on approved forms from elevator mechanics who are employed by authorized companies meet the requirements of this rule. The alternative test methods set forth at ASME A17.1, Rule 8.6.11.10, are not allowed as a substitute for a full-load safety test.

371.13(1) *When safety tests will be performed.*

a. Safety tests are performed on new and altered installations before they are placed in service.

b. Category 1 safety tests of wind turbine tower elevators are conducted after two years of operation, and category 5 safety tests of wind turbine tower elevators are performed after ten years of

operation. Safety tests shall be made on all other conveyances pursuant to the schedules and procedures set forth in:

(1) The maintenance control plan for wind tower lifts exempted from ASME A17.1;

(2) The CCD for conveyances covered by ASME A17.7-2007/CSA B44-07;

(3) The columns pertaining to "periodic tests" in Table N-1 in the edition of ASME A17.1 currently adopted for new conveyances;

(4) ASME A18.1(2003), Part 10; or

(5) ANSI A10.4-2007, Section 26.4.

371.13(2) *How safety tests will be reported.* Within 30 days after completion of a safety test, the elevator mechanic shall file with the director a report on an approved form and provide a copy of the form to the owner and to the witness, if applicable.

371.13(3) *How safety tests will be recorded.* The elevator mechanic shall attach a tag showing the date of the test, the elevator mechanic's name, and the type of test performed.

a. On electric traction elevators, the elevator mechanic attaches the tag to the safety-releasing carrier.

b. On hydraulic elevators, the elevator mechanic attaches the tag to the disconnecting switch or the controller.

c. On wheelchair lifts, the elevator mechanic attaches the tag to the disconnecting switch.

d. On other conveyances covered by these rules, the director witnessing the acceptance safety test will indicate the proper location of the tag. Subsequent test tags are attached in the same location.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.14(89A) Authorized companies—requirements.

371.14(1) Each year, authorized companies will train their elevator mechanics who perform safety tests on safety test procedures.

371.14(2) For each conveyance owned by an authorized company, the owner will obtain the services of a CEI who is not employed by the authorized company or an inspector employed by the state to witness the safety test.

371.14(3) To become authorized to perform safety tests, a company will submit a copy of its procedures for performing safety tests. The director will review the procedures for adequacy and will request modifications to the procedures or grant or deny the authorization.

371.14(4) Every five years or within six months after the board adopts a new edition of ASME, whichever is earlier, authorized companies will submit revised safety test procedures for renewal of authorization. The director will review the procedures for adequacy and will request modifications to the procedures or grant or deny the authorization.

371.14(5) Investigations. Investigations will take place at the times and in the places the director directs. The director may investigate for any reasonable cause. The director may conduct interviews and utilize other reasonable investigatory techniques. Investigations may be conducted without prior notice.

371.14(6) Suspension. If the director determines that a falsified safety test report was submitted by an elevator mechanic, the director will suspend the authorization of the elevator mechanic's employer for six months. During the suspension, all safety tests performed by any employee of the authorized company will be witnessed by a state inspector or a CEI who is not employed by the suspended authorized company.

371.14(7) Suspension procedures.

a. The director will notify an authorized company of its suspension by certified mail or by other service as permitted by Iowa Code chapter 17A.

b. The authorized company will have 20 days to file a written notice of contest with the director. If the authorized company does not file a written notice of contest in a timely manner, the suspension will automatically be effective. If the authorized company does file a written notice of contest in a timely manner, department hearing procedures govern.

c. If the director finds, pursuant to Iowa Code section 17A.18A, that public health, safety or welfare imperatively requires emergency action, the authorization may be summarily suspended.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.15(89A) Fees. Except as noted in this rule, all fees are nonrefundable and due in advance.

371.15(1) *Operating permits.* The annual operating permit fee is $75 per conveyance.

371.15(2) *Periodic inspections.* Fees shall be remitted to the department within 30 days of the date of inspection. The fees for periodic inspections are as follows:

a. Construction elevator: $200.
b. Wind tower lift: $225.
c. Hand-powered elevator: $90.
d. Television tower elevator: $500.
e. Handicapped restricted use elevator: $100.
f. Other hydraulic elevator: $100.
g. Other traction elevator: $150.
h. Escalator: $150.
i. Dumbwaiter: $90.
j. Wheelchair lift: $90.
k. CPH:
(1) Annual: $500.
(2) Quarterly: $200.
l. Moving walk: $150.

371.15(3) *Installation permits.* The fees in this subrule cover the initial print review, installation permit, initial inspection and first-year operating permit. Each print revision submitted to the department is subject to an additional fee of $100. The fees for new installations are as follows:

a. Wind tower lift: $500.
b. Material lift elevators: $500.
c. Other hydraulic elevators: $750.
d. Other traction elevators: $1,000.
e. Escalator: $1,000.
f. Dumbwaiter: $500.
g. Wheelchair lift: $500.
h. CPH: $500.
i. Moving walk: $500.

371.15(4) *Alteration permits.*

a. Except as set forth below, the fee for any elevator alteration permit is $500 and covers the initial print review, alteration permit, and initial inspection.

b. The fee for each CPH extension is $150. The total fee required for all planned CPH extensions shall be submitted with the installation permit application.

c. The fee for an alteration permit is $500 if the only alteration is the addition or replacement of an escalator skirt brush.

d. The fee for an initial print review, elevator alteration permit, and initial inspection is $250 if both of the following conditions are met:

(1) The only changes covered by the elevator alteration permit application are required by ASME A17.3 (2011) as adopted in 481—Chapters 372 and 373; and

(2) The elevator alteration permit application is submitted before or no later than 120 days after the issuance of an inspection report describing ASME A17.3 requirements.

e. For all other conveyances, the fees for new installations shall apply to alterations.

371.15(5) *Construction permits.* The construction permit fee is $200 per conveyance. This fee includes the fee for initial inspection.

371.15(6) *Controller upgrade permits.* The controller upgrade permit fee is $250. This fee includes one inspection.

371.15(7) *Consultative inspections* Consultative inspections may be performed at the discretion of the director for $125 per hour, including travel time, with a minimum charge of $250.

371.15(8) *Special inspector commission.* The special inspector commission fee is $60 annually.

371.15(9) *Witness of safety tests.* The fee for department employees to witness safety tests is $125 per hour, including travel time, with a minimum charge of $250.

371.15(10) *Permit extensions.* The fee to extend an installation permit, alteration permit, or construction permit is $100.

371.15(11) *Inspections outside of normal business hours.* Inspections outside the normal business hours may be performed at the discretion of the director. If the owner or contractor requests an inspection outside of normal business hours and the director agrees to the schedule, an additional fee will be charged. The additional fee will be calculated at a rate of $200 per hour, including travel time, with a minimum charge of $400.

371.15(12) *Reinspections.* The fees for reinspections are $400 for television tower elevators and CPHs, $200 for wind tower lifts, and $300 for all other conveyances.

371.15(13) *Inspection for temporary removal from service.* The inspection fee for temporary removal from service is $125 per hour, including travel time, with a minimum charge of $250.

371.15(14) *Fee waiver.*

a. When a state inspector combines in one visit two different types of inspection on a single conveyance, the director may waive the lesser of the fees.

b. The fee for an alteration permit will be waived by the director if the only alterations covered by the permit application are required by 481—Chapter 372 or 373. The fee waiver set forth in this paragraph does not eliminate the requirement to pay for an acceptance inspection or for an operating permit.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.16(89A) Publications available for review. Standards, codes, and publications adopted by reference in these rules are available for review in the department office.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.17(89A) Accidents and injuries—requirements.

371.17(1) This rule applies to a conveyance in the event one of the following occurs:

a. A personal injury accident that requires the service of a physician;

b. A personal injury accident that causes disability exceeding one day; or

c. Damage that will require more than one hour of mechanic's time (excluding travel) to repair.

371.17(2) The owner will promptly notify the director if one of the events listed in subrule 371.19(1) occurs. Notification will be in writing and will include the state identification number, owner, and description of accident.

371.17(3) The removal of any part of the damaged conveyance or operating mechanism from the premises is forbidden until permission is granted by the director.

371.17(4) When an accident or injury involves the failure or destruction of any part of the conveyance or its operating mechanism, the use of the conveyance is forbidden until it has been inspected and approved by the director.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.18(89A) Temporary removal from service. The requirements for an annual inspection, annual inspection fee, safety test, operating permit, and operating permit fee will be temporarily suspended for up to three years for an elevator in an unoccupied building if the requirements of this rule are met.

371.18(1) All elevator doors in unoccupied buildings shall be closed and locked. Hydraulic elevators are parked at the bottom of the hoistway. Traction elevators are parked at the top of the hoistway.

371.18(2) Upon request by the owner of an elevator in an unoccupied building, the director will send an inspector who is a state employee to confirm that the building is unoccupied and that the car and doors of the elevator have been properly secured. If the conditions set forth in subrule "1" are met, the inspector shall apply to the elevator a seal and a red tag marked with the words "Do Not Operate."

371.18(3) One year after the inspection, the owner must file with the director written confirmation that the status of the elevator and building have not changed, and the owner must file again two years after the inspection. Failure to comply with this requirement will result in termination of the temporary suspension of the requirements for safety tests, inspections, and operating permits.

371.18(4) Prior to returning the elevator to service, and upon request of the owner, the director may allow the elevator to be operated for 30 days for the sole purpose of performing safety tests and maintenance.

371.18(5) The owner must notify the director at least two weeks before placing an elevator back into service and must arrange for an inspector who is a state employee to witness a safety test.

371.18(6) If at the end of three years the building is still unoccupied, suspension of the requirements for safety tests, inspections, and operating permits end without possibility of renewal.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—371.19(89A) Other regulations affecting elevators. No rule in 481—Chapters 371 through 373 shall be interpreted as creating a waiver from any otherwise applicable regulation or statute.

[**ARC 8773C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 89A, 252J, and 272D.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 372
CONVEYANCES INSTALLED ON OR AFTER JANUARY 1, 1975

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 72]
[Prior to 7/9/25, see Labor Services Division[875] Ch 72]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—372.1(89A) Purpose and scope. This chapter contains safety standards covering the design, construction, installation, operation, inspection, testing, maintenance, alteration, and repair of conveyances installed on or after January 1, 1975. The rules of this chapter also apply to previously dormant conveyances that are being reactivated and to reinstalled or moved conveyances. As used in this rule, the word "installation" refers to the date on which a conveyance contractor enters into a contractual agreement pertaining to a conveyance.

372.1(1) For installations between January 1, 1975, and December 31, 1982, ANSI A17.1 means ANSI A17.1 (1971).

372.1(2) For installations between January 1, 1983, and December 31, 1992:

a. ANSI A17.1 means ANSI A17.1 (1981); and

b. ANSI A117.1 means ANSI A117.1 (1980).

372.1(3) For installations between January 1, 1993, and December 31, 2000:

a. ASME A17.1 means ASME A17.1 (1990) and in addition means the following:

(1) ASME A17.1b (1992), Rule 110.11h, for electric elevators installed between July 1, 1993, and December 31, 2000, and

(2) ASME A17.1b (1992), Rule 110.11h that is referenced by Rule 300.11, for hydraulic elevators installed between July 1, 1993, and December 31, 2000.

b. ANSI/NFPA 70 means ANSI/NFPA 70 (1990); and

c. ANSI A117.1 means ANSI A117.1 (1980).

372.1(4) For installations between January 1, 2001, and December 31, 2003:

a. ASME A17.1 means ASME A17.1 (1996 through the 1999 addenda);

b. ASME A18.1 means ASME A18.1 (1999), except Chapters 4, 5, 6, and 7;

c. ANSI A117.1 means ANSI A117.1 (1998); and

d. ANSI/NFPA 70 means ANSI/NFPA 70 (1999).

372.1(5) For installations between January 1, 2004, and April 4, 2006:

a. ASME A17.1 means ASME A17.1 (2000 through the 2003 addenda);

b. ASME A18.1 means ASME A18.1 (1999 through the 2001 addenda), except Chapters 4, 5, 6, and 7;

c. ANSI A117.1 means ANSI A117.1 (1998); and

d. ANSI/NFPA 70 means ANSI/NFPA 70 (2002).

372.1(6) For installations between April 5, 2006, and July 22, 2008:

a. ASME A17.1 means ASME A17.1-2004, A17.1a-2005 and A17.1S-2005;

b. ASME A18.1 means ASME A18.1 (2003), except Chapters 4, 5, 6, and 7;

c. ANSI A117.1 means ANSI A117.1 (2003), except for Rule 407.4.6.2.2; and

d. ANSI/NFPA 70 means ANSI/NFPA 70 (2005).

372.1(7) For installations between July 23, 2008, and July 18, 2012:

a. ASME A17.1 means ASME A17.1-2007/CSA B44-07;

b. ASME A17.7 means ASME A17.7-2007/CSA B44-07;

c. ASME A18.1 means ASME A18.1 (2003), except Chapters 4, 5, 6, and 7;

d. ANSI A117.1 means ANSI A117.1 (2003), except for Rule 407.4.6.2.2; and

e. ANSI/NFPA 70 means ANSI/NFPA 70 (2005).

372.1(8) For installations between July 19, 2012, and January 30, 2014:

a. ASME A17.1 means ASME A17.1-2010/CSA B44-10, except for Rule 2.27.1.1.6;

b. ASME A17.7 means ASME A17.7-2007/CSA B44-07;

c. ASME A18.1 means ASME A18.1 (2003), except Chapters 4, 5, 6, and 7;
d. ANSI A117.1 means ANSI A117.1 (2003), except for Rule 407.4.6.2.2; and
e. ANSI/NFPA 70 means ANSI/NFPA 70 (2008).

372.1(9) For installations between January 31, 2014, and January 14, 2015:
a. ASME A17.1 means ASME A17.1-2010/CSA B44-10, except for Rule 2.27.1.1.6;
b. ASME A17.7 means ASME A17.7-2007/CSA B44-07;
c. ASME A18.1 means ASME A18.1 (2011), except Chapters 4, 5, 6, and 7;
d. ANSI A117.1 means ANSI A117.1 (2003), except for Rule 407.4.6.2.2; and
e. ANSI/NFPA 70 means ANSI/NFPA 70 (2008).

372.1(10) For installations between January 15, 2015, and May 16, 2018:
a. ASME A17.1 means ASME A17.1-2013/CSA B44-13;
b. ASME A17.7 means ASME A17.7-2007/CSA B44-07;
c. ASME A18.1 means ASME A18.1 (2011), except Chapters 4, 5, 6, and 7;
d. ANSI A117.1 means ANSI A117.1 (2003), except for Rule 407.4.6.2.2; and
e. ANSI/NFPA 70 means ANSI/NFPA 70 (2011).

372.1(11) For installations between May 17, 2018, and May 31, 2021:
a. ASME A17.1 means ASME A17.1-2016/CSA B44-16;
b. ASME A17.7 means ASME A17.7-2012/CSA B44.7-12;
c. ASME A17.8 means ASME A17.8-2016/CSA B44.8-16;
d. ASME A18.1 means ASME A18.1 (2014), except Chapters 4, 5, 6, and 7;
e. ANSI A117.1 means ANSI A117.1 (2017), except for requirement 407.4.7.1.2; and
f. ANSI/NFPA 70 means ANSI/NFPA 70 (2017).

372.1(12) For installations on or after June 1, 2021:
a. ASME A17.1 means ASME A17.1-2019/CSA B44-19, except that,
(1) Approaching object detection as described in 2.13.5 is optional; and
(2) ASME A17.1-2016/CSA B44-16, requirement 2.13.5, applies if approaching object detection is not installed;
b. ASME A17.7 means ASME A17.7-2012/CSA B44.7-12;
c. ASME A17.8 means ASME A17.8-2016/CSA B44.8-16;
d. ASME A18.1 means ASME A18.1 (2014), except Chapters 4, 5, 6, and 7;
e. ANSI A117.1 means ANSI A117.1 (2017), except for requirement 407.4.7.1.2; and
f. ANSI/NFPA 70 means ANSI/NFPA 70 (2017).

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.2(89A) Definitions. The definitions contained in ASME A17.1, ASME A18.1, and ANSI A117.1 and any other standard adopted herein by reference are applicable as used in this chapter to the extent that the definitions do not conflict with the definitions contained in Iowa Code chapter 89A and these rules. However, the definition of "building code" in ASME A17.1 is modified to exclude the Building Construction and Safety Code (NFPA 5000) and the National Building Code of Canada (NBCC) for any installation after March 1, 2008.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.3(89A) Accommodating the physically disabled. All passenger elevators installed between January 1, 1975, and December 31, 1982, that are available and intended for public use shall be usable by the physically disabled. All passenger elevators will have control buttons with identifying features for the benefit of the blind and will allow for wheelchair traffic. All passenger elevators and wheelchair lifts installed on or after January 1, 1983, that are accessible to the general public shall comply with Accessible and Usable Buildings and Facilities ANSI A117.1, sections 407 and 408.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.4(89A) Electric elevators. The provisions contained in ASME A17.1, Part 2, are adopted by reference.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.5(89A) Hydraulic elevators. The provisions contained in ASME A17.1, Part 3, are adopted by reference.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.6(89A) Power sidewalk elevators. The provisions contained in ASME A17.1, section 5.5, are adopted by reference.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.7(89A) Performance-based safety code. Conveyances may comply with ASME A17.7, in whole or in part, as an alternative to ASME A17.1.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.8(89A) Hand and power dumbwaiters. The provisions contained in ASME A17.1, sections 7.1, 7.2, 7.3, and 7.8, are adopted by reference.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.9(89A) Escalators and moving walks. The provisions contained in ASME A17.1, Part 6, are adopted by reference, except for those portions that allow an operating or safety device to reset automatically.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.10(89A) General requirements.

372.10(1) The provisions contained in ASME A17.1, Part 8, are adopted by reference unless specifically excluded herein.

372.10(2) Except as noted in this rule, the American Society of Mechanical Engineers Safety Code for Existing Elevators and Escalators, A17.3 (2011), is adopted by reference with an enforcement date of May 1, 2021.

a. If a code provision that is more restrictive than A17.3 (2011) applied to a conveyance when the conveyance was installed, the more restrictive provision remains in effect.

b. A17.3 (2011) Part X applies to handicapped restricted use elevators without regard to the scope provisions set forth in A17.3 (2011) Part X.

c. Provisions of A17.3 (2011) that require installation of a new controller to implement Phase 1 and Phase 2 fire service or car top operation are not adopted by reference and are not be enforced in Iowa.

d. A17.3 (2011), Rule 2.3.2, is intended to prevent the accumulation of sewer gas in an elevator pit and does not require the addition of a drain pipe in an existing pit. An air gap in an existing drain pipe is adequate compliance.

e. An elevator that was legally installed with guide rails made of materials other than steel will not be required to replace the guide rails due to the adoption of A17.3 (2011).

372.10(3) Permanent lighting shall be installed in the hoistway of an elevator contracted after March 1, 2019. Three-way switches to control the hoistway lighting shall be installed at the pit access door and the top landing access door. The lighting shall be sufficient to provide 10 foot-candles of light to the center of the elevator path measured when the car top lights are off. Engineering calculations that prove 10 foot-candles of light are provided to the center of the elevator path may be substituted for light meter measurements under circumstances such as a glass back car where use of a light meter is not practical.

372.10(4) For conveyances contracted after March 1, 2019, all electrical wiring in a machine room, control space, control room, machinery space, and hoistway shall comply with ANSI/NFPA 70 and be enclosed in metal conduit, flexible conduit, or metal raceways. However, this subrule does not apply in applications such as traveling cables and car top work lights where movement is required for proper function or to operating devices and control equipment where adjustment may be needed.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.11(89A) Wind tower lifts. Wind tower lifts authorized by this rule shall not be installed in grain elevators, high-rise buildings, water towers, television towers or any facility other than a wind tower built for the production of electricity. This rule applies to all wind tower lifts, whether installed before or after

May 28, 2008; however, this exception does not apply to a wind tower lift if the contract for its installation is executed after an AECO is accredited.

372.11(1) Wind tower lifts that meet the requirements of subrules 372.11(2) through 372.11(9) are exempt from the requirements of ASME A17.1. This temporary exemption terminates for a wind tower lift upon the occurrence of at least one of the following events:

a. Three weeks have passed since the accreditation of at least one AECO, and the manufacturer of the wind tower lift has not filed with the director an affidavit attesting that a request for Certificate of Conformance as described by ASME A17.7 (2007) was submitted to an AECO.

b. The AECO has reviewed a request pursuant to ASME A17.7 and refused to issue a Certificate of Conformance for the model or series of lifts.

c. The AECO has determined that modifications to the wind tower lift are necessary, and the modifications have not been made with reasonable diligence.

d. The AECO has determined that modifications to the wind tower lift are necessary, and the director determines the wind tower lift is not safe to operate prior to completion of the modifications.

e. The AECO has reviewed an application pursuant to ASME A17.7 and issued a Certificate of Conformance for the model or series of lifts.

372.11(2) A wind tower lift placed in operation on or before May 28, 2008, shall be registered by the owner with the director no later than July 1, 2008, and shall pass an installation inspection by inspectors employed by the director according to the schedule set by the director. The wind tower lift shall receive a periodic inspection by the director annually thereafter.

372.11(3) The owner of a wind tower lift installed after May 28, 2008, shall register the wind tower lift with the director prior to its installation. A wind tower lift installed after May 28, 2008, shall pass an installation inspection by the director prior to its being placed into operation. The wind tower lift will receive a periodic inspection annually thereafter.

372.11(4) Registration pursuant to this rule requires submission of the following information to the director:

a. The unique identifier of the wind tower.

b. The name of the wind tower owner and contact information for the owner's representative.

c. The name of the wind tower lift manufacturer and contact information for the manufacturer's representative.

d. The location of the wind farm.

e. Three copies of the prints and design documents that are certified by a professional engineer duly licensed in the state of Iowa and that bear the professional engineer's P.E. stamp for the lifts.

f. The manufacturer's complete test procedures, inspection checklists, operating manual, service manual, and related documents as determined necessary by the director.

372.11(5) The owner shall notify the director within 30 days of any change in the information provided pursuant to paragraphs 372.11(4)*"b"* and *"c."*

372.11(6) The manufacturer of a lift must notify the director in writing within one week if one of its wind tower lifts anywhere in the world is involved in a personal injury accident requiring the service of a physician, a personal injury accident causing disability exceeding one day or death, or an incident causing property damage exceeding $2,000. The notification shall specifically identify the model number, serial number, and owner of the lift, and a description of the incident or accident. The director shall determine and require necessary inspections, tests, changes or enhancements to prevent a similar incident or accident in this state.

372.11(7) The manufacturer shall notify the director within seven days of notification to the manufacturer that an AECO has:

a. Issued a Certificate of Conformance for the model or series of wind tower lifts,

b. Refused to issue a Certificate of Conformance for the model or series of wind tower lifts, or

c. Determined that modifications to the wind tower lifts are necessary.

372.11(8) Wind tower lifts shall pass an inspection covering the following criteria:

a. Ascending speed, descending speed, and emergency descending speed will not exceed the manufacturer's recommendations.

b. Stop switch, interior lighting, cage entry door, door contact, operating controls, and remote operating controls will operate according to manufacturer's recommendations.

c. Interior floor and cage framework will appear to be structurally sound.

d. Enclosure signage recommended by the manufacturer will be in place.

e. Manufacturer's data plate will be visible.

f. Hoisting mechanism will appear to be structurally sound and intact from inside and outside the car.

g. Guide shoes will appear to be structurally sound and undamaged.

h. Suspended power cords and strain relief devices will reveal no visible damage.

i. Upper and lower normal and final limits will operate according to the manufacturer's recommendations.

j. Overspeed device will successfully pass a full-load test.

k. Overload device will successfully pass an overload test according to the manufacturer's recommendations.

l. Wire rope, safety rope, and guide rope will show no evidence of wear.

m. Guide rope attachments, suspension attachment beam, beam tower attachments, suspension rope attachment, suspension rope secondary attachment (if present), and guide wire rope attachments will show no evidence of wear or fatigue.

n. The wind tower lift will not drift when subjected to a static full load.

o. Maintenance logs, tags, and other necessary documentation will be available in sufficient detail to establish that maintenance is occurring pursuant to the manufacturer's schedule.

p. Guide rope tension device, safety rope tension device, and suspension rope tension device will pass a visual test for proper tension.

q. Power cord catch basket will pass a visual inspection.

r. Safety set distance, overspeed trip speed, overload limit setting, and maximum overload allowed will not exceed manufacturer's recommendations.

s. A communication device, if installed in the car, will be operable.

t. Any other items on the manufacturer's recommended inspection checklist will pass inspection.

372.11(9) The owner or owner's representative shall provide weights as needed to perform necessary tests during inspections.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.12(89A) Alterations, repairs, replacements and maintenance.

372.12(1) *General.* Except as set forth in this rule, all maintenance, repairs, replacements, and alterations comply with the edition of ASME A17.1 currently adopted for new conveyances or ASME A17.7-2007/CSA B44-07, as applicable. "Alterations" in 481—Chapter 371 describes alterations that require that the entire conveyance be brought into compliance with the most current codes.

372.12(2) *Exemption for button renumbering.* All maintenance, repairs and alterations to devices covered by ANSI A117.1 comply with ANSI A117.1 (2017), except for requirement 407.4.7.1.2.

372.12(3) *Sump pump exemption.* The provisions of ASME A17.1 that require a pit sump or drain do not apply to an elevator alteration when all of the following criteria are met:

a. No other code or rule requires that the pit be excavated or lowered.

b. The alteration plans do not include the excavation or lowering of the pit floor for any other reason.

c. There is evidence that groundwater has not entered the pit previously.

d. The location and geology of the building indicate a likelihood that groundwater would enter the pit if the foundation or pit floor were breached to install the pit sump or drain.

e. A description of alternative means to maintain the pit in a dry condition is provided to the director with the alteration permit application.

f. The director approves the alternative means to maintain the pit in a dry condition.

g. The alternative means to maintain the pit in a dry condition are installed or implemented as described in the alteration permit application.

372.12(4) *Pit excavation exemption.* For elevators altered before August 1, 2018, the full length of the platform guard set forth in ASME A17.1, Rule 2.15.9.2(a), will not be required if all of the following criteria are met:

a. No other code or rule requires that the pit be excavated or lowered.

b. The alteration plans do not include the excavation or lowering of the pit floor for any other reason.

c. A full-length platform guard would strike the pit floor when the elevator is on its fully compressed buffer.

d. The clearance between the bottom of the platform guard and the pit floor is 2.5 centimeters (1 inch) when the elevator is on its fully compressed buffer.

372.12(5) *Sprinkler retrofits and shunt trip breakers.* When a sprinkler is added to a hoistway or machine room, the conveyance shall comply with the following:

a. The installation complies with the applicable version of ASME A17.1, Rule 2.8.3.3.

b. The elevator controls comply with the phase I fire recall provisions of the applicable version of ASME A17.1, Rule 2.27.3.

c. The applicable version of ASME A17.1 is determined by reference to rule 481—372.1(89A). For purposes of this subrule, the relevant subrule of rule 481—372.1(89A) applies based on the date the sprinkler is installed instead of the date the conveyance was installed.

372.12(6) *Alterations of handicapped restricted use elevators.* A component of a handicapped restricted use elevator being altered will comply with the portions of ASME A17.1, section 5.3, applicable to the component. The edition of ASME A17.1 adopted by reference in rule 481—372.1(89A) will be applied.

372.12(7) *Hoistway lighting.* If the controller for an elevator is being replaced, permanent lighting shall be installed in the hoistway of the elevator. Three-way switches to control the hoistway lighting shall be installed at the pit access door and the top landing access door. The lighting will be sufficient to provide 10 foot-candles of light to the center of the elevator path measured when the car top lights are off. Engineering calculations that prove 10 foot-candles of light are provided to the center of the elevator path may be substituted for light meter measurements under circumstances such as a glass back car where use of a light meter is not practical.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.13(89A) Power-operated special purpose elevators. The provisions contained in ASME A17.1, section 5.7, are adopted by reference.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.14(89A) Inclined and vertical wheelchair lifts. The provisions contained in ASME Safety Standard for Platform Lifts and Stairway Chairlifts A18.1, sections 1, 2, 3, 8, 9, and 10, are adopted by reference for all inclined and vertical wheelchair lifts.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.15(89A) Hand-powered elevators. Hand-powered elevators shall not be installed after January 1, 1983.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.16(89A) Limited-use/limited-application elevators. The provisions contained in ASME A17.1, section 5.2, are adopted by reference.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.17(89A) Rack and pinion, screw-column elevators. The provisions contained in ASME A17.1, sections 4.1 and 4.2, are adopted by reference.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.18(89A) Inclined elevators. The provisions contained in ASME A17.1, section 5.1, are adopted by reference.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.19(89A) Material lift elevators. The provisions contained in ASME A17.1, Sections 7.4 through 7.7 and 7.9 through 7.11, are adopted by reference for material lift elevators installed on or after August 10, 2016.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.20(89A) Elevators used for construction. The provisions contained in ASME A17.1, section 5.10, are adopted by reference only as they pertain to elevators utilizing permanent equipment in a permanent location.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.21(89A) Construction personnel hoists. The provisions of ANSI A10.4-2007 are adopted by reference for construction personnel hoists as defined by ANSI A10.4-2007. Notwithstanding the ANSI definition, these conveyances may be used only temporarily during construction.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.22(89A) Alarm bell. An automatic passenger elevator shall be provided with an alarm bell that is activated by a switch marked "ALARM" located in or adjacent to the car operating panel. The alarm bell shall be audible inside the car and outside the hoistway.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.23(89A) Child entrapment safeguards. This rule applies to a passenger elevator unless it has a car door consisting of a solid panel.

372.23(1) For purposes of this rule, "distance with deflection between the doors or gates" means the distance between the closed car door or gate and the closed hoistway door or gate measured at the greatest perpendicular distance with deflection.

372.23(2) For purposes of this rule, measurements of door or gate deflection are made in the manner described by ASME A17.1, section 2.14.4.6.

372.23(3) Door or gate deflection shall not exceed .75 inch.

372.23(4) If the distance with deflection between the doors or gates exceeds 5 inches, a means shall be provided to disable the elevator if a person is in the space between the closed doors or gates.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.24(89A) Handicapped restricted use elevators. All handicapped restricted use elevators must meet ANSI A17.1 (1981), Part V. Additionally, the elevators shall comply with the following limitations:

1. The elevator will be used only by a maximum of one disabled person and one attendant at a time. Where a disabled person cannot operate the elevator in a manner that will ensure access to all operating controls and safety features, an attendant will accompany the disabled person.
2. The elevator will be key-operated and will not be capable of being called by buttons or switches but may be called by a key operator.
3. Keys to operate the elevator will be in the control of the disabled person, the attendant or persons in positions of responsibility at the location.
4. A list will be maintained at the location indicating the persons holding keys for the operation of the elevator.
5. Each landing and the elevator car will be posted to indicate that the elevator is only for the use of disabled persons.
6. The travel distance of the elevator will not exceed 50 feet.

[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—372.25(89A) Elevators in broadcast towers. This rule applies to special purpose elevators located in broadcast towers.

372.25(1) *Anchorages.* Anchorages shall be attached inside the car and on the car top.

372.25(2) *Emergency stop switch.* An emergency stop switch compliant with ASME A17.1, sections 2.26.2.8 and 5.7.19, shall be installed on the car top.
[**ARC 8774C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 89A.

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[1] Adopted language of rule 875—72.22(89A) [ARC 6854B, 6/18/08] editorially restored IAC Supplement 2/18/15.

CHAPTER 373
CONVEYANCES INSTALLED PRIOR TO JANUARY 1, 1975

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 73]
[Prior to 7/9/25, see Labor Services Division[875] Ch 73]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/12/30

481—373.1(89A) Scope, definitions, and schedule.

373.1(1) This chapter establishes minimum safety standards for all conveyances installed prior to January 1, 1975, except material lift elevators. Conveyances installed on or after January 1, 1975, shall conform with the requirements set forth in 481—Chapter 372. Material lift elevators installed prior to January 1, 1975, are not subject to regulation pursuant to Iowa Code section 89A.2.

373.1(2) The definitions contained in American National Standard Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Walks, A17.1 (1971), are applicable as used in this chapter to the extent that they do not conflict with the definitions contained in Iowa Code chapter 89A or 481—Chapter 371.

373.1(3) Except as noted in this rule, the American Society of Mechanical Engineers Safety Code for Existing Elevators and Escalators, A17.3 (2011), is adopted by reference with an enforcement date of May 1, 2021.

a. If a code provision that is more restrictive than A17.3 (2011) applied to a conveyance when the conveyance was installed, the more restrictive provision remains in effect.

b. A17.3 (2011) Part X applies to handicapped restricted use elevators without regard to the scope of provisions set forth in A17.3 (2011) Part X.

c. Provisions of A17.3 (2011) that require installation of a new controller to implement Phase 1 and Phase 2 fire service or car top operation are not adopted by reference and will not be enforced in Iowa.

d. A17.3 (2011), Rule 2.3.2, is intended to prevent the accumulation of sewer gas in an elevator pit and does not require the addition of a drain pipe in an existing pit. An air gap in an existing drain pipe is adequate compliance.

e. The following substitutes for the final sentence of A17.3 (2011), Rule 2.1.5(b): “Previously installed 60-inch chains are deemed to be in compliance.”

f. An elevator that was legally installed with guide rails made of materials other than steel is not required to replace the guide rails due to the adoption of A17.3 (2011).

g. Electrical protective devices required by A17.3, requirement 3.10.4, shall cause the electric power to be removed from the elevator driving-machine motor and brake.

h. Control panels that are designed with a door or cover and lock shall be locked when service is not being performed if equipment unrelated to the elevator is in the machine room. Group 1 security as set forth in A17.1, section 8.1, shall be utilized.

i. A car top emergency exit pursuant to A17.3 (2011), requirement 3.4.4.1(a), is not required for a hydraulic elevator if the elevator has manual lowering and it is not equipped with a plunger gripper or safety as described in ASME A17.1 (2013), requirement 8.6.5.8.

373.1(4) The American Society of Mechanical Engineers Safety Code for Elevators and Escalators, A17.1-2013/CSA B44-13 (2013), Rule 2.14.7.1.4, concerning car top lighting and car top electrical outlets, is adopted by reference with an effective date of May 1, 2021. However, if a car top already has a single outlet, installation of a duplex outlet will not be required.

[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.2(89A) Electrical protective devices. All electrical equipment pertaining to the elevator shall conform to ANSI C1-1975 (NFPA 70-1975).

[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.3(89A) Maintenance, repair and alteration requirements.

373.3(1) *General.* Except as set forth in this rule, all maintenance, repairs and alterations comply with the edition of ASME A17.1, Part 8, currently adopted for new conveyances or ASME A17.7-2007/CSA B44-07, as applicable. Alterations that require that the entire conveyance be brought into compliance with the most current code are described in 481—Chapter 371.

373.3(2) *Exemption for button numbering.* All maintenance, repairs and alterations to devices covered by ANSI A117.1 comply with ANSI A117.1 (2017), except for requirement 407.4.7.1.2.

373.3(3) *Sump pump exemption.* The provisions of ASME A17.1 that require a pit sump or drain do not apply to an elevator alteration when all of the following criteria are met:

a. No other code or rule requires that the pit be excavated or lowered.

b. The alteration plans do not include the excavation or lowering of the pit floor for any other reason.

c. There is evidence that groundwater has not entered the pit previously.

d. The location and geology of the building indicate a likelihood that groundwater would enter the pit if the foundation or pit floor were breached to install the pit sump or drain.

e. A description of alternative means to maintain the pit in a dry condition is provided to the director with the alteration permit application.

f. The director approves the alternative means to maintain the pit in a dry condition.

g. The alternative means to maintain the pit in a dry condition are installed or implemented as described in the alteration permit application.

373.3(4) *Pit excavation exemption.* The full length of the platform guard set forth in ASME A17.1, Rule 2.15.9.2(a), is not required if all of the following criteria are met:

a. No other code or rule requires that the pit be excavated or lowered.

b. The alteration plans do not include the excavation or lowering of the pit floor for any other reason.

c. A full-length platform guard would strike the pit floor when the elevator is on its fully compressed buffer.

d. The clearance between the bottom of the platform guard and the pit floor is 2.5 centimeters (1 inch) when the elevator is on its fully compressed buffer.

373.3(5) *Sprinkler retrofits and shunt trip breakers.* When a sprinkler is added to a hoistway or machine room, the conveyance shall comply with the following:

a. For installations, the applicable version of ASME A17.1, Rule 2.8.3.3.

b. For elevator controls, the phase I fire recall provisions of the applicable version of ASME A17.1, Rule 2.27.3.

c. The applicable version of ASME A17.1 is determined by reference to rule 481—372.1(89A). For purposes of this subrule, the relevant subrule of rule 481—372.1(89A) applies based on the date the sprinkler is installed instead of the date the conveyance was installed.

373.3(6) *Safety bulkheads.* Documentation from the manufacturer establishing that a safety bulkhead was installed shall establish compliance with ASME A17.1, Rule 8.6.5.8.

373.3(7) *Alterations of handicapped restricted use elevators.* A component of a handicapped restricted use elevator being altered complies with the portions of ASME A17.1, section 5.3, applicable to the component. The edition of ASME A17.1 adopted by reference in rule 481—372.1(89A) is applied.

373.3(8) *Hoistway lighting.* If the controller for an elevator is being replaced, permanent lighting is installed in the hoistway of the elevator. Three-way switches to control the hoistway lighting are installed at the pit access door and the top landing access door. The lighting shall be sufficient to provide 10 foot-candles of light to the center of the elevator path measured when the car top lights are off. Engineering calculations that prove 10 foot-candles of light are provided to the center of the elevator path may be substituted for light meter measurements under circumstances such as a glass back car where use of a light meter is not practical.

[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.4(89A) Existing hand elevators. A sign reading "Danger—Elevator Hoistway—Keep Closed" shall be mounted on each hoistway door with letters at least 2 inches high.

[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.5(89A) Dumbwaiters. All dumbwaiters whether electric or hand powered conform to ANSI A17.1 (1971), section 700. Exceptions: Required rules for hoistway construction as set forth in ANSI A17.1 (1971), do not apply to existing installations.
[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.6(89A) Child entrapment safeguard requirements. This rule applies to a passenger elevator unless it has a car door consisting of a solid panel.

373.6(1) For purposes of this rule, "distance with deflection between the doors or gates" means the distance between the closed car door or gate and the closed hoistway door or gate measured at the greatest perpendicular distance with deflection.

373.6(2) For purposes of this rule, measurements of door or gate deflection are made in the manner described by ASME A17.1, section 2.14.4.6.

373.6(3) Door or gate deflection do not exceed .75 inch.

373.6(4) If the distance with deflection between the doors or gates exceeds 5 inches, a means will be provided to disable the elevator if a person is in the space between the closed doors or gates.
[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.7(89A) Elevators in broadcast towers. This rule applies to special purpose elevators located in broadcast towers.

373.7(1) *Anchorages.* Anchorages shall be attached inside the car and on the car top.

373.7(2) *Emergency stop switch.* An emergency stop switch compliant with ASME A17.1, sections 2.26.2.8 and 5.7.19, shall be installed on the car top.
[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

481—373.8(89A) Handicapped restricted use elevator requirements. All handicapped restricted use elevators must meet ANSI A17.1 (1981), Part V. Additionally, the elevators will comply with the following limitations:

1. The elevator is used only by a maximum of one disabled person and one attendant at a time. Where a disabled individual cannot operate the elevator in a manner that will ensure access to all operating controls and safety features, an attendant accompanies the disabled individual.
2. The elevator is key-operated and not capable of being called by buttons or switches but may be called by a key operator.
3. Keys to operate the elevator are in the control of the disabled person, the attendant or persons in positions of responsibility at the location.
4. A list is maintained at the location indicating the persons holding keys for the operation of the elevator.
5. Each landing and the elevator car will be posted to indicate that the elevator is only for the use of disabled persons.
6. The travel distance of the elevator will not exceed 50 feet.

[**ARC 8777C**, IAB 1/8/25, effective 2/12/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 89A.

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CHAPTERS 374 to 379
Reserved

BOILER AND PRESSURE VESSEL BOARD

CHAPTER 380
BOILER AND PRESSURE VESSEL BOARD
ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 7/9/25, see Labor Services Division[875] Ch 80]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—380.1(89) Definitions. The definitions contained in this rule apply to 481—Chapters 380 through 395.

"Board" means the boiler and pressure vessel board.

"Board office" means the offices of the department of inspections, appeals, and licensing.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

[**ARC 8882C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—380.2(89) Authority of the board. The authority and responsibilities of the board include but are not limited to the following:

380.2(1) Adopting rules necessary to protect public safety and health and to administer the duties of the board.

380.2(2) Hearing and deciding appeals concerning boiler and pressure vessel inspection reports.

380.2(3) Establishing fees.

380.2(4) Establishing committees of the board.

[**ARC 8882C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—380.3(89) Organization of board officers. The board shall elect a chairperson, vice chairperson, and secretary from its membership at the first meeting after July 1 of each year. Neither the commissioner nor the commissioner's designee may serve as chairperson. The chairperson presides at meetings, appoints committees, and performs all duties and exercises all powers of the chairperson. The vice chairperson, in the absence or incapacity of the chairperson, performs all duties and exercises all powers of the chairperson.

[**ARC 8882C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—380.4(21,89) Public meetings.

380.4(1) The board shall hold at least one meeting each calendar quarter.

380.4(2) Board meetings are governed in accordance with Iowa Code chapter 21, and the board's proceedings are conducted in accordance with Robert's Rules of Order.

380.4(3) The chairperson or the chairperson's designee will prepare an agenda listing all matters to be discussed at the meeting.

380.4(4) A majority of the members of the board constitute a quorum, and all final motions and actions must receive a majority of a quorum vote.

380.4(5) Members of the public may be present during board meetings unless the board votes to hold a closed session in accordance with Iowa Code chapter 21. The dates and locations of board meetings may be obtained from the board's website or the board office.

380.4(6) At every regularly scheduled board meeting, time will be designated for public comment. During the public comment period, any person may speak for up to two minutes. Requests to speak for two minutes per person when a particular topic comes before the board may be granted at the discretion of the chairperson. The chairperson may limit total public comment time to ten minutes.

380.4(7) The person presiding at a meeting of the board may exclude a person from an open meeting for behavior that obstructs the meeting.

[**ARC 8882C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—380.5(17A,89) Procedures for waivers in addition to 7—Chapter 2504.

380.5(1) *Filing petition.* A petition is deemed filed when it is received in the board's office. A petition and related materials for consideration should be sent to the Boiler and Pressure Vessel Board, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

380.5(2) *Content of petition.* A petition for waiver shall include the state boiler identification number of the relevant object. The required form for a petition for waiver is available on the department's website.

380.5(3) *Posting of orders granting waivers.* The order or a copy of the order granting a waiver shall be conspicuously and permanently posted in the room where the object is installed.

380.5(4) *Violations.* Violation of a condition in a waiver order is a violation of the particular rule for which the waiver was granted. The recipient of a waiver under this rule who violates a condition of the waiver may be subject to the same remedies or penalties as a person who violates the rule at issue.

[**ARC 0255D**, IAB 5/13/26, effective 4/23/26]

481—380.6(17A,89) Procedures for contested cases in addition to 7—Chapter 2506.

380.6(1) *Reconsideration of inspection report.* The owner or operator of a piece of equipment subject to a written inspection report may petition the director for reconsideration of the report within 30 days of the issuance of the report. Failure to seek timely reconsideration of the inspection report from the director is a waiver of all appeal rights under Iowa Code section 89.14(6). The burden of demonstrating compliance with all applicable statutory provisions, administrative rules, and ASME Code sections rests upon the petitioning owner or operator.

a. A petition for reconsideration must be signed by the requesting party or a representative of that party. The required form for a petition for reconsideration is available on the board's website. A petition for reconsideration shall specify:

(1) The party seeking reconsideration, including mailing address and telephone number;
(2) The location of the equipment subject to the challenged inspection report;
(3) The inspection date;
(4) The inspector who issued the challenged inspection report;
(5) The specific findings or conclusions to which exception is taken;
(6) The relief sought.

b. A copy of the challenged inspection report shall be attached to the petition for reconsideration along with all relevant documents that the petitioning party desires the director to consider when evaluating the petition.

c. The director or a designee of the director is authorized to seek additional information relating to a petition for reconsideration from the petitioning party or any other entity possessing information the director deems relevant to the petition. This subrule, however, does not impose any responsibility or duty on the director to discover documents or other information that was not submitted with the petition for reconsideration.

d. Any petition for reconsideration that is not received by the office of the director within 30 days of the issuance of the challenged inspection report is untimely and will not be considered by the director.

e. Requests for waivers of administrative rules may only be made to the board pursuant to the provisions of rule 481—380.5(17A,89).

f. In ruling on a petition for reconsideration, the director may:

(1) Affirm the inspection report as issued;
(2) Issue an amended inspection report;
(3) Rescind the inspection report;
(4) Deny the petition as untimely.

g. Any petition for reconsideration that is not ruled upon by the director within 20 days of receipt by the office of the director is denied by the director, and the challenged inspection report will be considered affirmed as issued.

380.6(2) *Appeal to the board.* The director's ruling on a petition for reconsideration or the director's deemed denial of a petition for reconsideration may be appealed to the board. An appeal must be filed in writing with the board within 30 calendar days of the earlier of either the issuance of the director's written ruling on a petition for reconsideration or the director's deemed denial of a petition for reconsideration. At

a minimum, an appeal includes a short and concise statement of the basis for the appeal. The required form for an appeal is available on the board's website. Consideration of an appeal of a ruling on a petition for reconsideration is a contested case proceeding subject to the provisions of Iowa Code chapter 17A. The director has an automatic right of intervention in any appeal of the ruling on petition for reconsideration and may defend the ruling in a contested case proceeding.

380.6(3) *Informal review.*

a. In order to preserve the ability of board members to participate in decision making, parties who desire participation in an informal review must therefore waive their right to seek disqualification of a board member based solely on the board member's participation in the informal review. Parties would not be waiving their right to seek disqualification on any other ground. By electing to participate in informal review, a party accordingly agrees that a participating board member is not disqualified from acting as a presiding officer in a later contested case proceeding.

b. The board may propose a preliminary order at the time of informal review. If a party does not consent to the preliminary order, the party must submit a request to proceed with formal contested case proceedings, including hearing, within ten days of the informal review.

c. File transmitted to the board. Upon receipt of a notice of hearing issued by the board, the director shall within 30 days forward to the board and all parties of record to the appeal copies of the challenged inspection report, the appellant's petition for reconsideration and all supporting documents, all other documents collected by the director in ruling on the petition for reconsideration, and the director's ruling on the petition for reconsideration.

380.6(4) *Presiding officer.*

a. The presiding officer in all contested cases is the board, a panel of board members, or an administrative law judge assigned by the department of inspections, appeals, and licensing. When board members act as presiding officer, they conduct the hearing and issue either a final decision or, if a quorum of the board is not present, a proposed decision. The board may be assisted by an administrative law judge when the board acts as presiding officer.

b. The board or a panel of board members when acting as presiding officer may request that an administrative law judge perform certain functions as an aid to the board or board panel, such as ruling on prehearing motions, conducting the prehearing conference, ruling on evidentiary objections at hearing, assisting in deliberations, or drafting the written decision for review by the board or board panel.

c. All rulings by an administrative law judge who acts either as presiding officer or assistant to the board are subject to appeal to the board. A party must timely seek intra-agency appeal of prehearing rulings or proposed decisions to exhaust adequate administrative remedies. While a party may seek immediate board or board panel review of rulings made by an administrative law judge when sitting with and acting as an aid to the board or board panel during a hearing, such immediate review is not required to preserve error for judicial review.

d. Unless otherwise provided by law, when reviewing a proposed decision of a panel of the board or an administrative law judge, board members have the powers of and shall comply with the provisions of this chapter that apply to presiding officers.

380.6(5) *Subpoenas in a contested case.*

a. A request for a subpoena shall include the following information, as applicable:

(1) The name, address and telephone number of the person requesting the subpoena;
(2) The name and address of the person to whom the subpoena is directed;
(3) The date, time and location at which the person is commanded to attend and give testimony;
(4) Whether the testimony is requested in connection with a deposition or hearing;
(5) A description of the books, papers, records or other evidence requested;
(6) The date, time and location for production, or inspection and copying.

b. Each subpoena shall contain, as applicable:

(1) The caption of the case;
(2) The name, address and telephone number of the person who requested the subpoena;
(3) The name and address of the person to whom the subpoena is directed;
(4) The date, time and location at which the person is commanded to appear;

(5) Whether the testimony is commanded in connection with a deposition or hearing;
(6) A description of the books, papers, records or other evidence the person is commanded to produce;
(7) The date, time and location for production, or inspection and copying;
(8) The time within which a motion to quash or modify the subpoena must be filed;
(9) The signature, address and telephone number of the presiding officer;
(10) The date of issuance;
(11) A return of service attached to the subpoena.

c. Any person who is aggrieved or adversely affected by compliance with the subpoena or any party to the contested case who desires to challenge the subpoena must, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days, file with the board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified, and may be accompanied by legal briefs or factual affidavits.

d. Upon receipt of a timely motion to quash or modify a subpoena, the board chairperson shall request an administrative law judge to hold a hearing and issue a decision. Oral argument may be scheduled at the discretion of the board or the administrative law judge. The administrative law judge may quash or modify the subpoena or deny the motion.

e. A person who is aggrieved by a ruling of an administrative law judge and who desires to challenge that ruling must appeal the ruling to the board by serving to the board, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge. If the decision of the administrative law judge to quash or modify the subpoena or to deny the motion to quash or modify the subpoena is appealed to the board, the board may uphold or overturn the decision of the administrative law judge.

f. If the person contesting the subpoena is not the party whose appeal is the subject of the contested case, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the party whose appeal is the subject of the contested case, the board's decision is not final for purposes of judicial review until there is a final decision in the contested case.

380.6(6) *Decisions.*

a. Proposed decision. Decisions issued by a panel of less than a quorum of the board or by an administrative law judge are proposed decisions. A proposed decision issued by a panel of the board or an administrative law judge becomes a final decision if not timely appealed by any party or reviewed by the board.

b. Final decision. When a quorum of the board presides over the reception of evidence at the hearing, the decision is a final decision. A copy of the final decision and order shall immediately be sent by certified mail to the appellant's last-known post office address or may be served as in the manner of original notices. Copies shall be mailed by interoffice mail or first-class mail to the counsel of record.

[**ARC 0255D**, IAB 5/13/26, effective 4/23/26; Editorial change: IAC Supplement 8/5/26]

481—380.7(89) Official communications. All official communications, including submissions and requests, go to the Boiler and Pressure Vessel Board, Department of Inspections, Appeals, and Licensing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

[**ARC 8882C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25; **ARC 0255D**, IAB 5/13/26, effective 4/23/26]

These rules are intended to implement Iowa Code chapters 21 and 89.

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CHAPTER 381
BOILER AND PRESSURE VESSEL BOARD WAIVERS

[Prior to 7/9/25, see Labor Services Division[875] Ch 81]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 382
CONTESTED CASES BEFORE THE BOILER AND PRESSURE VESSEL BOARD

[Prior to 7/9/25, see Labor Services Division[875] Ch 84]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTERS 383 to 389

Reserved

CHAPTER 390
ADMINISTRATION OF THE BOILER AND PRESSURE VESSEL PROGRAM

[Prior to 1/14/98, see 347—Chs 41 to 49]
[Prior to 8/16/06, see 875—Chs 200, 202]
[Prior to 7/9/25, see Labor Services Division[875] Ch 90]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—390.1(89) Purpose and scope. These rules institute administrative and operational procedures for implementation of Iowa Code chapter 89. An object is not considered "under pressure" and is not within the scope of Iowa Code chapter 89 when there is clear evidence that the manufacturer did not intend it to be operated at more than 3 psi and the object is operating at 3 pounds per square inch (psi) or less. Jurisdiction is limited to objects, appurtenances, controls, safety devices, and equipment rooms as required by Iowa rules.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.2(89,252J,272D) Definitions. To the extent they do not conflict with the definitions contained in Iowa Code chapter 89, the definitions in this rule are applicable to the rules contained in 481—Chapters 390 through 395.

"Alteration" means a change in the object described on the original manufacturer's data report that affects the pressure-retaining capability of the pressure-retaining object. A nonphysical change such as an increase in the maximum allowable working pressure (internal or external), an increase in design temperature, or a reduction in minimum temperature of a pressure-retaining item is considered an alteration.

"ANSI/ASME CSD-1" means Control and Safety Devices for Automatically Fired Boilers.

"Appurtenance" means any item or equipment that is attached to the object and is part of the boiler external piping.

"ASME" means the American Society of Mechanical Engineers.

"Boiler" means a vessel in which water or other liquids are heated, steam or other vapors are generated, steam or other vapors are superheated, or any combination thereof, under pressure or vacuum by the direct application of heat. "Boiler" includes all temporary boilers.

"Boiler external piping" means all boiler piping and components as set forth in the scope of the edition of ASME B31.1 currently adopted by reference in 481—Chapter 391.

"Certificate of noncompliance" means:

1. A certificate of noncompliance issued by the child support recovery unit, department of health and human services, pursuant to Iowa Code chapter 252J; or
2. A certificate of noncompliance issued by the centralized collection unit of the department of revenue pursuant to Iowa Code chapter 272D.

"CFR" means Code of Federal Regulations.

"Construction or installation code" means the applicable standard for construction or installation in effect at the time of installation.

"CSD-1 report" means Manufacturer's/Installing Contractor's Report for ASME CSD-1.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Electric boiler" means a power boiler, heating boiler, high or low temperature water boiler in which the source of heat is electricity.

"Exit" means a doorway, hallway, or similar passage that will allow free, normally upright unencumbered egress from an area.

"External inspection" means a complete examination made of the external surfaces and safety devices while the object is in operation, unless the object is required to be shut down pursuant to Iowa Code section 89.3.

"High temperature water boiler" means a water boiler intended for operations at pressures in excess of 160 psig or temperatures in excess of 250 degrees F.

"Hot water heating boiler" means a boiler in which no steam is generated, from which hot water is circulated for heating purposes and then returned to the boiler, and that operates at a pressure not exceeding 160 psig or a temperature of 250 degrees F at the boiler outlet.

"Hot water supply boiler" means a boiler that:

1. Operates at a pressure not exceeding 160 psig;
2. Furnishes hot water to be used externally to itself; and, either:

- Bears a National Board "H" stamp and has a temperature less than or equal to 250 degrees F at or near the boiler outlet, or,
- Bears a National Board "HLW" stamp and has a temperature less than or equal to 210 degrees F at or near the boiler outlet.

"Installation" means the process by which an object is connected to a system for operation. This applies to all objects whether they are new, used, or being brought back to service after being removed.

"Institution of health and custodial care" means any of the following:

1. A health care facility as defined by Iowa Code section 135C.1;
2. An assisted living program as defined by Iowa Code section 231C.2;
3. A boarding home as defined by Iowa Code section 135O.1;
4. A hospice that offers inpatient services in an institutional setting;
5. Any institution or facility in which persons are housed to receive medical, health, or other care or treatment; or
6. Any other institution or facility in which persons are housed to receive assistance with meeting personal needs or activities of daily living.

A facility or office that provides care and services only on an outpatient basis is not an "institution of health and custodial care."

"Internal inspection" means as complete an examination as can be reasonably made of the internal surfaces of an object while it is shut down and access for examination is attained through the removal of any manhole plates, handhole plates, blind flanges, piping spools or fittings attached to the object. A determination that an examination cannot be reasonably made is not based on a failure of the owner or user to provide clearance or on failure of the owner or user to provide for the inspector's safety and health.

"ISO" means International Standards Organization.

"Lap seam crack" means a crack found in lap seams, extending parallel to the longitudinal joint and located either between or adjacent to rivet holes.

"Miniature boiler" means a boiler that does not exceed a 16-inch inside shell diameter, 20 square feet of heating surface (not applicable to electric boilers), 5 cubic feet of gross volume (exclusive of casing and insulation), and 100 psig maximum allowable working pressure.

"National Board" means the National Board of Boiler and Pressure Vessel Inspectors, whose membership is composed of the chief inspectors of jurisdictions who are charged with the enforcement of the provisions of boiler codes.

"National Board Inspection Code" or *"NBIC"* means the Manual for Boiler and Pressure Vessel Inspectors (ANSI/NB 23) published by the National Board. Copies of the code may be obtained from the National Board.

"Object" means a boiler or pressure vessel.

"OEM" means original equipment manufacturer.

"Owner or user" means any person, firm, or corporation legally responsible for the installation, operation, and maintenance of any object within the jurisdiction.

"Power boiler" means a boiler in which steam or other vapor is generated at a pressure of more than 15 pounds per square inch or a water boiler intended for operation at pressures in excess of 160 pounds per square inch or temperatures in excess of 250 degrees F.

"Process steam generator" means a vessel or system of vessels comprised of one or more drums and one or more heat exchange surfaces as used in waste heat or heat recovery type steam boilers.

"Psig" means pounds per square inch gage.

"Relief valve" means an automatic pressure-relieving device actuated by a static pressure upstream of the valve that opens further with the increase in pressure over the opening pressure and that is used primarily for liquid service.

"Repair" means work necessary to return a boiler or pressure vessel to a safe operating condition.

"Rupture disk device" means a nonreclosing pressure-relief device actuated by inlet static pressure and designed to function by the bursting of a pressure-containing disk.

"Safe point of discharge" means the same as in the National Board Inspection Code: a location that will not cause property damage, cause equipment damage, or create a health or safety threat to personnel in the event of discharge.

"Safety appliance" includes, but not be limited to:

1. Rupture disk device;
2. Safety relief valve;
3. Safety valve;
4. Temperature limit control;
5. Pressure limit control;
6. Gas switch;
7. Air switch; or
8. Any major gas train control.

"Safety relief valve" means an automatic, pressure-actuated relieving device suitable for use as a safety or relief valve, depending on application.

"Safety valve" means an automatic, pressure-relieving device actuated by the static pressure upstream of the valve and characterized by full opening pop action. The safety valve is used for gas or vapor service.

"Special inspection" means an inspection that is not required by Iowa Code chapter 89.

"Temperature and pressure relief valve" means a valve set to relieve at a designated temperature and pressure.

"Temporary object" means a boiler, unfired steam pressure vessel, or combination thereof that is not a permanent fixture or part of normal operation of the facility.

"Unfired steam boiler" means a vessel or system of vessels intended for operation at a pressure in excess of 15 psig for the purpose of producing and controlling an output of thermal energy.

"Unfired steam pressure vessel" means a vessel or container used for the containment of steam pressure either internal or external in which the pressure is obtained from an external source. "Unfired steam pressure vessel" may include items such as expansion tanks, flash tanks, and condensate return tanks.

"U.S. customary units" means feet, pounds, inches and degrees Fahrenheit.

"Water heater supply boiler" means a closed vessel in which water is heated by combustion of fuels, electricity or any other source and withdrawn for use external to the system at pressure not exceeding 160 psig and includes all controls and devices necessary to prevent water temperatures from exceeding 210 degrees F.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.3(89) Iowa identification numbers. All objects shall be identified by an Iowa identification number. State inspectors and special inspectors shall assign identification numbers as directed by the department to all jurisdictional objects that lack numbers. Identification numbers shall be attached in plain view to the object using one of the following methods:

1. A yellow sticker 2 inches by 3 inches affixed to the object and bearing the number.
2. A metal tag 1 inch by 2½ inches affixed to the object and bearing the number.
3. Numbers at least 5/16 of an inch high and stamped directly on the object.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.4(89) Preinspection owner or user preparation.

390.4(1) *Preparation of objects.* Each owner or user shall ensure that each object covered by Iowa Code chapter 89 is prepared for inspection pursuant to this rule.

390.4(2) *Confined space and lockout, tagout procedures.*

a. If an object is a non-permit-required confined space or a permit-required confined space, the owner or user must prepare the object for inspection accordingly. Otherwise the inspector will not enter the space.

b. It is the duty of the owner or user to inform any inspector of the owner's or user's confined space entry and lockout, tagout procedures and supply to the inspector all information necessary to assess whether the confined space is safe for entry. It is the right of an inspector to verify any of the information supplied.

c. The owner or user shall have all objects locked and tagged, as applicable, prior to the inspector's entry for inspection or testing.

d. For entry into a permit-required confined space, the owner or user shall provide the necessary equipment such as air monitors and a qualified attendant who has received all the information relevant to the entry.

390.4(3) *Hydrostatic tests.* The owner or user shall prepare for and apply a hydrostatic test, whenever necessary, on the date specified by the inspector, which date will be not less than seven days after the date of notification.

390.4(4) *Boilers.* A boiler shall be prepared for internal inspection in the following manner:

a. Fluid will be drawn off and the boiler washed thoroughly.

b. Manhole and handhole plates, washout plugs and inspection plugs in water columns will be removed as required by the inspector. The furnace and combustion chambers will be thoroughly cooled and cleaned.

c. All grates of internally fired boilers will be removed.

d. Brickwork will be removed as required by the inspector in order to determine the condition of the boiler, header, furnace, supports or other parts.

e. Low-water fuel cutoff controls will be opened or removed to allow for visual inspection.

390.4(5) *Pressure vessels.* The extent of inspection preparation for a pressure vessel will vary. If the inspection is to be external only, advance preparation is not required other than to afford reasonable access to the vessel. For combined internal and external inspections of small vessels of simple construction handling air, steam, nontoxic or nonexplosive gases or vapors, minor preparation is required, including affording reasonable means of access and removing manhole plates and inspection openings. In other cases, preparation includes removing the internal fittings and appurtenances to permit satisfactory inspection of the interior of the vessel if required by the inspector.

390.4(6) *Removal of covering or brickwork to permit inspection.* If the object is jacketed so that the longitudinal seams of shells, drums, or domes cannot be seen, sufficient jacketing, setting wall, or other form of casing or housing shall be removed to permit reasonable inspection of the seams and so that the size of rivets, pitch of the rivets, and other data necessary to determine the safety of the object may be obtained, providing the information cannot be determined by other means. Brickwork shall be removed as required by the inspector in order to determine the condition of the boiler, header, furnace, supports or other parts.

390.4(7) *Improper preparation for inspection.* If an object has not been properly prepared for an internal inspection, or if the owner or user fails to comply with the requirements for hydrostatic tests as set forth in this chapter, the inspector may decline to make the inspection or test, and the inspection certificate will be withheld until the owner or user complies with the requirements.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.5(89) Inspections.

390.5(1) *General.* All boilers and unfired steam pressure vessels covered by Iowa Code chapter 89 are inspected according to the requirements of the National Board Inspection Code (2021), which is hereby adopted by reference. A department inspector or special inspector must perform the inspections.

390.5(2) *Schedule.*

a. All required inspections must be performed according to the schedule set forth in Iowa Code section 89.3, unless an exception is set forth in this rule.

b. Except for inspections of unfired steam pressure vessels operating in excess of 15 pounds per square inch and low pressure steam boilers, each certificate inspection must be performed within a 60-day

period prior to the expiration date of the operating certificate. Modification of this 60-day period will be permitted only upon written application showing just cause for waiver of the 60-day period.

c. Special inspections may be conducted when deemed necessary by the department and the object's owner or user.

390.5(3) *Inspections conducted by special inspectors.* Special inspectors shall provide copies of the completed report to the insured and to the department within 14 days of completing the inspection. The reports list all noteworthy conditions that are within the scope of Iowa Code chapter 89, all recommendations, and all requirements. If the special inspector has not provided the results of the inspection within the time frame identified, the department may conduct the inspection.

390.5(4) *Type of inspection.* The inspection will be an internal inspection when required; otherwise, it shall be as complete an external inspection as possible. Conditions including but not limited to the following may also be the basis for an internal inspection:

a. Visible metal or insulation discoloration due to excessive heat.

b. Visible distortion of any part of the pressure vessel.

c. Visible leakage from any pressure-containing boundary.

d. Any operating records or verbal reports of a vessel being subjected to pressure above the nameplate rating or to a temperature above or below the nameplate design temperature.

e. A suspected or known history of internal corrosion or erosion.

f. Evidence or knowledge of a vessel having been subjected to external heat from a fire.

g. A welded repair not documented as required.

h. Evidence of an accident, incident or malfunction that could affect or may have resulted from a problem with the object's integrity.

390.5(5) *Internal inspections for unfired steam pressure vessels operating at more than 15 pounds per square inch.* The director may require an internal inspection of an unfired steam pressure vessel operating in excess of 15 psi when an inspector observes any deviation from these rules, Iowa Code chapter 89, the construction code, the installation code, or the National Board Inspection Code.

390.5(6) *Inspection of inaccessible parts.* When, in the opinion of the inspector, as a result of conditions disclosed at the time of inspection, it is advisable to remove the interior or exterior lining, covering, or brickwork to expose certain parts of the vessel not normally visible, the owner or user shall remove such material to permit proper inspection and thickness measurement of any part of the vessel. Nondestructive examination is acceptable.

390.5(7) *Imminent danger.*

a. If the director determines that continued operation of an object constitutes an imminent danger that could seriously injure or cause death to any person, notice to immediately cease operation of that object shall be made to the owner or user through contact information available in the department's records or by posting a notice at the location of the object.

b. Upon such notice, the owner or user shall immediately take the necessary steps to cease operation of the object. All forms of energy to and from the object must be isolated and physically locked in the closed position.

c. A department inspector will verify that the object is no longer in operation and all forms of energy to and from the object have been isolated and are locked in the closed position.

d. The object shall not be used until all necessary repairs have been completed, the object has passed inspection, all repair documentation is complete, and the department reviews and approves the documentation.

390.5(8) *Internal inspections on a four-year cycle based on process safety management compliance.* The owner demonstrates compliance with the requirements set forth in Iowa Code section 89.3(5)*"a"*(4)*"b"* by annually submitting to the director a notarized affidavit. The affidavit shall be in a format approved by the director and signed by the owner or an officer of the company.

390.5(9) *Internal inspection on a four-year cycle for utility objects.* An object that meets the criteria of this subrule will be inspected internally at least once every four years and externally every year. If at any time the object or the owner no longer meets the criteria of this subrule, internal inspections will be performed on a two-year cycle.

a. The object is owned and operated by an electric public utility subject to rate regulation under Iowa Code chapter 476.

b. The object and the owner meet all the requirements for a two-year internal inspection interval.

c. If the object is shut down for a period sufficient to allow safe entry, and more than two years have passed since the last internal inspection, the owner shall notify the director of the outage and will schedule an internal inspection.

d. If the director determines that an earlier inspection is necessary, the owner shall prepare the object for inspection.

390.5(10) *Request for extended inspection interval.*

a. Owners of objects covered under Iowa Code section 89.3(4)*"a"* may apply for an extended internal inspection interval of up to seven years.

b. The application for an extended internal inspection interval includes the following information submitted to the director:

(1) The name and contact information of the requestor.

(2) The state identification number of the object.

(3) The interval requested with supporting reasons.

(4) An affidavit affirming the following:

1. Compliance with the process safety management standard contained in 29 CFR §1910.119.

2. The object is included as process safety management process equipment in the owner's process safety management program.

3. The object meets the requirements contained in the National Board Inspection Code.

4. The object is fit for service based on the year of fabrication and the estimated service life of the object as determined by Part 2 of the National Board Inspection Code.

5. Practices have been implemented for managing consumable items and ancillary equipment of the object.

(5) The following supporting records:

1. Inspection records of the boiler and ancillary equipment for the prior five years.

2. The most recent Report of Fitness for Service Assessment.

3. Every Form R-1 Report of Repair and Form R-2 Report of Alterations for the prior five years.

(6) A request for an informal conference, if desired.

c. The director will consider, among other things, whether the object meets the requirements contained in the National Board Inspection Code, whether the object is fit for service based on the year of fabrication, the estimated service life of the object as determined by Part 2 of the National Board Inspection Code, and whether the owner has implemented practices for managing consumable items and ancillary equipment of the object.

d. The director may grant an extended inspection interval.

(1) An extended inspection interval lasts until the next inspection, at which time the owner of the object may again apply for an extension.

(2) The owner shall promptly report to the department's boiler and pressure vessel unit any unscheduled shutdowns, significant incidents, near misses, and any other occurrences that might reasonably require reinspection before the extended date. Should the occurrence reasonably require it, or if any such event is not reported within ten days of occurrence, the director may revoke the extended inspection interval.

e. If the director does not intend to grant the extension, the director will give the applicant a Notice of Intent to Deny Extended Inspection Interval, granting ten days for the applicant to provide additional reasons and evidence why the interval should be extended.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.6(89) Fees.

390.6(1) *Special inspector commission fee.* A $55 fee shall be paid annually to the director to obtain a special inspector commission pursuant to Iowa Code section 89.7.

390.6(2) *Certificate fee.* A $40 fee shall be paid for each one-year certificate, an $80 fee shall be paid for each two-year certificate, and a $160 fee shall be paid for each four-year certificate.

390.6(3) *Fees for inspection.* An inspection fee for each object inspected by a department inspector shall be paid by the appropriate party as follows:

a. A $55 fee for each water heater supply boiler.

b. A $95 fee for each boiler, other than a water heater supply boiler, having a working pressure up to and including 450 pounds per square inch or generating between 20,000 and 100,000 pounds of steam per hour.

c. A $215 fee for each boiler, other than a water heater supply boiler, having a working pressure in excess of 450 pounds per square inch and generating in excess of 100,000 pounds of steam per hour.

d. A $55 fee for each pressure vessel, such as steam stills, tanks, jacket kettles, sterilizers and all other reservoirs having a working pressure of 15 pounds or more per square inch.

e. An additional fee will be charged if, upon the request of an owner or user, the director agrees to any non-routine schedule for an inspection outside of normal business hours, a special inspection, or a site visit. The additional fee will be calculated at a rate of $200 per hour, including travel time, with a minimum charge of $400.

f. If a boiler or pressure vessel has to be reinspected, there shall be another inspection fee as specified above.

390.6(4) *Fees for attempted inspections.* A $35 fee is charged for each attempt by a department inspector to conduct an inspection that is not completed through no fault of the department.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.7(89) Certificate. No boiler or pressure vessel shall be operated without a current, valid certificate to operate. A certificate to operate will not be issued until the boiler or pressure vessel is in compliance with the applicable rules and all fees have been paid. The current certificate to operate or a copy of the current certificate to operate shall be conspicuously posted in the room where the object is installed.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.8(89,252J,272D) Special inspector commissions.

390.8(1) *Definition of "reputable insurance company."* As used in this rule, "reputable insurance company" means a company recognized by the Iowa insurance division as a licensed insurer, a risk retention group, an alien surplus lines insurer, or a surplus lines insurer.

390.8(2) *Application.*

a. A person applying for a new or renewed commission shall complete, sign, and submit to the department with the required fee the form entitled "Application for Boiler and Pressure Vessel Special Inspector Commission" provided by the department. Additionally, the applicant shall submit a copy of the applicant's current National Board commission/endorsement with each application.

b. An applicant for a new Iowa special inspector commission shall schedule a meeting with the chief boiler inspector to discuss Iowa law and the responsibilities, expectations, and requirements for a special inspector.

390.8(3) *Expiration.* The commission is for no more than one year and ceases when the special inspector leaves employment with the insurance company, or when the commission is suspended or revoked by the director. Each commission expires no later than December 31 of each year.

390.8(4) *Changes.* The special inspector shall notify the department at the time any of the information on the form or attachments changes.

390.8(5) *Denials.* The director may refuse to issue or renew a special inspector's commission for failure to complete an application package, if the applicant or inspector does not hold a National Board commission, or for any reason listed in subrules 390.8(7) through 390.8(9).

390.8(6) *Investigations.* Investigations will take place at the time and in the places the department directs. The director may investigate for any reasonable cause. The director may conduct interviews and utilize other reasonable investigatory techniques. Investigations may be conducted without prior notice.

390.8(7) *Reasons for probation.* The director may issue a notice of commission probation when an investigation reasonably reveals that the special inspector does not represent a reputable insurance company or the special inspector filed inaccurate reports.

390.8(8) *Reasons for suspension.* The director may issue a notice of commission suspension when an investigation reasonably reveals the following:

a. The special inspector failed to submit and report inspections on a timely basis;

b. The special inspector abused the special inspector's authority;

c. The special inspector misrepresented self as a state inspector or a state employee;

d. The special inspector used commission authority for inappropriate personal gain;

e. The special inspector failed to follow the department's rules for inspection of object repairs, alterations, construction, installation, or in-service inspection;

f. The special inspector committed numerous violations as described in subrule 390.8(7);

g. The special inspector used fraud or deception to obtain or retain, or to attempt to obtain or retain, a special inspector commission whether for one's self or another;

h. The National Board revoked or suspended the special inspector's work card;

i. The department received a certificate of noncompliance;

j. The special inspector failed to take appropriate disciplinary actions against a subordinate special inspector who has committed repeated acts or omissions listed in paragraphs 390.8(8)*"a"* through *"h"*; or

k. The special inspector does not represent a reputable insurance company.

390.8(9) *Reasons for revocation.* The director may issue a notice of revocation of a special inspector's commission when an investigation reveals any of the following:

a. The special inspector filed a misleading, false or fraudulent report;

b. The special inspector failed to perform a required inspection;

c. The special inspector failed to file a report or filed a report that was not in accordance with the provisions of applicable standards;

d. The special inspector failed to notify the department in writing of any accident involving an object;

e. The special inspector committed repeated violations as described in subrule 390.8(8);

f. The special inspector used fraud or deception to obtain or retain, or to attempt to obtain or retain, a special inspector commission whether for one's self or another;

g. The special inspector instructed, ordered, or otherwise encouraged a subordinate special inspector to perform the acts or omissions listed in paragraphs 390.8(9)*"a"* to *"f"*;

h. The National Board revoked or suspended the special inspector's commission card;

i. The department received a certificate of noncompliance; or

j. The special inspector does not represent a reputable insurance company.

390.8(10) *Procedures.* The following procedures apply except in the event of revocation or suspension due to receipt of a certificate of noncompliance. In instances involving receipt of a certificate of noncompliance, the applicable procedures of Iowa Code chapter 252J or 272D apply.

a. Notice of actions. The director shall serve a notice on the special inspector by certified mail to an address listed on the commission application form or by other service as permitted by Iowa Code chapter 17A. A copy will be sent to the insurance company employing the special inspector.

b. Contested cases. The special inspector has 20 days to file a written notice of contest with the director. If the special inspector does not file a written contest within 20 days of receipt of the notice, the action stated in the notice will automatically be effective.

c. Emergency suspension. Pursuant to Iowa Code section 17A.18A, if the director finds that public health, safety or welfare imperatively requires emergency action because a special inspector failed to comply with applicable laws or rules, the special inspector's commission may be summarily suspended.

d. Probation period. A special inspector may be placed on probation for a period not to exceed one year for each incident causing probation.

e. Suspension period. A special inspector's commission may be suspended up to five years for each incident causing a suspension.

f. Revocation period. A special inspector's commission that has been revoked shall not be reinstated for five years.

g. Concurrent actions. Multiple actions may proceed at the same time against any special inspector.

h. Revoked or suspended commissions. Within five business days of final agency action revoking or suspending a special inspector commission, the special inspector shall forfeit the special inspector's commission card to the director.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.9(89) Quality reviews, surveys and audits.

390.9(1) An entity that manufactures or repairs boilers, pressure vessels or related equipment may request quality reviews, surveys or audits from certifying organizations such as the ASME or the National Board. The department is authorized to conduct the quality reviews, surveys or audits. If the department performs the service, the manufacturer or repairer shall pay all applicable expenses.

390.9(2) Quality reviews, surveys and audits for certification to the National Board or ASME standards shall be conducted only by a person or organization designated by the director. Any person or organization seeking this designation on behalf of the department shall provide documented evidence of training, examination, experience, and certification for the type of reviews, surveys and audits to be performed. The director has final authority to determine qualifications and designations.

a. Assessing quality programs. The department recognizes the ASME and the National Board as qualified designees for conducting quality reviews, surveys and audits that lead to ASME or National Board program certification.

b. ISO 9000 assessments. The department recognizes the ASME and the National Board:

(1) To be acceptable ISO 9000 registrars of quality systems for boilers and pressure vessels and the related pressure-technology equipment industry;

(2) To certify auditors and lead auditors to the requirements of ISO 10011-2 1991(E), Annex A; and

(3) To conduct ISO 9000 assessments for the boiler, pressure vessel, and related pressure-technology equipment industry.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.10(89) Reporting requirements.

390.10(1) *Control and safety device reports.* Documentation required by this subrule shall be kept on site and be available for inspection by the department or special inspectors. The owner or user shall mail a copy of the documentation required by this subrule to the department.

a. The requirements of this subrule do not apply to:

(1) An object within the scope of 481—Chapter 395;

(2) A hot water supply boiler covered by ASME Section IV, Part HLW; or

(3) A boiler with a fuel input rating greater than or equal to 12,500,000 Btu per hour, falling within the scope of NFPA 85, Boiler and Combustion Systems Hazards Code.

b. The installer shall complete a CSD-1 report for each installed object. For all objects that do not fall under CSD-1, an I-1 report in accordance with NBIC shall be completed.

c. A person who installs a new burner, new gas train, or new controller on an object shall complete a CSD-1 report.

d. A person who replaces a part or component of an object shall complete the relevant portions of the CSD-1 report unless the replacement satisfies the design specifications. A copy of an invoice containing the same information as the relevant portions of the CSD-1 report is an acceptable alternative.

390.10(2) *Reporting repairs and alterations.* If the National Board Inspection Code requires that a report of repair, alteration or other such documentation is required, a copy of that documentation must be simultaneously filed with the director.

390.10(3) *Reporting explosions and other incidents.*

a. The following definitions apply to this subrule.

"Incident" means the explosion of a covered object or other failure of a component of a covered object causing injury or acute illness.

"Injury" means a personal injury requiring professional medical care or causing disability exceeding one day.

b. The owner or user of a covered object shall notify the director of an incident. A special inspector investigating an incident shall notify the owner or user of this reporting requirement.

c. Incident reports are made by calling 515.669.8945 or 515.725.2050. If the incident occurs during normal department operating hours, notification shall occur before close of business on that day. If the incident occurs when the department office is closed, the notification shall occur no later than close of business on the next department business day. Department hours are 8 a.m. to 4:30 p.m., Monday through Friday, except state holidays.

d. At the request of the director, a person who submits a report pursuant to this subrule shall also submit a written report that includes the state identification number of the object, name of the owner of the object, and description of the incident.

e. The removal of any part of the damaged object from the premises is forbidden until permission to do so is granted by the state inspector or special inspector who investigated the incident.

f. When an incident involves the failure or destruction of any part of the object, the use of the object is forbidden until it has been made safe and it has passed an inspection by the state inspector or special inspector who investigated the incident.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.11(89) Publications available for review. Pursuant to Iowa Code section 89.5(3), the standards, codes, and publications adopted by reference in these rules are available for review in the office of the department, 6200 Park Avenue, Suite 100, Des Moines, Iowa.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.12(89) Notice prior to installation. Written notice of intent to install objects subject to the jurisdiction of Iowa Code chapter 89 shall be provided to the director at least ten days before installation. Written notice is accomplished by completing and submitting to the director either:

1. The form designated by the director, or
2. The National Board's Boiler Installation Report, I-1.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.13(89) Temporary objects.

390.13(1) *Certificate to operate.* A certificate to operate a temporary object expires one year from the date of issuance or when the temporary object is disconnected.

390.13(2) *Inspections.*

a. An internal inspection and hydrostatic test pursuant to the National Board Inspection Code shall be performed on site at a new location before a temporary object is started up. Once a temporary object has been placed into normal operation, an external operating inspection shall be performed.

b. An inspection on a temporary object that remains at the same location and is in continuous service longer than one year shall be performed according to the inspection schedule of Iowa Code section 89.3.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.14(89) Conversion of a power boiler to a low-pressure boiler. The following requirements apply to the conversion of a power boiler to a low-pressure boiler. The owner shall comply with the requirements of subrule 390.15(1) for each conversion. In addition, the owner shall comply with the requirements of subrule 390.15(2) if the converted object will be located outside of a place of public assembly or with the requirements of subrule 390.15(3) if the converted object will be located in a place of public assembly.

390.14(1) *General requirements.*

a. The owner shall provide to the director written notice of intent to convert a power boiler to a low-pressure boiler prior to conversion. The required form for a notice of conversion is available on the department's website. At a minimum, the notice shall contain the following:

(1) Address, uses, and owner of the building where the boiler is located.

(2) The Iowa identification number assigned to the boiler.

(3) Name and contact information for the person completing the notice.

(4) Name and contact information for the contractor or other person planning to perform the conversion.

b. Pressure controls shall not exceed 15 psi.

c. All boiler controls shall comply with ASME CSD-1.

d. Safety valves and safety relief valves shall be manufactured in accordance with a national or international standard.

e. One or more spring-pop safety valves meeting the following requirements shall be installed on each steam boiler:

(1) The valve shall be adjusted and sealed to discharge at a pressure not to exceed 15 psig.

(2) The valve capacity shall be certified by the National Board.

f. The converted boiler shall be subject to post-conversion external inspection to ensure that the requirements of this rule are met.

390.14(2) *Boilers located outside places of public assembly.* A power boiler that was converted to a low-pressure boiler and that is located outside of a place of public assembly shall not be converted back to a power boiler unless the following requirements are met:

a. The owner shall notify the director at least ten days prior to converting the boiler.

b. The owner shall comply with the editions of ASME Section I and CSD-1 in effect at the time of the second conversion.

c. The owner shall comply with the version of 481—Chapter 392 in effect at the time of the second conversion.

390.14(3) *Boilers located in places of public assembly.* A power boiler converted to a low-pressure boiler that is located in a place of public assembly complies with 481—Chapter 394.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—390.15(89) Definitions regarding objects. The following definitions govern classification and status of objects in Iowa. To the extent they do not conflict with the definitions contained in Iowa Code chapter 89, the definitions in this rule are applicable to the rules contained in 481—Chapters 390 through 395.

"Active status" means an object is physically attached to the system and any forms of potential energy. The object may or may not be in operation.

"Exempt status" means an object that is not required to be inspected pursuant to Iowa Code chapter 89.

"Inactive status" means the object is no longer in operation and all forms of potential energy have been disconnected in a manner that creates an air gap.

"Modular boiler" means a steam or hot water heating assembly consisting of a group of individual boilers called modules intended to be installed as a unit with no intervening stop valves. Modules may be under one jacket or individually jacketed. The individual modules shall be limited to a maximum input of 400,000 Btu/hour (117kW) (gas), 3 gph (11.4 L/h) (oil), or 115kW (electric).

"Scrapped status" means the object has been permanently destroyed and is no longer physically at the location.

[**ARC 8887C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 17A, 89, 252J, and 272D.

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[Editorial change: IAC Supplement 7/9/25]

◊ Two or more ARCs

1 Date corrected IAC Supp. 3/26/08

CHAPTER 391
GENERAL REQUIREMENTS FOR ALL OBJECTS

[Prior to 1/14/98, see 347—Chs 41 to 49]
[Prior to 8/16/06, see 875—Ch 203]
[Prior to 7/9/25, see Labor Services Division[875] Ch 91]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—391.1(89) Codes and code cases adopted by reference.

391.1(1) *ASME boiler and pressure vessel codes adopted by reference.* The ASME Boiler and Pressure Vessel Code (2021), including Code Cases, is adopted by reference. Regulated objects shall be designed and constructed in accordance with the ASME Boiler and Pressure Vessel Code (2021) except for objects that meet one of the following criteria:

a. An object with an ASME stamp and National Board Registration that establish compliance with an earlier version of the ASME Boiler and Pressure Vessel Code;

b. A miniature boiler installed before March 31, 1967;

c. A power boiler or unfired steam pressure vessel installed before July 4, 1951; or

d. A steam heating boiler, hot water heating boiler, or hot water supply boiler installed before July 1, 1960.

391.1(2) *Inspection code adopted by reference.* The National Board Inspection Code (2021) is adopted by reference, and installations, alterations, and repairs after February 16, 2022, shall comply with it.

391.1(3) *Electric code adopted by reference.* The National Electrical Code, NFPA 70 (2020), is adopted by reference, and installations after April 15, 2020, shall comply with it.

391.1(4) *Piping codes adopted by reference.* The Power Piping Code, ASME B31.1 (2020), and the Building Services Piping Code, ASME B31.9 (2020), are adopted by reference, and installations after February 16, 2022, shall comply with them up to and including the first valve.

391.1(5) *Control and safety device code adopted by reference.* Controls and Safety Devices for Automatically Fired Boilers (CSD-1) (2021) is adopted by reference, and installations after December 1, 2022, shall comply with it. Reporting requirements concerning CSD-1 are set forth at rule 481—390.11(89).

391.1(6) *Mechanical code adopted by reference.* Excluding Section 701.1, Chapters 2 and 7 of the International Mechanical Code (IMC) (2021) are adopted by reference, and installations after February 16, 2022, shall comply with them.

391.1(7) *Oil burning equipment code adopted by reference.* National Fire Protection Association Standard for the Installation of Oil Burning Equipment, NFPA 31 (2020), is adopted by reference, and installations after February 16, 2022, shall comply with it.

391.1(8) *Fuel gas code adopted by reference.* National Fire Protection Association National Fuel Gas Code, NFPA 54 (2021), is adopted by reference, and installations after February 16, 2022, shall comply with it.

391.1(9) *Liquefied petroleum gas code adopted by reference.* National Fire Protection Association Liquefied Petroleum Gas Code, NFPA 58 (2020), is adopted by reference, and installations after April 15, 2020, shall comply with it.

391.1(10) *Boiler and combustion systems hazards code adopted by reference.* National Fire Protection Association Boiler and Combustion Systems Hazards Code, NFPA 85 (2019), is adopted by reference, and installations after April 15, 2020, shall comply with it.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.2(89) Safety appliance.

391.2(1) No person shall remove, disable or tamper with a required safety appliance except for the purpose of repair or inspection.

391.2(2) An object shall not be operated unless all required and installed safety appliances are properly functional and operational.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.3(89) Blowoff equipment. The blowdown from an object that enters a sanitary sewer system or blowdown that is considered a hazard to life or property shall pass through blowoff equipment that will reduce pressure and temperature. The temperature of the water leaving the blowoff equipment shall not exceed 150 degrees F. If the local jurisdiction has a temperature limit of less than 150 degrees F, the temperature of the water leaving the blowoff equipment shall comply with the limit set by the local jurisdiction. The pressure of the water leaving the blowoff equipment shall not exceed 5 psig. The blowoff piping and fittings between the object and the blowoff tank shall comply with the construction or installation code. All materials used in the fabrication of object blowoff equipment shall comply with the construction or installation code. All blowoff equipment shall be equipped with openings to facilitate cleaning and inspection.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.4(89) Location of discharge piping outlets. The discharge from safety valves, safety relief valves, blowoff pipes and other outlets shall comply with the following:

391.4(1) The discharge piping terminates at a safe point of discharge.

391.4(2) When the safety valve or temperature and pressure relief valve discharge is piped away from the object to a safe point of discharge, provision is made for properly draining the piping.

391.4(3) The size of the discharge piping is not reduced from the size of the relief valve.

391.4(4) All discharge piping is comprised of appropriate metallic material identified in ASME Section II.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.5(89) Pipe, valve, and fitting requirements. Pipes, valves, and fittings subject to the effects of galvanic action shall not be used on objects covered by these rules. Dielectric fittings shall be used where dissimilar metals are joined.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.6(89) Repairs and alterations to unfired steam pressure vessels. No single repair of an unfired steam pressure vessel shall involve replacement of more than 50 percent of the OEM's pressure-retaining boundary.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.7(89) Plugging boiler tubes. This rule does not apply to tubes in headers of economizers, evaporators, superheaters, or reheaters.

391.7(1) *General requirements.*

a. Leaky tubes are replaced or plugged.

b. Tube plugs are made of a material that is compatible with the material of the boiler tube being plugged and shall be welded into place or manufactured to be expanded into the tube sheet or drum.

c. The maximum number of tubes that may be plugged shall be the lesser number specified by the OEM or an engineer experienced in boiler design.

d. Documentation of the maximum number of tubes that may be plugged are kept on site, and a copy is supplied to the department by either mail or email.

391.7(2) *Fire tube boilers.*

a. A tube that is adjacent to a plugged tube shall not be plugged.

b. All plugged boiler tubes shall be replaced prior to the next required certificate inspection.

391.7(3) *Water tube boilers, unfired boilers, or process steam generators.* Water wall tubes that form a separation wall between products of combustion and the outside atmosphere or a separation of the gas passes in a multiple gas pass boiler shall not be plugged.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.8(89) Equipment room. This rule applies to existing and new installations except as noted in subrule 391.10(1).

391.8(1) *Clearance requirements.*

a. This paragraph applies to objects installed after December 1, 2022. Minimum clearance on all sides of objects will be 36 inches, or the manufacturer's recommended service clearances if they allow sufficient room for inspection. Where a manufacturer identifies in the installation manual or other document that the unit requires more than 36 inches of service clearance, those dimensions will be followed. Manholes will have five feet of clearance between the manhole opening and any wall, ceiling or piping that would hinder entrance or egress from the object.

b. This paragraph applies to all objects installed after December 1, 2021, and before December 1, 2022. All objects will be installed with the clearances identified in NBIC Part 1.

c. This paragraph applies to objects installed after September 20, 2006, and before December 1, 2021. Minimum clearance on all sides of objects will be 24 inches, or the manufacturer's recommended service clearances if they allow sufficient room for inspection. Where a manufacturer identifies in the installation manual or other document that the unit requires more than 24 inches of service clearance, those dimensions will be followed. Manholes will have five feet of clearance between the manhole opening and any wall, ceiling or piping that would hinder entrance or egress from the object.

d. All objects installed prior to September 20, 2006, will be so located that adequate space is provided for the proper operation, inspection, and necessary maintenance and repair of the object and its appurtenances.

391.8(2) *Conditions required.*

a. The roof, walls and floor of the equipment room will be free from leaks and structurally sound.

b. The equipment room will have drainage adequate to remove standing water from the floor.

c. The equipment room will be free from materials that obstruct access to the objects, their setting, or operation.

d. Storage of flammable material or gasoline-powered equipment in the equipment room is prohibited.

391.8(3) *Exit from equipment room.* This subrule applies to an equipment room exceeding 500 square feet of floor area, containing at least one object, and containing fuel-burning equipment with at least a combined capacity of 1,000,000 Btu per hour or the equivalent electrical heat input. Two means of exit located remotely from one another shall be provided on each elevation for covered equipment rooms. A platform at the top of a single object or other equipment is not considered an elevation.

391.8(4) *Carbon monoxide detector or alarm.* The owner or user shall install and maintain a carbon monoxide detector or alarm in an equipment room where one or more fuel-fired objects are located in accordance with the detector or alarm manufacturer's recommendations.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.9(89) Fall protection. The owner or user shall provide safe access to object parts over four feet high consistent with applicable federal safety regulations.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.10(89) Air and ventilation requirements.

391.10(1) *Notice concerning other rules.* The division and the Iowa department of public safety both enforce requirements concerning air and ventilation. Objects that are covered by both sets of rules must comply with both sets of rules.

391.10(2) *Documentation.* Documentation of compliance with any requirement of this rule will be maintained in the boiler room. However, it is not necessary to maintain documentation of the louvered area.

391.10(3) *National combustion air standards.*

a. Installations. Installations will comply with the edition of NFPA 31, NFPA 54, NFPA 58, NFPA 85, or IMC currently adopted at rule 481—391.1(89) or with the Iowa combustion air standard in subrule 391.13(4). However, compliance with one of the listed NFPA codes constitutes compliance with this rule only if the object burns the fuel covered by the NFPA.

b. Existing objects. An adequate supply of combustion air will be maintained for all objects while in operation. Compliance with the current edition of NFPA 31, NFPA 54, NFPA 58, NFPA 85, or IMC as adopted at rule 481—391.1(89) or with subrule 391.13(4) constitutes compliance with this rule.

Compliance with an earlier edition of NFPA 31, NFPA 54, NFPA 58, NFPA 85, or IMC constitutes compliance with this rule. However, compliance with one of the listed NFPA codes constitutes compliance with this rule only if the object burns the fuel covered by the NFPA. Compliance with an earlier version of Iowa's combustion air rule constitutes compliance with this rule. Earlier versions of Iowa's combustion air rule are available from the board's staff upon request.

391.10(4) *Iowa combustion air standard.* A permanent source of outside air will be provided for each room to permit satisfactory combustion of fuel and ventilation if necessary under normal operations. The minimum ventilation for coal, gas, or oil burners in rooms containing objects is based on the Btu per hour, required air, and louvered area. The minimum net louvered area will not be less than 1 square foot. The following table will be used to determine the net louvered area in square feet:

INPUT (Btu per hour)	MINIMUM AIR REQUIRED (cubic feet per minute)	MINIMUM LOUVERED AREA (net square feet)
500,000	125	1.0
1,000,000	250	1.0
2,000,000	500	1.6
3,000,000	750	2.5
4,000,000	1,000	3.3
5,000,000	1,200	4.1
6,000,000	1,500	5.0
7,000,000	1,750	5.8
8,000,000	2,000	6.6
9,000,000	2,250	7.5
10,000,000	2,500	8.3

When mechanical ventilation is used, the supply of combustion and ventilation air to the objects and the firing device will be interlocked with the fan so the firing device will not operate with the fan off. The velocity of the air through the ventilating fan will not exceed 500 feet per minute, and the total air delivered will be equal to or greater than shown above.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.11(89) Condensate return tank. Condensate return tanks shall be equipped with at least two vents or a vent and overflow pipe to protect against a loose float plugging a single connection.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.12(89) Conditions not covered. Any condition not governed by these rules is governed by the construction or installation code.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.13(89) English language and U.S. customary units required. All documentation supplied for the unit including but not limited to the manufacturers' data report, drawings, parts lists, installation manuals, and operating manuals shall be in English, and all measurements in U.S. customary units. All pressure gages, thermometers and other controls and safety devices shall also be in U.S. customary units.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.14(89) National Board registration. Except for cast iron boilers and cast aluminum boilers, all objects shall be registered with the National Board.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—391.15(89) ASME stamp. All objects shall bear the appropriate ASME stamp. Objects shall not be utilized in a manner inconsistent with the stamp.

[**ARC 8894C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 89.

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[Filed ARC 3635C (Notice ARC 3504C, IAB 12/20/17), IAB 2/14/18, effective 3/21/18]
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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 392
POWER BOILERS

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 1/14/98, see Labor Services[347] Ch 43, 44]
[Prior to 8/16/06, see 875—Chs 204, 205]
[Prior to 7/9/25, see Labor Services Division[875] Ch 92]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—392.1(89) Scope. This chapter applies to all power boilers, and it applies to miniature power boilers installed on and after September 20, 2006. 481—Chapter 393 applies to miniature power boilers installed prior to September 20, 2006.
[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.2(89) Codes adopted by reference. The codes listed in 481—Chapter 391 apply to objects covered by this chapter.
[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 7/9/25]

481—392.3(89) Maximum allowable working pressure for steel boilers. This rule applies to power boilers installed prior to July 1, 1983. A boiler constructed with fusion-welded seams and not radiographed and stress relieved during construction shall not be operated at a pressure in excess of 15 pounds per square inch. Boilers with fusion-welded seams that are radiographed and stress relieved and constructed to ASME Code requirements in effect when the boiler was constructed may be operated at a pressure as established in subrules 92.4(1) 392.4(1) and 392.4(2).

392.3(1) *Calculation.* The maximum allowable working pressure on the shell of a boiler is to be determined by the strength of the weakest course computed from the thickness of the plate, the tensile strength of the plate, the efficiency of the longitudinal joint, the inside diameter of the course, and the factor of safety allowed by these rules. The formula for determining the maximum allowable working pressure is:

$$\frac{TStE}{RFS} = \text{Maximum allowable working pressure, psig.}$$

Where:

TS = Ultimate tensile strength of shell plate(s), psig. When the tensile strength of a steel plate(s) is unknown, it shall be taken as 55,000 psig for temperatures not exceeding 650 degrees F.

t = Minimum thickness of shell plates of the weakest course, in inches.

E = Efficiency of longitudinal joint calculated pursuant to construction or installation code.

R = Inside radius of the weakest course of the shell or drum, in inches.

FS = Factor of safety specified in subrule 392.4(2).

392.3(2) *Factor of safety requirements.*

a. The lowest factor of safety on boilers is four, except for horizontal tubular boilers having continuous lap seams more than 12 feet in length where the factor of safety is eight.

b. Boilers that are reinstalled and have lap riveted construction or seams of butt and double strap riveted construction use ASME Code, Section I (1971).
[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.4(89) Maximum allowable working pressure and temperature for cast iron headers and mud drums. This rule applies to power boilers installed prior to July 1, 1983.

392.4(1) *Tube boiler.* The maximum allowable working pressure on a watertube boiler, the tubes of which are secured in cast iron or malleable iron headers or that have cast iron mud drums, will not exceed 160 psig or a temperature of 250 degrees F.

392.4(2) *Maximum steam pressure.* The maximum steam pressure on any boiler constructed of cast iron in which steam is generated is 15 psig.
[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.5(89) Rivets. This rule applies to power boilers installed prior to July 1, 1983. When the diameter of the rivet holes in the longitudinal joints of a boiler is not known, the diameter and cross-sectional area of rivets, after driving, shall be selected from ASME Code, Section I (1971).
[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.6(89) Safety valve requirements. This rule applies to power boilers installed prior to July 1, 1983.

392.6(1) The use of weighted-lever safety valves or safety valves having either the seat or disk of cast iron is prohibited. All power boilers will have direct, springloaded, pop-type safety valves that conform to the construction or installation code.

392.6(2) Each boiler will have at least one safety valve. All boilers with more than 500 square feet of water heating surface or an electric power input of more than 1100 kilowatts will have two or more safety valves.

392.6(3) The safety valve or valves will be connected to the boiler independent of any other steam connection and attached as close as possible to the boiler without unnecessary intervening pipe or fittings.

392.6(4) No valves of any type will be placed between the safety valve and the boiler. If an escape pipe is used, no valve will be placed between the safety valve and the atmosphere. When an escape pipe is used, it will be at least full size of the safety valve discharge and fitted with an open drain to prevent water lodging in the upper part of the safety valve or escape pipe. Any elbow on an escape pipe will be located close to the safety valve outlet or the escape pipe and will be anchored and supported securely. All safety valve discharges will be so located or piped as to be carried away from walkways or platforms. When the safety valve is vented to the outside atmosphere, the second escape pipe will be arranged as shown in Figure 1.

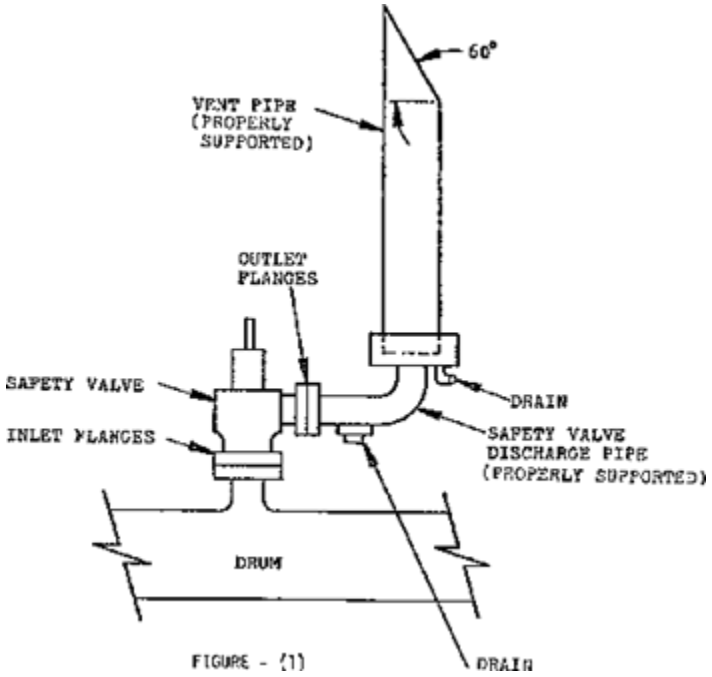

FIGURE - (1)

392.6(5) The safety valve capacity of each boiler will be such that the safety valve or valves will discharge all the steam that can be generated by the boiler without allowing the pressure to rise more than 5 percent above the highest pressure to which any valve is set and in no case to more than 6 percent above maximum allowable working pressure.

392.6(6) One or more safety valves on every boiler will be set at or below the maximum allowable working pressure. The remaining valves may be set within a range of 3 percent above the maximum allowable working pressure, but the range setting of all the safety valves on a boiler will not exceed 10 percent of the highest pressure at which any valve is set.

392.6(7) When two or more boilers operating at different pressures and safety valve settings are interconnected, the lowest pressure boilers or interconnected piping will be equipped with safety valves of sufficient capacity to prevent overpressure, considering the maximum generating capacity of all boilers.

392.6(8) In those cases where the boiler is supplied with feedwater directly from water mains without the use of feeding apparatus (not including return traps), safety valves will not be set at a pressure greater than 94 percent of the lowest pressure maintained in the supply main feeding the boiler.

392.6(9) The minimum safety valve relieving capacity will be determined on the basis of the pounds of steam generated per hour per square foot of boiler heating surface and waterwall heating surface as given in the following table. This method will not be used on electric boilers, waste heat boilers and forced-flow steam generators without a fixed steam and water line.

Minimum Pounds of Steam Per Hour Per Square Foot of Heating Surface

Boiler Heating Surface:	Firetube Boilers	Watertube Boilers
Hand Fired	5	6
Stoker Fired	5	8
Oil, Gas, or Pulverized Fuel Fires	8	10
Waterwall Heating Surface:		
Hand Fired	8	8
Stoker Fired	10	12
Oil, Gas, or Pulverized Fuel Fires	14	16

392.6(10) Safety valve sizing.

a. When a boiler is fired only by a gas having a heat value not in excess of 200 Btu per cubic foot, the minimum safety valve relieving capacity may be based on the value given for hand-fired boilers above.

b. The minimum safety valve relieving capacity for electric boilers will be 3½ pounds per hour per kilowatt input.

c. Maximum steaming capacity for safety valves will be the value stated on design documents or will be calculated by multiplying horsepower by 34.5.

[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.7(89) Boiler feeding requirements. This rule applies to power boilers installed prior to July 1, 1983.

392.7(1) Each boiler will have a feed supply that will permit it to be fed at any time while under pressure. A boiler having more than 500 square feet of water-heating surface will have at least two means of feeding, one of which will be an approved feed pump, injector, or inspirator. One source of feed is directly from the water main. Boilers fired by gaseous, liquid, or solid fuel in suspension may be equipped with a single means of feeding water provided means are furnished for the immediate shutoff of heat input prior to the water level reaching the lowest permissible level. The feedwater will be introduced into the boiler in such a manner that it will not be discharged close to riveted joints of shell or furnace sheets, directly against surfaces exposed to products of combustion, or directed to surfaces subject to radiation from the fire. The feed piping to the boiler will be provided with a check valve near the boiler and a stop valve between the check valve and the boiler.

392.7(2) When two or more boilers are fed from a common source, there will also be a valve on the branch to each boiler between the check valve and source of supply. Whenever a globe valve is used on feed piping, the inlet will be under the disk of the valve. In all cases where returns are fed back to the boiler by gravity, there will be a check valve and stop valve in each return line. The stop valve will be placed between the boiler and the check valve, and both will be located as close to the boiler as is practicable.

[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.8(89) Water level indicator requirements. This rule applies to power boilers installed prior to July 1, 1983. Outlet connections that allow the escape of an appreciable amount of steam or water will not

be placed on the piping. However, this rule does not prohibit the installation of damper regulators, feed water regulators, low-water fuel cutouts, drains, or steam gages. The water column will be provided with a drain of at least ¾-inch piping size. The drain must have a valve and be piped to a safe location. Each boiler will have three or more gage cocks located within the visible length of the water glass, except when the boiler has two water glasses located at the same horizontal lines. Only two gage cocks are required on boilers not over 36 inches in diameter with a heating surface not exceeding 100 square feet. Gage cocks are not required on electric boilers.

[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.9(89) Pressure gage requirements. This rule applies to power boilers installed prior to July 1, 1983. Each boiler will have a pressure gage so located that the gage is readable. The pressure gage will be installed so that it will at all times indicate the pressure in the boiler. Each steam boiler will have the pressure gage connected to the steam space or to the water column or its steam connection. A valve or cock will be placed in the gage connection adjacent to the gage. An additional valve or cock may be located near the boiler providing it is locked or sealed in the open position. No other shutoff valves will be located between the gage and the boiler. The pipe connection will be of ample size and arranged so that it may be cleared by blowing out. For a steam boiler the gage or connection will contain a siphon or equivalent device that will develop and maintain a water seal that will prevent steam from entering the gage tube. Pressure gage connections will be suitable for the maximum allowable working pressure and temperature, but if the temperature exceeds 406 degrees F, brass or copper pipe or tubing will not be used. The connections to the boiler, except the siphon, if used, will not be less than ¼-inch standard pipe size, but where steel or wrought-iron pipe or tubing is used, they will not be less than ½-inch inside diameter. The minimum size of a siphon, if used, will be ¼-inch inside diameter. The dial of the pressure gage will be graduated to approximately double the pressure at which the safety valve is set, but in no case to less than 1½ times this pressure.

[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.10(89) Steam stop valve requirements. This rule applies to power boilers installed prior to July 1, 1983. Each steam outlet from a boiler, except safety valve and water-column connections, will be fitted with a stop valve located as close as practicable to the boiler. When a stop valve is so located that water can accumulate, ample drains will be provided. The drainage will be piped to a safe location and will not be discharged on the top of the boiler or its setting. When boilers provided with manholes are connected to a common steam main, the steam connection from each boiler will be fitted with two stop valves having an ample free-blowing drain between them. The discharge of the drain will be piped clear of the boiler setting. The stop valves will consist of one automatic nonreturn valve next to the boiler and a second valve of the outside screw and yoke type.

[**ARC 8888C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—392.11(89) Blowoff connection requirements. This rule applies to power boilers installed prior to July 1, 1983. Each boiler will have a blowoff pipe fitted with valve or cock, in direct connection with the lowest water space practicable.

392.11(1) When the maximum allowable working pressure exceeds 125 psig, the blowoff pipe will be at least schedule 80 from the boiler to the valve or valves and will run full size without reducers or bushings. Galvanized materials will not be used.

392.11(2) All fittings between the boiler and valve will be steel or at least schedule 80 fittings of bronze, brass, malleable iron, or cast iron, all of which will be suitable for the pressure and temperature. In case of replacement of pipe or fittings in the blowoff lines, as specified in this paragraph, they will be installed in accordance with the rules of new installations.

392.11(3) When the maximum allowable working pressure exceeds 125 psig, each bottom blowoff pipe will be fitted with at least a 250-pound standard valve or cock. Two valves, or a valve and a cock, should be used on each blowoff.

392.11(4) When exposed to direct furnace heat, a bottom blowoff pipe will be protected by firebrick or other heat resisting material so arranged that the pipe may be inspected.

392.11(5) An opening in the boiler setting for a blowoff pipe will be arranged to provide for free expansion and contraction.

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These rules are intended to implement Iowa Code chapter 89.

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[Editorial change: IAC Supplement 7/9/25]

CHAPTER 393
MINIATURE POWER BOILERS INSTALLED PRIOR TO SEPTEMBER 20, 2006

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 1/14/98, see Labor Services[347] Ch 45]
[Prior to 8/16/06, see 875—Ch 206]
[Prior to 7/9/25, see Labor Services Division[875] Ch 93]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—393.1(89) Scope.

393.1(1) This chapter sets forth requirements in addition to those contained in 481—Chapter 392 for boilers that:

a. Have a heating surface of 20 square feet or less;
b. Have a gross volume of 5 cubic feet or less, excluding casing and insulation;
c. Have an inside shell diameter of 16 inches or less;
d. Have 100 psig maximum allowable working pressure; and
e. Were installed prior to September 20, 2006.

393.1(2) For objects covered by this chapter, if there is a conflict between this chapter and 481—Chapter 392, this chapter shall govern the issue.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.2(89) Code adopted by reference. The current edition of the National Board Inspection Code adopted by reference in rule 481—391.1(89) applies to objects covered by this chapter.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.3(89) Maximum working pressure. The maximum allowed working pressure is to be determined by rule 481—392.3(89).

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.4(89) Safety valve requirements. Boilers covered by this chapter will be equipped with a sealed spring-loaded pop safety valve of not less than ½-inch pipe size. The minimum relieving capacity of the safety valve will be determined in accordance with rule 481—392.6(89). In addition to these requirements, the safety valve will have sufficient capacity to discharge all the steam that can be generated by the boiler without allowing the pressure to rise more than 6 percent above maximum allowable working pressure.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.5(89) Steam stop valves. Each steam line from a miniature power boiler shall be provided with a stop valve located as close to the boiler shell or drum as is practicable except when the boiler and steam receiver are operated as a closed system.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.6(89) Water gage requirements.

393.6(1) Miniature power boilers for operation with a definite water level will be equipped with a glass water gage for determining the water level. The lowest permissible water level for vertical boilers will be at a point one-third of the height of the shell above the bottom head or tube sheet. When the boiler is equipped with an internal furnace, the water level will not be less than one-third of the length of the tubes above the top of the furnace tube sheet. In the case of small boilers operated in a closed system where there is insufficient space for the usual glass water gage, water level indicators of the glass bull's eye type may be used.

393.6(2) Miniature power boilers will have the lowest visible part of the water gage glass located at least 1 inch above the lowest permissible water level specified by the manufacturer.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.7(89) Feedwater supply requirements.

393.7(1) Except for miniature power boilers operating without the extraction of steam, miniature power boilers will be provided with at least one feed pump or other feeding device unless the boiler feed line is connected to a water main carrying sufficient pressure to feed the boiler. In the latter case, in lieu of a feeding device, a suitable connection or opening will be provided to fill the boiler when cold. Such connection will be no less than ½-inch pipe size for iron or steel pipe and ¼-inch for brass or copper pipe.

393.7(2) The feed pipe will be provided with a check valve and a stop valve of a size not less than that of the pipe. The feed water may be delivered through the blowoff opening if desired.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.8(89) Blowoff. Miniature power boilers shall be equipped with a blowoff connection, not less than ½-inch pipe size, located to drain from the lowest water space practicable. The blowoff shall be equipped with a valve or cock not less than ½-inch pipe size.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.9(89) Washout opening requirements.

393.9(1) Miniature power boilers exceeding 12 inches internal diameter or having more than 10 square feet of heating surface will be fitted with not less than three brass washout plugs of 1-inch pipe size that will be screwed into openings in the shell near the bottom. In miniature power boilers of the closed type system heated by removable internal electric heating elements, the openings for these elements when suitable for cleaning purposes may be substituted for washout openings. Boilers not exceeding 12 inches internal diameter and having less than ten square feet of heating surface need not have more than two 1-inch openings for cleanouts, one of which may be used for the attachment of the blowoff valve; these openings will be opposite each other where possible. All threaded openings will be opposite each other where possible. All threaded openings in the boiler will be provided with a riveted or welded reinforcement to give four full threads therein.

393.9(2) Electric boilers of a design employing a removable top cover flange for inspection and cleaning need not be fitted with washout openings.

[**ARC 8889C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—393.10(89) Fixtures and fittings. All valves, pipe fittings, and appliances connected to a miniature power boiler shall be equal to at least the minimal requirements of the construction or installation code and shall be rated for not less than the maximum allowable working pressure of the miniature power boiler. In no case shall the rating be for less than 125 pounds.

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These rules are intended to implement Iowa Code chapter 89.

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CHAPTER 394
STEAM HEATING BOILERS, HOT WATER HEATING BOILERS AND HOT WATER SUPPLY BOILERS

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 1/14/98, see Labor Services[347] Ch 46]
[Prior to 8/16/06, see 875—Ch 207]
[Prior to 7/9/25, see Labor Services Division[875] Ch 94]

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481—394.1(89) Scope. This chapter applies to:

394.1(1) Steam boilers for operation at pressures not exceeding 15 psig;

394.1(2) Hot water heating boilers for operation at pressures not exceeding 160 psig or temperatures not exceeding 250 degrees F at or near the boiler outlet;

394.1(3) Hot water supply boilers.

[**ARC 8890C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—394.2(89) Codes adopted by reference. The codes listed in 481—Chapter 391 apply to objects covered by this chapter.

[**ARC 8890C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—394.3(89) General requirements. This rule applies to all objects covered by this chapter and installed prior to September 20, 2006.

394.3(1) *Instruments, fittings and controls mounted inside boiler jackets.* Any or all instruments, fittings and controls required by this chapter may be installed inside of boiler jackets provided the water gage and pressure gage on a steam boiler or the thermometer and pressure gage on a water boiler are visible through an opening or openings at all times.

394.3(2) *Electrical code compliance.*

a. Wiring. All wiring for controls, heat-generating apparatus and other appurtenances necessary for the operation of the boiler or boilers will be in accordance with the National Electric Code (1992). All boilers supplied with factory-mounted and factory-wired controls, heat-generating apparatus and other appurtenances necessary for the operation of the boilers will be installed in accordance with the provisions of nationally recognized standards.

b. Circuitry. The control circuitry will be grounded and will operate at 150 volts or less. One of the two following systems may be employed to provide the control circuit:

(1) Two-wire, nominal 120-volt system with separate equipment ground conductor as follows:

1. This system will consist of the line, neutral and equipment ground conductors. The control panel frame and associated control circuitry metallic enclosures will be electrically continuous and be bonded to the equipment ground conductor.

2. The equipment ground conductor and the neutral conductor will be bonded together at their origin in the electrical system for objects installed prior to September 20, 2006.

3. The line side of the control circuit will be provided with a time delay fuse sized as small as practicable.

(2) Two-wire, nominal 120-volt system obtained by using an isolation transformer as follows:

1. The two-wire control circuit will be obtained from the secondary side of an isolation transformer, will be electrically continuous and will be bonded to a convenient cold water pipe. All metallic enclosures of control components will be securely bonded to this ground control circuit wire. The primary side of the isolation transformer will normally be a two-wire source with a potential 230, 208 or 440 volts.

2. Both sides of the two-wire primary circuit will be fused. The hot leg on the load side of the isolation transformer will be fused as small as practicable, and will not be fused above the rating of the isolation transformer.

394.3(3) *Safety and safety relief valve discharge piping.* When a discharge pipe is used, its internal cross-sectional areas will not be less than the full area of the valve outlet or of the total of the valve outlets

discharging therein and will be as short and straight as possible and so arranged as to avoid undue stress on the valve or valves. When an elbow is placed on a safety valve or safety relief valve discharge pipe, the elbow will be located close to the valve outlet.

394.3(4) *Expansion and contraction.* Provisions will be made for the expansion and contraction of steam and hot water mains connected to boilers.

394.3(5) *Return pipe connections.* The return pipe connections of each boiler supplying a gravity-return steam heating system will be so arranged as to form a loop so that the water in each boiler cannot be forced out below the safe water level.

394.3(6) *Feed water connections.*

a. Feed water, makeup water or water treatment will be introduced into a boiler through the return piping system. Alternatively, makeup water or water treatment may be introduced through an independent connection. The water flow from the independent feed water connection will not discharge against parts of the boiler exposed to direct radiant heat from the fire. Makeup water or water treatment will not be introduced through openings or connections provided for inspection, cleaning, safety valves, safety-relief valves, blowoffs, water columns, water gage glasses, pressure gages or temperature gages.

b. The makeup water pipe will be provided with a check valve near the boiler and a stop valve or cock between the check valve and the boiler or between the check valve and the return pipe system.

394.3(7) *Oil heaters.*

a. A heater for oil or other liquid harmful to boiler operation will not be installed directly in the steam or water space within a boiler.

b. Where an external-type heater for such service is used, means will be provided to prevent the introduction into the boiler of oil or other liquid harmful to boiler operation.

394.3(8) *Bottom blowoff or drain valve.*

a. Each boiler will have a bottom blowoff or drain pipe connection fitted with a valve or cock connected with the lowest water space practicable, with the minimum size of blowoff piping and valves as specified below:

Minimum Required Safety or Safety-Relief Valve Capacity (Pounds of Steam Per Hour)	Size of Blowoff Valves (Inches)
Up to 500	¾
501 to 1250	1
1251 to 2500	1¼
2501 to 6000	1½
6001 and larger	2

NOTE: Multiply 1,000 by the relieving capacity in pounds of steam per hour to determine the Btu of safety relief valve discharge capacity.

b. Any discharge piping connected to bottom blowoff or bottom drain connections will be full size to the point of discharge.

394.3(9) *Low-water fuel cutoff.*

a. Each automatically fired hot water heating boiler will have an automatic low-water fuel cutoff that has been designed for hot water service, and it will be so located as to automatically cut off the fuel supply when the surface of the water falls to the level established.

b. As there is no normal waterline to be maintained in a hot water heating boiler, any location of the low-water fuel cutoff above the lowest safe permissible water level established by the boiler manufacturer is satisfactory.

c. A coil-type boiler or a watertube boiler requiring forced circulation to prevent overheating of the coils or tubes will have a flow-sensing device installed in the outlet piping in lieu of the low-water fuel cutoff to automatically cut off the fuel supply when the circulating flow is interrupted.

[**ARC 8890C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—394.4(89) Steam heating boilers installed before July 1, 1960—requirements. All steam heating boilers installed before July 1, 1960, shall be constructed and installed in accordance with this rule.

394.4(1) Safety valves.

a. Each steam boiler will have one or more safety valves bearing the National Board "HV" stamp of the spring-pop type adjusted and sealed to discharge at a pressure not to exceed 15 psig. Seals will be attached in a manner to prevent the valve from being taken apart without breaking the seal. The safety valves will be arranged so that they cannot be set to relieve at a higher pressure than the maximum allowable working pressure of the boiler. For iron and steel bodied valves exceeding 2-inch pipe size, the drain hole or holes will be tapped not less than 3/8-inch pipe size.

b. The safety valves will be located in the top or side of the boiler. They will be connected directly to a tapped or flanged opening in the boiler, to a fitting connected to the boiler by a short nipple, to a Y-base, or to a valveless header connecting steam or water outlets on the same boiler. Coil or header type boilers will have the safety valve located on the steam outlet end. Safety valves will be installed with their spindles vertical. The opening or connection between the boiler and any safety valve will have at least the area of the valve inlet.

c. Safety valves ½-inch or more in diameter that are installed on a steam boiler will have a hand-lifted device that will positively lift the disk from its seat at least 1/16 inch when there is no pressure in the boiler. The seats and disks will be of noncorrosive material.

d. Safety valves for a steam boiler will be at least ½ inch unless the boiler and radiating surfaces consist of a self-contained unit. Safety valves will not be larger than 4½ inches. The inlet opening will have an inside diameter equal to or greater than the seat diameter.

e. The minimum relieving capacity of the valve or valves will be governed by the capacity marking on the boiler.

f. The minimum valve capacity in pounds per hour will be equal to the steam generation as specified in 481—subrules 392.6(9) and 392.6(10).

g. The safety valve capacity for each steam boiler will be such that with the fuel burning equipment operated at maximum capacity the pressure will not rise more than 5 percent above the maximum allowable working pressure.

h. When operating conditions are changed or additional boiler heating surface is installed, the valve capacity will meet the new conditions.

394.4(2) Steam gages.

a. Each steam boiler will have a steam gage or a compound steam gage connected to its steam space, its water column, or to its steam connection. The gage or connection will contain a siphon or equivalent device that will develop and maintain a water seal that will prevent steam from entering the gage tube. The connection will be so arranged that the gage cannot be shut off from the boiler except by a cock placed in the pipe at the gage and provided with a tee or lever-handle arranged to be parallel to the pipe in which it is located when the cock is open. The connections to the boiler will be not less than ¼-inch standard pipe size, but where steel or wrought-iron pipe or tubing is used, it will be not less than ½-inch standard pipe size. The minimum size of a siphon, if used, will be ¼-inch inside diameter. Ferrous and nonferrous tubing having inside diameters at least equal to that of standard pipe size listed above may be substituted for pipe.

b. The scale on the dial of a steam boiler gage will be graduated to not less than 30 psig nor more than 60 psig. The travel of the pointer from zero to 30 psig pressure will be at least 3 inches on a compound gage, and effective stops will be set at the limits of the gage readings on both the pressure and vacuum sides of the gage.

394.4(3) Water gage glasses.

a. Each steam boiler will have one or more water gage glasses attached to the water column or boiler by means of valved fittings not less than ½-inch pipe size with the lower fittings provided with a drain valve having an unrestricted drain opening not less than ¼-inch diameter to facilitate cleaning. Gage glass replacement will be possible under pressure. Water gage glass fittings may be attached directly to a boiler.

b. The lowest visible part of the water gage glass will be at least 1 inch above the lowest permissible water level recommended by the boiler manufacturer. With the boiler operating at this lowest permissible water level, there will be no danger of overheating any part of the boiler.

c. Transparent material other than glass may be used for the water gage provided that the material will remain transparent and has proved suitable for the pressure, temperature and corrosive conditions expected in service.

394.4(4) Water column and water level control pipes.

a. The minimum size of ferrous or nonferrous pipes connecting a water column to a steam boiler will be 1 inch. No outlet connections, except for damper regulator, feedwater regulator, steam gages or apparatus that does not permit the escape of any steam or water, except for manually operated blowdowns, will be attached to a water column or the piping connecting a water column to a boiler. If the water column, gage glass, low-water fuel cutoff or other water level control device is connected to the boiler by pipe and fittings, no shutoff valves of any type will be placed in such pipe, and a cross or equivalent fitting to which a drain valve and piping may be attached will be placed in the water piping connection at every right angle to facilitate cleaning. The water column drainpipe and valve will be not less than ¾-inch pipe size.

b. The steam connections to the water column of a horizontal firetube wrought boiler will be taken from the top of the shell or the upper part of the head, and the water connection will be taken from a point not above the center line of the shell. For a cast iron boiler, the steam connection to the water column will be taken from the top of an end section or the top of the steam header, and the water connections will be made on an end section not less than 6 inches below the bottom connection to the water gauge glass.

394.4(5) Pressure control.

a. In addition to the operating control for normal boiler operation, each individual, automatically fired steam heating boiler will have a high-limit, pressure-actuated combustion control that will cut off the fuel supply to prevent the pressure from rising over 15 psig. The separate controls may have a common connection to the boiler. Upon replacement of the high-limit, pressure-actuated combustion control, controls with manual reset will be installed.

b. In a multiple boiler installation where the operating pressure control may be installed in a header or other point common to all boilers and could be isolated from any or all of the boilers, there will be at least one high-limit, pressure-actuated combustion control mounted on each boiler.

c. No shutoff valve of any type will be placed in the connection to the high-limit, pressure-actuated control. The control or connections will contain a siphon or equivalent device that will develop and maintain a water seal that will prevent steam from entering the control. The connections to the boiler will not be less than ¼-inch standard pipe size, but where steel or wrought-iron pipe or tubing is used, the fittings will be not less than ½-inch standard pipe size. The minimum size of a siphon, if used, will be ¼-inch inside diameter. Ferrous and nonferrous tubing having inside diameters at least equal to that of standard pipe size listed above may be substituted for pipe where a manifold is used for a multiple control. The connection to the boiler will not be less than ¼-inch standard pipe size.

394.4(6) Automatic low-water fuel cutoff or water-feeding device.

a. Each automatically fired steam or vapor system boiler will have an automatic low-water fuel cutoff so located as to automatically cut off the fuel supply when the surface of the water falls to the lowest visible part of the water gage glass. If a water-feeding device is installed, it will be so constructed that the water inlet valve cannot feed water into the boiler through the float chamber and so located as to supply requisite feedwater.

b. A fuel cutoff or water-feeding device may be attached directly to a boiler or in the tapped openings available for attaching a water glass directly to a boiler. Connections in the tapped openings will be made to the boiler with nonferrous tees or "Ys" not less than ½-inch pipe size between the boiler and the water glass so that the water glass is attached directly and as closely as possible to the boiler. The run of the tee or "Y" will take the water glass fittings, and the side outlet or branch of the tee or "Y" will take the fuel cutoff or water-feeding device. The ends of all nipples will be reamed to full-size diameter.

c. Fuel cutoffs and water-feeding devices embodying a separate chamber will have a vertical straightway drainpipe and a blowoff valve not less than ¾-inch pipe size located at the lowest point in the water equalizing pipe connections so that the chamber and the equalizing pipe can be flushed and the device tested.

394.4(7) Stop valves for single steam heating boilers. When a stop valve is used in the supply pipe connection of a single steam boiler, there will be one used in the return pipe connection.

394.4(8) Stop valves for multiple steam heating boilers. A stop valve will be used in each supply and return pipe connection of two or more boilers connected to a common system.

[**ARC 8890C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—394.5(89) Hot water heating boilers installed before July 1, 1960—requirements. Hot water heating boilers installed before July 1, 1960, shall be constructed and installed in accordance with this rule.

394.5(1) Safety relief valves.

a. Each hot water heating boiler will have at least one safety relief valve bearing the National Board "HV" stamp of the automatic-resetting type set to relieve at or below the maximum allowable working pressure of the boiler. The safety relief valve will have pop action when tested by steam. When more than one safety relief valve is used on a hot water heating boiler, the additional valve or valves must bear the National Board "HV" stamp and may be set within a range not to exceed 6 psig above the maximum allowable working pressure of the boiler up to and including 60 psig and 5 percent for those having a maximum allowable working pressure exceeding 60 psig. Safety relief valves will be so arranged that they cannot be reset to relieve at a higher pressure.

b. No safety relief valve will be smaller than ¾-inch nor larger than 4½-inch standard pipe size, except those boilers having a heat input not greater than 15,000 Btu per hour may be equipped with a safety relief valve of ½-inch standard pipe size bearing the National Board "HV" stamp. The inlet opening will have an inside diameter equal to or greater than the seat diameter. In no case will the minimum opening through any part of the valve be less than ½-inch diameter.

394.5(2) Temperature and pressure gage.

a. Each hot water boiler will have a temperature and pressure gage properly calibrated to the altitude connected to it or to its flow connection in such a manner that it cannot be shut off from the boiler except by a cock with tee or lever handle placed on the pipe near the gage. The handle of the cock will be parallel to the pipe in which it is located when the cock is open.

b. The scale on the dial of the temperature and pressure gage will be graduated approximately to not less than one and one-half nor more than three times the pressure at which the safety relief valve is set. The gage will be provided with effective stops for the indicating pointer at the zero point and at the maximum pressure point.

c. The temperature gage will be so located and connected that it will be easily readable. The thermometer will be so located that it will at all times indicate the temperature in degrees Fahrenheit of the water in the boiler at or near the outlet.

d. Piping or tubing for temperature and pressure gage connections will be of nonferrous metal when smaller than 1-inch pipe size.

394.5(3) Temperature control.

a. In addition to the operating control used for normal boiler operation, each individual, automatically fired hot water boiler will have a separate high-limit, temperature-actuated combustion control that will cut off the fuel supply to prevent the temperature of the water from rising over 250 degrees F. Separate controls may have a common connection to the boiler.

b. In a multiple boiler installation where the operating temperature actuated control may be installed in a header or other point common to all boilers and can be isolated from any or all of the boilers, there will be at least one high-limit, temperature-actuated combustion control mounted on each boiler.

394.5(4) Stop valves.

a. On single hot water heating boilers, stop valves will be located at an accessible point in the supply and return pipe connections as near the boiler nozzle as is convenient and practicable to permit draining the boiler without emptying the system.

b. Where two or more boilers are connected in a common system, a stop valve will be used in each boiler's supply and return pipe connection.

394.5(5) Provisions for thermal expansion in hot water heating system.

a. All hot water heating systems incorporating hot water tanks or fluid relief columns will be so installed as to prevent freezing under normal operating conditions.

b. Systems with open expansion tanks require an indoor overflow from the upper portion of the expansion tank in addition to an open vent. The indoor overflow is to be carried within the building to a suitable plumbing fixture or to the basement.

c. An expansion tank adequate for the volume and capacity of the system will be installed. If the system is designed for a working pressure of 30 psi or less, the tank will be suitably designed for a minimum hydrostatic test pressure of 75 psi. Expansion tanks for systems designed to operate above 30 psi will be constructed in accordance with ASME Code, Section VIII, Division I, in effect when installed. Provisions will be made for draining the tank without emptying the system, except for prepressurized tanks.

d. The expansion tank capacities for gravity hot water heating systems will be as follows:

Sq. Ft. of Installed Equivalent Direct Radiation	Tank Capacity, Gallons
Up to 350	18
Up to 450	21
Up to 650	24
Up to 900	30
Up to 1,100	35
Up to 1,400	40
Up to 1,600	2-30
Up to 1,800	2-30
Up to 2,000	2-35
Up to 2,400	2-40
2,400 and up	1 additional gallon per 33 square feet of additional equivalent direction radiation

e. The expansion tank capacities for forced hot water heating systems will be based on an average operating water temperature of 195 degrees F, a fill pressure of 12 psig, and a maximum operating pressure of 30 psig as follows:

System Volume, Gallons	Tank Capacity, Gallons
100	15
200	30
300	45
400	60
500	75
1,000	150
2,000	300

In calculating, include the volume of water in boiler, radiation and piping but not the expansion tank.

[**ARC 8890C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—394.6(89) Hot water supply boilers installed before July 1, 1960—requirements.

394.6(1) *Scope.* This rule establishes minimum requirements for installation, operation, and inspection of hot water supply boilers installed before July 1, 1960, when any of the following limitations are exceeded:

a. Heat input of 200,000 Btu per hour.

b. Water temperature of 210 degrees F.

c. A water containing capacity of 120 gallons.

394.6(2) *Safety relief valves.* Each hot water supply boiler must have at least one pressure and temperature relief valve bearing the National Board "HV" stamp installed on the hot water outlet line.

394.6(3) *Safety valves and safety relief valves for tanks and heat exchangers.*

a. When a hot water supply vessel is heated indirectly by steam in a coil or pipe, the pressure of the steam used will not exceed the safe working pressure of the tank. A safety relief valve at least 1 inch in diameter will be installed on the tank and will be set to relieve at or below the maximum allowable working pressure of the tank.

b. When water over 160 degrees F is circulated through the coils or tubes of a heat exchanger to warm the water for space heating or hot water supply, the heat exchanger will be equipped with one or more safety relief valves bearing the National Board "HV" stamp of sufficient rated capacity to prevent the heat exchanger pressure from rising more than 10 percent above the maximum allowable working pressure of the vessel. The valves will be set to relieve at or below the maximum allowable working pressure of the heat exchanger.

c. When water over 160 degrees F is circulated through the coils or tubes of a heat exchanger to generate low-pressure steam, the heat exchanger will be equipped with one or more safety valves bearing the National Board "HV" stamp of sufficient rated capacity to prevent the heat exchanger pressure from rising more than 5 psig above the maximum allowable working pressure of the vessel. The valves will be set to relieve at a pressure not to exceed 15 psig.

394.6(4) *Gages.* Temperature and pressure gages will be installed in accordance with 94.5(2).

394.6(5) *Temperature controls.* Temperature controls will be installed in accordance with 94.5(3).

394.6(6) *Stop valves.*

a. Stop valves will be placed in the supply and return pipe connections of a single hot water supply boiler installation to permit draining the boiler without emptying the system.

b. Where two or more boilers are connected in a common system, a stop valve will be used in each boiler's supply and return pipe connection.

394.6(7) *Thermal expansion.* If a system is equipped with a check valve or pressure-reducing valve in the cold water inlet line, an airtight expansion tank or other suitable air cushion will be installed. When an expansion tank is provided, it will be constructed in accordance with the ASME Code, Section VIII, Division 1, in effect when installed, for a maximum allowable working pressure equal to or greater than the water heater. Except for prepressurized tanks, provisions will be made for draining the tank without emptying the system.

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CHAPTER 395
UNFIRED STEAM PRESSURE VESSELS

[Prior to 9/24/86, Labor, Bureau of[530] Ch 209]
[Prior to 1/14/98, see Labor Services[347] Ch 48]
[Prior to 8/16/06, see 875—Ch 209]
[Prior to 7/9/25, see Labor Services Division[875] Ch 96]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—395.1(89) Codes adopted by reference. The codes listed in 481—Chapter 391 apply to objects covered by this chapter.
[**ARC 8891C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 7/9/25]

481—395.2(89) Objects installed prior to July 1, 1983—requirements.

395.2(1) *Maximum allowable working pressure.*

a. The maximum allowable working pressure for code-stamped unfired steam pressure vessels will be determined in accordance with the applicable provisions of the ASME Code or American Petroleum Institute Code under which they were constructed and stamped.

b. The maximum allowable working pressure on the shell of unfired steam pressure vessels without a code stamp will be determined by the following equation:

$$\frac{TStE}{RFS} = \text{Maximum allowable working pressure, psig.}$$

Where:

TS = Ultimate tensile strength of shell plate(s), psig. When the tensile strength of a steel plate(s) is unknown, it shall be taken as 55,000 psig for temperatures not exceeding 650 degrees F.

t = Minimum thickness of shell plates of the weakest course, in inches.

E = Efficiency of longitudinal joint. For riveted joints, use ASME Code, Section 1 (1971). For fusion-welded and brazed joints, use the following table:

Single lap welded	40
Double lap welded	60
Single butt welded	60
Double butt welded	75
Forge welded	70
Brazed steel	80

R = Inside radius of the weakest course of shell or drum in inches, provided the thickness does not exceed 10 percent of the radius. If the thickness is over 10 percent of the radius, the outer radius shall be used.

FS = Factor of safety shall be four.

c. The maximum allowable working pressure for unfired steam pressure vessels without an ASME stamp subjected to external or collapsing pressure will be determined by the ASME Code, Section VIII.

395.2(2) *End closures.* The maximum allowable working pressure permitted for formed heads under pressure will be determined by using the formulas in ASME Code, Section VIII.

395.2(3) *Safety appliances.* Each unfired steam pressure vessel will be protected by such safety and relief valves and indicating and controlling devices as will ensure its safe operation. Valves will not readily be rendered inoperative. The relieving capacity of safety valves will be such as to prevent a rise of pressure in the vessel of more than 10 percent above maximum allowable working pressure, taking into account the effect of static head. Safety valve discharges will be carried to a safe place.
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These rules are intended to implement Iowa Code chapter 89.

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CHAPTERS 396 to 399
Reserved

ELECTRICAL EXAMINING BOARD

CHAPTER 400
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—ORGANIZATION AND ADMINISTRATION

[Prior to 7/9/25, see Public Safety Department[661] Ch 500]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—400.1(103) Establishment of program. The electrician and electrical contractor licensing program is established in the department of inspections, appeals, and licensing. The program is under the direction of the electrical examining board. Contact information of the board office can be found on the department's website.

[**ARC 7877C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—400.2(103) Definitions. The following definitions apply to all rules adopted by the electrical examining board.

"Approved by the board" means the approval of any item, test or procedure by the electrical examining board by adoption of a resolution at a meeting of the board, provided that the approval has not been withdrawn by a later resolution of the board. A list of any such items, tests, or procedures that have been approved by the board is available from the board office or from the board website.

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

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

"Department" means the department of inspections, appeals, and licensing.

"Directly relates" or *"directly related"* means either that the actions taken in furtherance of an offense are actions customarily performed within the scope of practice of the profession; or that the circumstances under which an offense was committed are customary to the profession.

"Disqualifying conviction" or *"disqualifying offense"* means a conviction directly related to the practice of the profession.

"Division" means the building and construction bureau of the department of inspections, appeals, and licensing.

"Documented experience" means experience which an applicant for licensing has completed and which has been documented by the applicant's completion and submission of a sworn affidavit or other evidence requested by the board.

"Eligibility determination" means the process by which a person who has not yet submitted a completed license application may request that the board determine whether one or more of the person's convictions are disqualifying offenses that would prevent the individual from receiving a license or certification.

"Emergency installation" means an electrical installation necessary to restore power to a building or facility when existing equipment has been damaged due to a natural or man-made disaster or other weather-related cause. Emergency installations may be performed by persons properly licensed to perform the work, and may be performed prior to submission of a request for permit or request for inspection. A request for permit and request for inspection, if required by rule 481—404.5(103), should be made as soon as practicable and, in any event, no more than 72 hours after the installation is completed.

"Final agency action" means the issuance, denial, suspension, or revocation of a license. If an action is subject to appeal, "final agency action" has occurred when the administrative appeal process provided for in 481—Chapter 402 has been exhausted or when the deadline for filing an appeal has expired.

"Full-time" means a minimum of 1,700 hours of work in a one-year period.

"Issuing jurisdiction" means the duly constituted authority in another state that has issued a professional license, certificate, or registration to a person.

"Registered apprenticeship program" means an electrical apprenticeship program registered with the Bureau of Apprenticeship and Training of the United States Department of Labor or an electrical apprenticeship program registered with a state agency whose registration program is accepted by the Bureau of Apprenticeship and Training in lieu of direct registration with the Bureau of Apprenticeship and Training.

"Residential electrical work" means electrical work in a residence in which there are no more than four living units within the same building and includes work to connect and work within accessory structures, which are structures no greater than 3,000 square feet in floor area, not more than two stories in height, the use of which is incidental to the use of the dwelling unit or units, and located on the same lot as the dwelling unit or units.

"Transferring jurisdiction" means the specific issuing jurisdiction on which an applicant relies to seek licensure in Iowa by verification under this chapter.

[**ARC 7877C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 17A, 103 and 272C.

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CHAPTER 401
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—LICENSING REQUIREMENTS, PROCEDURES, AND FEES

[Prior to 7/9/25, see Public Safety Department[661] Ch 502]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—401.1(103) License categories and authority.

401.1(1) The following license categories are established:

a. Electrical contractor.
b. Residential electrical contractor.
c. Master electrician, class A.
d. Master electrician, class B.
e. Residential master electrician.
f. Journeyman electrician, class A.
g. Journeyman electrician, class B.
h. Residential electrician.
i. Apprentice electrician.
j. Special electrician.
k. Unclassified person.
l. Inactive master electrician.

401.1(2) A person who holds any class of license issued by the board, other than a class B license, a residential electrical contractor license, a residential master electrician license, or a residential electrician license, may perform the work authorized by that license anywhere within the state of Iowa. A class B license can be subject to limitations imposed by a political subdivision through a local ordinance pursuant to Iowa Code section 103.29(4). A person who holds a residential electrical contractor license, a residential master electrician license, or a residential electrician license may perform the work authorized by that license anywhere within the state of Iowa except within a political subdivision which has, by local ordinance, limited the use of such a license.

401.1(3) Except as otherwise provided by Iowa Code chapter 103, a person who does not have a current valid license cannot perform work as an electrician or as an unclassified person. A person cannot perform work which requires licensing and which is not specifically authorized under the license issued.

401.1(4) An apprentice electrician or an unclassified person, while performing electrical work, shall be directly supervised at all times by a master electrician or a journeyman electrician or, while performing residential electrical work only, by a residential master electrician, a residential electrician, or a special residential electrician. A master electrician, a journeyman electrician, a residential master electrician, or a residential electrician is not permitted to directly supervise more than three apprentice electricians or unclassified persons, or both, at once.

401.1(5) A journeyman electrician or a residential electrician may only work under the general direction of a master electrician or, while performing residential electrical work only, under the general direction of a residential master electrician.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.2(103) License requirements.

401.2(1) An electrical contractor license may be issued to a person who submits an application with the applicable fee, who holds or employs a person who holds an active master electrician license, who is registered as a contractor with the department. An electrical contractor license issued to a person who holds a class B master electrician license is subject to the same restriction of use as is the class B master electrician license.

401.2(2) A residential electrical contractor license may be issued to a person who is licensed as a class A master electrician, a class B master electrician, or a residential master electrician and who is registered with the state of Iowa as a contractor pursuant to Iowa Code chapter 91C.

401.2(3) A class A master electrician license may be issued to a person who submits to the board a completed application with the applicable fee and who meets one of the following:

a. Has completed one year of experience as a licensed journeyman electrician, and has passed a supervised written examination for master electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application; or

b. As of December 31, 2007, held a current valid license as a master electrician issued by a political subdivision in Iowa, the issuance of which required passing a supervised written examination approved by the board, and one year of experience as a journeyman electrician; or

c. Holds a current class B master electrician license and has passed a supervised written examination for master electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application.

401.2(4) A class B master electrician license may be issued to a person who submits to the board a completed application with the applicable fee; who presents credible evidence of having worked for a total of 16,000 hours of cumulative experience as a master electrician, of which at least 8,000 hours were worked since January 1, 1998; and whose experience as a master electrician began on or before January 1, 1998.

401.2(5) A residential master electrician license may be issued to a person who submits to the board a completed application with the applicable fee, holds a current residential electrician or journeyman electrician license, has 2,000 hours of verified experience as a residential electrician or a journeyman electrician, and has passed a residential master electrician examination approved by the board with a score of 70 or higher within 24 months of submission of a new application.

401.2(6) A class A journeyman electrician license may be issued to a person who submits to the board a completed application with the applicable fee and who meets one of the following:

a. Has successfully completed a registered apprenticeship program, has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application, and has completed four years of experience as an apprentice electrician.

b. Holds a current class B journeyman electrician license and has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application.

c. Holds a current electrician license in another state, has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application, and has satisfied the sponsorship requirements for testing for a journeyman class A license by providing evidence of all of the following:

(1) Current licensure as a journeyman or master electrician from another state which required passing a test sponsored by that state.

(2) Completion of 18 hours of continuing education units approved by the board.

(3) Completion of 1,000 hours of work in Iowa as an unclassified person.

d. Holds a current license issued by the board; has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application; has completed 54 hours of continuing education approved by the board; and has completed 16,000 hours of electrical work while licensed by the board, except as a special electrician, as verified by a master electrician licensed by the board. The 16,000 hours is to include at least the following minimum number of hours of work on commercial or industrial installations in the categories indicated: 500 hours of preliminary work, 2,000 hours of rough-in work, 2,000 hours of finish work, 2,000 hours of lighting and service work, 500 hours of troubleshooting, and 500 hours of motor control work. At least 4,000 hours of the 16,000 hours is to be completed by the applicant within the five years immediately preceding the submission date of the application.

e. Holds a current license issued by the board as a residential electrician or residential master electrician, has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application, and has completed 4,000 hours of work on commercial or industrial electrical installations while licensed by the board, as verified

by a master electrician licensed by the board. The 4,000 hours is to include at least the following minimum numbers of hours in the categories indicated: 100 hours of preliminary work, 500 hours of rough-in work, 500 hours of finish work, 500 hours of lighting and service work, 100 hours of troubleshooting, and 100 hours of motor control work.

f. Holds a current license issued by the board, has satisfactorily completed an approved postsecondary electrical education program, has passed a supervised written examination for journeyman electrician approved by the board with a score of 70 or higher within 24 months of submission of a new application, and, subsequent to beginning the postsecondary electrical education program, has completed at least 6,000 hours of electrical work while licensed by the board, as verified by a master electrician licensed by the board.

401.2(7) A class B journeyman electrician license may be issued to a person who submits to the board a completed application with the applicable fee; who presents credible evidence of having worked for a total of 16,000 hours of cumulative experience as a journeyman electrician or master electrician, of which at least 8,000 hours were worked since January 1, 1998; and whose experience as a journeyman electrician or master electrician began on or before January 1, 1998.

401.2(8) A residential electrician license may be issued to a person who submits to the board a completed application with the applicable fee and who meets one of the following:

a. Has completed 6,000 hours of experience as an apprentice electrician and has passed a residential electrician examination approved by the board. An applicant may take the examination after completing 5,000 hours of experience as an apprentice electrician, although the license will not be issued until the applicant has completed 6,000 hours of such experience; or

b. Has completed 4,000 hours of experience working under the direct supervision of a residential master electrician, a residential electrician, a master electrician, or a journeyman electrician; has successfully completed a minimum of one academic year of an electrical trade school approved by the board; and has passed a residential electrician examination approved by the board; or

c. Has completed 8,000 hours of verified experience as a licensed unclassified person including at least 2,000 hours of verified work experience in residential wiring and has passed a residential electrician examination approved by the board; or

d. Has successfully completed a registered residential electrician apprenticeship program and passed a supervised written residential electrician examination approved by the board with a score of 70 or higher within 24 months of submission of a new application.

401.2(9) A special electrician license may be issued to a person who submits to the board a completed application with the applicable fee and who meets the qualifications for any endorsement entered on the license. Each special electrician license is eligible to carry one or more of the following endorsements:

a. Endorsement 1, "Irrigation System Wiring," may be included if requested and the applicant has passed a supervised examination approved by the board or has completed two years, or 4,000 hours, of documented experience in the wiring of irrigation systems.

b. Endorsement 2, "Disconnecting and Reconnecting Existing Air Conditioning and Refrigeration Systems," may be included if requested and the applicant has passed a supervised examination approved by the board or has completed two years of documented experience in the disconnecting and reconnecting of existing air conditioning and refrigeration systems.

c. Endorsement 3, "Sign Installation," may be included if requested. This endorsement does not authorize the holder to connect power to a sign that has a voltage greater than 220V and an ampere rating greater than 20 amps. Initial installation or upgrading of the branch circuits supplying power to the sign may only be completed by a licensed master electrician or by a licensed journeyman electrician under the supervision of a master electrician.

401.2(10) An apprentice electrician license may be issued to a person who submits a completed application to the board with the applicable fee and who is participating in a registered apprenticeship program. A person may hold an apprentice electrician license for no more than six years from the original date of licensing unless an extension is granted by the board based upon a documented hardship.

401.2(11) A license as an unclassified person may be issued to a person who submits a completed application to the board with the applicable fee and who is employed by a licensed electrical contractor.

Any person who holds a current license issued by the board, excluding special electrician licenses, may work as an unclassified person without holding an unclassified person license.

401.2(12) In lieu of renewal of the active master electrician license, an inactive master electrician license may be issued to a holder of a master electrician license whose license is due for renewal and who requests placement in inactive status. It is the responsibility of the holder of an inactive license to maintain all requirements which would apply for an active master electrician license, except for payment of the fee for an active license, during the term of the inactive license. If the license holder fails to meet any such requirement during the term of the inactive license, the license holder will not be entitled to reinstatement of an active license. If the license holder continues to meet all such requirements while holding an inactive license, the license holder may obtain an active master electrician license by surrendering the inactive master electrician license, filing an application for reinstatement, and paying the applicable license fee. The holder of an inactive license who seeks reinstatement of an active license will not receive any refund of the fee paid for the inactive license. A person who holds an inactive license cannot perform work which requires the person to be a holder of that license but may perform work authorized by any active license issued by the board which the person holds.

401.2(13) Retaking an examination. If passage of an examination is a requirement for issuance of a license:

a. An applicant who has taken the examination for a license twice and has failed the examination twice cannot retake the examination until after waiting six months and completing 12 hours of continuing education approved by the board on subjects related to the standards specified in rule 481—404.3(103). After satisfying the requirements of this paragraph, the applicant may take the examination two additional times, or a maximum of four times.

b. An applicant who has satisfied the conditions of paragraph *"a"* and who has taken the examination two additional times, or a total of four times, and has failed the examination four times cannot retake the examination until after waiting an additional six months and completing an additional 12 hours of continuing education approved by the board on subjects related to the standards specified in rule 481—404.3(103). After satisfying the requirements of this paragraph, the applicant may take the examination two additional times, or a maximum of six times.

c. An applicant who has satisfied the conditions of paragraph *"b"* and who has taken the examination two additional times, or a total of six times, and has failed the examination six times cannot retake the examination any additional times unless approved to do so by the board. An applicant who wishes to take an examination after failing it six times may petition the board to allow the applicant to take the examination again after waiting an additional six months. The board may request that an applicant appear personally before the board when considering the petition.

401.2(14) Reciprocal journeyman licensing. A journeyman class A license may be issued, without examination, to a person who holds a license from another state provided that:

a. The board has entered into an agreement with the other state providing for reciprocal issuance of licenses and the agreement recognizes the equivalency of the examination required for the license issued by the other state and the examination required for the Iowa license to be issued; and

b. The applicant has successfully completed a supervised written examination approved by the other state with a score of 70 or higher in order to obtain the license from the other state; and

c. The applicant holds an applicable license from the other state at the time the application for an Iowa license is filed and has held the applicable license from the other state continuously for one year at the time the application for an Iowa license is filed; and

d. The applicant has submitted:

(1) A completed application for the Iowa license;

(2) A copy of the applicable license from the other state, clearly showing the license number and any other identifying information;

(3) The applicable fee;

(4) The sworn affidavit required under subparagraph 401.2(14)*"e"*(2), if applicable; and

(5) Any other information requested by the board; and

e. The applicant has either:

(1) Completed an approved apprenticeship program; or

(2) Completed 16,000 hours of electrical work as an electrician licensed by the other state, as documented by submission of a sworn affidavit signed by the applicant.

401.2(15) Reciprocal master licensing. A master class A license may be issued, without examination, to a person who holds an equivalent license from another state provided that:

a. The board has entered into an agreement with the other state providing for reciprocal issuance of licenses and that the agreement recognizes the equivalency of the examination required for the license issued by the other state and the examination required for the Iowa license to be issued; and

b. The applicant has successfully completed a supervised written examination approved by the other state, with a score of 70 or higher, in order to obtain the license from the other state; and

c. The applicant holds an applicable license from the other state at the time the application for an Iowa license is filed and has held the applicable license from the other state continuously for one year at the time the application for an Iowa license is filed; and

d. The applicant has submitted:

(1) A completed application for the Iowa license;

(2) A copy of the applicable license from the other state, clearly showing the license number and any other identifying information;

(3) The applicable fee;

(4) Any other information requested by the board, which may include, but is not limited to, additional evidence that the person's license from the other state is currently valid; and

e. The applicant has either:

(1) Completed an approved apprenticeship program; or

(2) Completed 16,000 hours of electrical work as an electrician licensed by the other state, documented by a sworn affidavit signed by the applicant.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 12/10/25]

481—401.3(103) License terms and fees. The following table sets out the length of term of each license and the fee for the license.

License Type	Term	Fee
Electrical Contractor	3 years	$375
Residential Electrical Contractor	3 years	$375
Master Electrician, Class A	3 years	$375
Master Electrician, Class B	3 years	$375
Residential Master Electrician	3 years	$375
Journeyman Electrician, Class A	3 years	$75
Journeyman Electrician, Class B	3 years	$75
Residential Electrician	3 years	$75
Special Electrician	3 years	$75
Apprentice Electrician	1 year	$20
Unclassified Person	1 year	$20
Inactive Master Electrician	3 years	$75

401.3(1) If a license is issued for less than the period of time specified in the table above, the fee will be prorated according to the number of months for which the license is issued.

401.3(2) A licensee who is on active military deployment for 91 or more consecutive calendar days during the term of a license may have the license period tolled as follows. "Tolled" means that the expiration date of the license will be delayed for that period of time.

a. A licensee who is on active military deployment for 91 or more consecutive calendar days during a licensing period may have the license terms tolled for one year.

b. A licensee who is on active military deployment for 366 or more consecutive calendar days during a licensing period may have the license terms tolled for two years.

c. A licensee who is on active military deployment for 91 or more consecutive calendar days but fewer than 366 consecutive calendar days may petition the board to have the license tolled for two years upon a showing of a special hardship which would not be alleviated by tolling the license term for only one year.

d. A licensee who requests that the term of a license be tolled pursuant to this subrule will provide a copy of military orders showing the beginning and ending dates of the deployment or deployments which are the basis for the request.

401.3(3) A licensee may obtain a replacement license for a license that has been lost. To order a replacement license, the licensee will notify the board office in writing that the license has been lost and will provide any information needed by the board office, which may include, but is not limited to, the license number, the name of the licensee, and a description of the circumstances of the loss, if known. The fee for issuance of a replacement license is $15.

Exception:

If a licensee who is located in an area covered by a disaster emergency proclamation issued by the governor pursuant to Iowa Code section 29C.6 which is currently in force or has been in force within the previous 90 days certifies to the board that the license was lost as a direct result of conditions which relate to the issuance of the disaster emergency proclamation, the fee for replacement of the license can be waived.

401.3(4) Refunds of license fees can be made under the following circumstances:

a. If an error on the part of the staff or the applicant or licensee has resulted in an overpayment of fees, the refund can be in the amount of overpayment and can be made if the overpayment is discovered by staff of the board or if the overpayment is discovered by the applicant or licensee and the applicant or licensee requests a refund.

b. If an applicant for an initial license or a renewal license dies prior to the effective date of a license for which the applicant has applied and paid the applicable fee, the license fee can be refunded to the estate of the applicant upon receipt of a request from the estate of the applicant, accompanied by a certified copy of the death certificate.

401.3(5) The fee for submitting a petition for eligibility determination as defined in subrule 401.8(2) is $25.

401.3(6) The board will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.4(103) Disqualifications for licensure. An application for a license can be denied if any of the following apply:

401.4(1) The applicant fails to meet the requirements for the license for which the applicant has applied or the applicant fails to provide adequate documentation of any requirement.

401.4(2) The applicant has previously had a license revoked or suspended by the board, and the circumstances which formed the basis of the revocation or suspension have not been corrected. If a license was revoked or suspended and conditions were imposed for the restoration of the license, licensure will be denied unless those conditions have been met.

401.4(3) The applicant has been denied, for cause, a license to work, or a license as an electrician has been revoked, for cause, in any other state or political subdivision and the applicant has not subsequently received a license from the state or political subdivision which denied or revoked the license. An applicant who has been denied a license pursuant to this provision may apply to the board for a license and, upon a showing of evidence satisfactory to the board that the condition or conditions which led to the denial or revocation no longer apply, the board may grant the license to the applicant.

401.4(4) The applicant falsifies or fails to provide any information requested in connection with the application or falsifies any other information provided to the board in support of the application.

401.4(5) The applicant has been convicted of a disqualifying offense in the courts of this state or another state, territory, or country. A file-stamped copy of the final order or judgment of conviction or plea of guilty in this state or another state constitutes conclusive evidence of the conviction.

401.4(6) The applicant has unpaid fees due to the board which are 120 days or more past due. The license for which the applicant applied may be issued after the fees are paid if the applicant is not otherwise disqualified from obtaining the license.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.5(103) License application.

401.5(1) Any person seeking a license from the board is to submit a completed application to the board accompanied by the applicable fee payable by check, money order, or warrant to the Iowa Department of Inspections, Appeals, and Licensing. The memo area of the check should read "Electrician Licensing Fees." The application is to be submitted on the form prescribed by the board, which may be obtained from the board office.

401.5(2) Upon receipt of a completed application, the board executive secretary or designee has discretion to:

a. Authorize the issuance of a license, certification, or examination application.

b. Refer the application to a committee of the board for review and consideration when the board executive secretary determines that matters raised in or revealed by the application, including but not limited to prior criminal history, chemical dependence, competency, physical or psychological illness, professional liability claims or settlements, professional disciplinary history, education or experience, are relevant in determining the applicant's qualifications for a license, certification, or examination. Matters that may justify referral to a committee of the board include, but are not limited to:

(1) Prior criminal history, which is reviewed and considered in accordance with Iowa Code chapter 272C and rule 481—401.8(272C).

(2) Chemical dependence.

(3) Competency.

(4) Physical or psychological illness or disability.

(5) Judgments entered on, or settlements of, claims, lawsuits, or other legal actions related to the profession.

(6) Professional disciplinary history.

(7) Education or experience.

401.5(3) Following review and consideration of an application referred by the board executive secretary, the committee may at its discretion:

a. Authorize the issuance of the license, certification, or examination application.

b. Recommend to the board denial of the license, certification, or examination application.

c. Recommend to the board issuance of the license or certification under certain terms and conditions or with certain limitations.

d. Refer the license, certification, or examination application to the board for review and consideration without recommendation.

401.5(4) Following review and consideration of a license, certification, or examination application referred by the committee, the board can:

a. Authorize the issuance of the license, certification, or examination application;

b. Deny the issuance of the license, certification, or examination application; or

c. Authorize the issuance of the license or certification under certain terms and conditions or with certain limitations.

401.5(5) The committee or board can request an applicant to appear for an interview before the committee or the full board as part of the application process.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.6(103) Restriction of use of class B licenses by political subdivisions. A political subdivision may disallow or limit the use of a class B license to perform electrical work within the geographic limits of that subdivision through adoption of a local ordinance. A copy of any such ordinance is to be filed with

the board office prior to the effective date of the ordinance. If a class B license holder held a license issued or recognized by a political subdivision on December 31, 2007, that political subdivision cannot restrict the license holder from performing work which would have been permitted under the terms of the license issued or recognized by the political subdivision.

Exception:

An ordinance restricting or disallowing electrical work by holders of class B licenses will not apply to work which is not subject to the issuance of permits by the political subdivision.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.7(103) Financial responsibility. Any holder of an electrical contractor license or any holder of an electrician license who is not employed by a licensed electrical contractor and who contracts to provide electrical work which requires a license issued pursuant to 481—Chapters 400 through 402 is to, at all times, maintain insurance coverage as provided in this rule.

401.7(1) The licensee is to maintain general and complete operations liability insurance in the amount of at least $1 million for all work performed which requires licensing pursuant to 481—Chapters 400 through 402.

a. The carrier of any insurance coverage maintained by the licensee to meet this requirement will notify the board 30 days prior to the effective date of cancellation or reduction of the coverage.

b. The licensee will cease operation immediately if the insurance coverage required by this rule is no longer in force and other insurance coverage meeting the requirements of this rule is not in force. A licensee will not initiate any electrical work which cannot reasonably be expected to be completed prior to the effective date of the cancellation of the insurance coverage required by this rule and of which the licensee has received notice, unless new insurance coverage meeting the requirements of this rule has been obtained and will be in force upon cancellation of the prior coverage.

401.7(2) Reserved.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.8(272C) Use of criminal convictions in eligibility determinations and initial licensing decisions.

401.8(1) *License application.* Unless an applicant for licensure petitions the board for an eligibility determination, the applicant's convictions will be reviewed when the board receives a completed license application.

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

b. Documentation and personal statement. An applicant with one or more convictions is to submit the complete criminal record for each conviction and a personal statement regarding whether each conviction directly relates to the practice of the profession in order for the license application to be considered complete.

c. Rehabilitation. An applicant will, as part of the license application, submit all evidence of rehabilitation that the applicant wishes to be considered by the board. The board may deny a license if the applicant has a disqualifying offense, unless the applicant demonstrates by clear and convincing evidence that the applicant is rehabilitated pursuant to Iowa Code section 272C.15. An applicant with one or more disqualifying offenses who has been found rehabilitated still needs to satisfy all other requirements for licensure.

d. Nonrefundable fees. Any application fees will not be refunded if the license is denied.

401.8(2) *Eligibility determination.* An individual who has not yet submitted a completed license application may petition the board for an eligibility determination. An individual with criminal convictions is not required to petition the board for an eligibility determination before applying for a license. To petition the board for an eligibility determination, a petitioner is to submit all of the following:

a. A completed eligibility determination form, which is available on the board's website;

b. The complete criminal record for each of the petitioner's convictions;

c. A personal statement regarding whether each conviction directly relates to the practice of the profession and why the board should find the petitioner rehabilitated;

d. All evidence of rehabilitation that the petitioner wants the board to consider; and

e. Payment of a nonrefundable fee in the amount of $25.

401.8(3) *Appeal.* A petitioner found ineligible or an applicant denied a license because of a disqualifying offense may appeal the decision in the manner and time frame set forth in the board's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The department's rules governing contested case proceedings apply unless otherwise specified in this rule. If the petitioner or applicant fails to file a timely appeal, the board's written decision will become a final order.

a. Presiding officer. The presiding officer will be the board. However, any party to an appeal of a license denial or ineligibility determination may file a written request, in accordance with rule 661—10.306(17A), requesting that the presiding officer be an administrative law judge. Additionally, the board may, on its own motion, request that an administrative law judge be assigned to act as presiding officer. When an administrative law judge serves as the presiding officer, the decision rendered will be a proposed decision.

b. Burden. The office of the attorney general represents the board's initial ineligibility determination or license denial and has the burden of proof to establish that the petitioner's or applicant's convictions include at least one disqualifying offense. If the office of the attorney general satisfies this burden by a preponderance of the evidence, the burden of proof shifts to the petitioner or applicant to establish rehabilitation by clear and convincing evidence.

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

401.8(4) *Future petitions or applications.* If a final order determines a petitioner is ineligible, the petitioner cannot submit a subsequent petition for eligibility determination or a license application prior to the date specified in the final order. If a final order denies a license application, the applicant cannot submit a subsequent license application or a petition for eligibility determination prior to the date specified in the final order.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.9(272C) Licensure by verification. Licensure by verification is available under the following circumstances.

401.9(1) *Eligibility.* A person may seek licensure by verification if all of the following criteria are satisfied:

a. The person is licensed, certified, or registered in at least one other issuing jurisdiction;

b. The person has been licensed, certified, or registered by another issuing jurisdiction for at least one year;

c. The scope of practice in the transferring jurisdiction is substantially similar to the scope of practice in Iowa;

d. The person's license, certification, or registration is in good standing in all issuing jurisdictions in which the person holds a license, certificate, or registration; and

e. The person either:

(1) Establishes residency in the state of Iowa pursuant to rule 701—300.17(422); or

(2) Is married to an active duty member of the military forces of the United States and is accompanying the member on an official permanent change of station.

401.9(2) *Board application.* The applicant is to submit all of the following:

a. A completed application for licensure by verification.

b. Payment of the appropriate fee or fees.

c. A verification form completed by the transferring jurisdiction, verifying that the applicant's license, certificate, or registration in that jurisdiction complies with the requirements of Iowa Code section 272C.12. The completed verification form will be sent directly from the transferring jurisdiction to the board.

d. Proof of current Iowa residency, or proof of the military member's official permanent change of station. To demonstrate Iowa residency, the applicant will submit proof that:

(1) The applicant currently maintains a residence or place of abode in Iowa, whether owned, rented, or occupied, even if the individual is in Iowa less than 183 days of the calendar year; and

(2) One or more of the following:

1. The applicant claims a homestead credit or military tax exemption on a home in Iowa, or
2. The applicant is registered to vote in Iowa, or
3. The applicant maintains an Iowa driver's license, or
4. The applicant does not reside in an abode in any other state for more days of the calendar year than the individual resides in Iowa.

e. Documentation of the applicant's complete criminal record, including the applicant's personal statement regarding whether each offense directly relates to the practice of the profession.

f. A copy of any relevant disciplinary documents, if another issuing jurisdiction has taken disciplinary action against the applicant.

401.9(3) *Applicants with prior discipline.* If another issuing jurisdiction has taken disciplinary action against an applicant, the board will determine whether the cause for the disciplinary action has been corrected and the matter has been resolved. If the board determines the disciplinary matter has not been resolved, the board will neither issue a license nor deny the application for licensure until the matter is resolved. A person whose license was revoked, or a person who voluntarily surrendered a license, in another issuing jurisdiction is ineligible for licensure by verification.

401.9(4) *Applicants with pending licensing complaints or investigations.* If an Iowa applicant is concurrently subject to a complaint, allegation, or investigation relating to unprofessional conduct pending before any regulating entity in another issuing jurisdiction, the board will neither issue a license nor deny the application for licensure until the complaint, allegation, or investigation is resolved.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—401.10(272C) Licensure by work experience in jurisdictions without licensure requirements.

401.10(1) *Work experience.*

a. An applicant for initial licensure who has relocated to Iowa from another jurisdiction that did not require a license to practice the profession may be considered to have met the applicable educational and training requirements if the person has at least three years of full-time work experience within the four years preceding the date of application for initial licensure. For each application submitted under this rule, the board will determine whether the applicant's prior work experience was substantially similar in nature and scope to a training or education program typically applicable for the license sought.

b. The applicant will need to satisfy all other license requirements, including passing any required examinations, to receive a license.

401.10(2) *Documentation.* An applicant seeking to substitute work experience in lieu of satisfying applicable education or training requirements bears the burden of providing all of the following by submitting relevant documents as part of a completed license application:

a. Proof of current residency in the state of Iowa pursuant to rule 701—300.17(422), or proof of the military member's official permanent change of station. To demonstrate Iowa residency, the applicant is to submit proof that:

(1) The applicant currently maintains a residence or place of abode in Iowa, whether owned, rented, or occupied, even if the individual is in Iowa less than 183 days of the calendar year; and

(2) One or more of the following:

1. The applicant claims a homestead credit or military tax exemption on a home in Iowa, or
2. The applicant is registered to vote in Iowa, or
3. The applicant maintains an Iowa driver's license, or
4. The applicant does not reside in an abode in any other state for more days of the calendar year than the individual resides in Iowa.

b. Proof of three or more years of full-time work experience within the four years preceding the application for Iowa licensure, which demonstrates that the work experience was substantially similar in

nature and scope to a training or education program typically applicable for the license sought. Proof of work experience may include, but is not limited to:

(1) A letter from the applicant's prior employer or employers documenting the applicant's dates of employment and scope of practice;

(2) Paychecks or pay stubs; or

(3) If the applicant was self-employed, business documents filed with the secretary of state or other applicable business registry or regulatory agency in the other jurisdiction.

c. Proof that the applicant's work experience involved a substantially similar scope of practice to the practice in Iowa, which is to include:

(1) A written statement by the applicant detailing the scope of practice and stating how the work experience correlates to an applicable apprenticeship program approved by the United States Department of Labor; and

(2) Business or marketing materials detailing the services provided.

d. Proof that the other jurisdiction did not require a license to practice the profession, which may include:

(1) Copies of applicable laws;

(2) Materials from a website operated by a governmental entity in that jurisdiction; or

(3) Materials from a nationally recognized professional association applicable to the profession.

[**ARC 7879C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 103 and 272C.

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CHAPTER 402
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—COMPLAINTS AND DISCIPLINE

[Prior to 7/9/25, see Public Safety Department[661] Ch 503]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—402.1(103) Complaints. Any person may file a complaint regarding work performed by any licensee or licensee applicant, or by an unlicensed person who should possess a license issued by the board. Complaints can be filed either in writing or electronically.

[**ARC 7880C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—402.2(103) Discipline. If a complaint alleging an act or acts in violation of Iowa Code chapter 103, rules adopted by the board, or any other provision of law deemed relevant by the board to the use of a license issued by the board is substantiated, the board may suspend the license for a specific period of time, or indefinitely, may revoke the license, or may reprimand the licensee. The holder of a license which is suspended or revoked will be notified of the suspension or revocation in writing by registered mail, return receipt requested, or by personal service. The notice will include a statement that the licensee has the right to appeal the reprimand, suspension or revocation to the board within 30 days of receiving the notice, and that the reprimand, revocation or suspension will not take effect until the time to file an appeal has expired. If an appeal is filed, the reprimand, suspension or revocation is stayed until the appeal has been acted upon. The suspension of revocation becomes final 30 days after delivery of the notice if a timely request for an appeal is not received by the board.

Exception:

If the board finds that a violation which is the basis of the suspension or revocation is such that allowing the licensee to continue to engage in work covered by the license would present an imminent threat to the safety of the public, the board may provide that the suspension or revocation take effect immediately upon notice being delivered to the licensee.

[**ARC 7880C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—402.3(103) Action against an unlicensed person. If a person who is not licensed by the board has engaged in or is engaging in work requiring licensure by the board, the board may assess a civil penalty against the person, may seek an injunction to prevent the person from continuing to engage in such work, or both. A person who is accused of engaging in work where licensure is needed by law without having such a license will be notified of the specific allegations and intended remedial action by registered mail, return receipt requested, or by personal service. A person who is notified by the board of an intended remedial action under this rule may appeal the action as provided in rule 481—402.4(103). The intended remediable action becomes final 30 days after delivery of the notice if a timely request for an appeal is not received by the board.

[**ARC 7880C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—402.4(103) Appeals. A licensee whose license is disciplined, an applicant whose application for a license is denied, or a person who is not licensed by the board and who is assessed a civil penalty for engaging in an activity requiring a license may appeal the suspension, revocation, denial, or civil penalty to the board by notifying the board office of the appeal in writing within 30 calendar days after receiving notice of the suspension, revocation, denial, or civil penalty. Upon receipt of a timely appeal, the board will conduct a contested case hearing under 481—Chapter 10.

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CHAPTER 403
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—EDUCATION

[Prior to 7/9/25, see Public Safety Department[661] Ch 505]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

DIVISION I
POSTSECONDARY ELECTRICAL EDUCATION PROGRAMS

481—403.1 to **403.100** Reserved.

481—403.101(103) Program approval.

403.101(1) Pursuant to Iowa Code sections 103.12 and 103.12A, an educational institution that plans to offer a postsecondary electrical education program to prepare students to be licensed by the board needs to first obtain approval from the board for the program before students participate in the program. Separate approval is needed for a journeyman electrician program and for a residential electrician program.

403.101(2) The educational institution seeking approval is to apply to the board office on a form specified by the board. The application is to include a certification that the educational institution is currently accredited by a recognized regional or national educational accrediting organization.

403.101(3) Applications seeking initial approval of a journeyman electrician program or a residential electrician program are to be submitted to the board at least 60 days prior to student participation in the program.

403.101(4) The board may set times for periodic review of approved programs and can develop policies that address the following:

a. Requirements for the submission of applications.

b. Standards required for program approval.

c. Standards for withdrawal of approval or discontinuation of an approved program.

d. Standards for educational content and class attendance, qualifications for instructors, documentation and reporting needed to establish compliance with program requirements, and specification of degrees or diplomas awarded.

403.101(5) Information regarding approved postsecondary electrical education programs may be obtained by contacting the board office. A list of approved postsecondary electrical education programs and other information about postsecondary electrical education programs will be posted on the board's website.

[**ARC 7881C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—403.102(103) Standards for postsecondary electrical education programs. The board will develop policies establishing the following minimum standards for an approved postsecondary electrical education program:

403.102(1) All necessary subject matter areas as published by the board and available on request from the board office and from the board website. Instruction is to include at least four hours of instruction on the Iowa electrical statute, Iowa Code chapter 103, with a minimum of one hour on Iowa electrical licensing requirements.

403.102(2) Minimum number of contact hours and necessary program attendance policies. Each approved program is to include 30 to 40 percent of contact hours that involve lecture, with all remaining hours consisting of laboratory or shop hours. A student cannot take the licensing examination until all contact hours and the specified number of hours of on-the-job training are completed.

a. A postsecondary electrical education program for a journeyman electrician license is to include at least 2,000 hours of instruction, with the student completing at least 6,000 hours of on-the-job training before the student will be eligible to take the journeyman electrician examination.

b. A postsecondary electrical education program for a residential electrician license is to include at least 1,000 hours of instruction, with the student completing at least 4,000 hours of on-the-job training before the student will be eligible to take the residential electrician examination.

403.102(3) Minimum qualifications for instructors which include:

a. Current licensing as an electrician, as set out in the board's policy; and

b. Compliance with standards set by the Iowa department of education for an instructor at a community college.

[**ARC 7881C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

DIVISION II
CONTINUING EDUCATION

481—403.103 to **403.200** Reserved.

481—403.201(103) Continuing education requirements. Each holder of a three-year license is to complete 18 hours of continuing education approved by the board between the time of issuance of the license and prior to issuance of a renewal license.

Exception:

A holder of a license in a category which may be issued for a three-year period whose license is issued for less than a three-year period only needs to complete six hours of continuing education prior to renewal of the license for each year or portion of a year for which the license has been issued.

[**ARC 7881C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—403.202(103) Course approval.

403.202(1) Any person or institution that plans to offer continuing education courses to meet the requirements of rule 481—403.201(103) is to apply for approval to the board office on a form specified by the board.

403.202(2) Approval by the board should be obtained prior to a course's being offered to a licensee in order to meet the requirements of rule 481—403.201(103).

403.202(3) Applications for initial approval of a continuing education course are to be submitted to the board not less than 45 days prior to student participation in the course.

403.202(4) Approval of a continuing education course is normally for the duration of the three-year licensing period during which approval is received, although approval may be withdrawn for cause prior to the expiration of the licensing period.

403.202(5) Applications for renewal of approval of continuing education courses are to be submitted to the board at least 45 days prior to the expiration of the three-year licensing period. For purposes of this subrule, "renewal" may include the updating of course material in a course previously approved for delivery by the same instructor.

403.202(6) Information regarding approved continuing education courses may be obtained by contacting the board office. A list of approved continuing education courses will be posted on the board website.

[**ARC 7881C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

481—403.203(103) Requirements for continuing education programs. A continuing education program can be approved by the board only if the following requirements are met:

403.203(1) The instructor or institution applying for approval of a continuing education course provides at least three letters from educational institutions or government agencies attesting to the instructor's knowledge of and qualifications to teach the subject matter of the course for which approval is sought.

403.203(2) Each instructor is responsible for:

a. Obtaining and verifying course approval prior to delivery of the course.

b. Facilitating auditing of the course by any board member or member of the staff of the board. No board or staff member may receive continuing education credit for an audited course.

c. Issuing a certificate of completion to each student who completes the course.

d. Submitting a class roster, indicating which students completed the course, to the board office within 30 days of completion of the course.

[**ARC 7881C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 7/9/25]

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CHAPTER 404
ELECTRICAL INSPECTION PROGRAM
[Prior to 7/9/25, see Public Safety Department[661] Ch 550]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/30

481—404.1(103) Electrical inspection program. The electrical inspection program is created within the department of inspections, appeals, and licensing and may be contacted as provided in 481—Chapter 1 and on the department's website: dial.iowa.gov. The program is under the supervision of the director, is headed by a chief electrical inspector, and enforces requirements for electrical installations adopted by the electrical examining board.
[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.2(103) Definitions. The definitions set forth in Iowa Code sections 103.1 and 103.1A are incorporated herein by reference. The following definitions also apply:

"Emergency installation" means an electrical installation necessary to restore power to a building or facility when existing equipment has been damaged due to a natural or manmade disaster or other weather-related cause. Emergency installations may be performed by persons properly licensed to perform the work and may be performed prior to submission of a request for permit or request for inspection.

"Residential electrical work" means electrical work in a residence in which there are no more than four living units within the same building and includes work to connect and work within accessory structures, which are structures no greater than 3,000 square feet in floor area, not more than two stories in height, the use of which is incidental to the use of the dwelling unit or units, and located on the same lot as the dwelling unit or units.

"Volunteer emergency service provider" means a volunteer fire fighter as defined in Iowa Code section 85.61, a volunteer emergency rescue technician as defined in Iowa Code section 147A.1 or a reserve peace officer as defined in Iowa Code section 85.61.
[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.3(103) Installation requirements. The provisions of the National Electrical Code, 2023 edition, published by the National Fire Protection Association, are incorporated herein by reference as the requirements for electrical installations performed by persons subject to licensing and inspection pursuant to Iowa Code chapter 103 and rules promulgated thereunder, with the following amendments:

404.3(1) Delete article 210.8(A), "Dwelling Units," and insert in lieu thereof the following new section:
"210.8(A) Dwelling Units.
All 125-volt, 15- and 20-ampere receptacles installed in the following locations and supplied by single-phase branch circuits rated 150 volts or less to ground shall have ground-fault circuit-interrupter protection for personnel:

(1) Bathrooms

(2) Garages and also accessory buildings that have a floor located at or below grade level not intended as habitable rooms and limited to storage areas, work areas, and areas of similar use

(3) Outdoors

(4) Crawl spaces – at or below grade level

(5) Basements

(6) Kitchens

(7) Areas with sinks and permanent provisions for food preparation, beverage preparation, or cooking

(8) Sinks – where receptacles are installed within 1.8 m (6 ft) from the top inside edge of the bowl of the sink

(9) Boathouses

(10) Bathtubs or shower stalls – where receptacles are installed within 1.8 m (6 ft) of the outside edge of the bathtub or shower stall

(11) Laundry areas

(12) Indoor damp and wet locations."

404.3(2) Delete article 210.8(D), "Specific Appliances," and insert in lieu thereof the following new section:

"210.8(D) Specific Appliances.

GFCI protection shall be provided for the branch circuit or outlet supplying the following appliances rated 150 volts or less to ground and 60 amperes or less, single- or 3-phase:

(1) Automotive vacuum machines
(2) Drinking water coolers and bottle fill stations
(3) High-pressure spray washing machines
(4) Tire inflation machines
(5) Vending machines
(6) Sump pumps
(7) Dishwashers
(8) Microwave ovens."

404.3(3) Delete article 210.8(F), "Outdoor Outlets."

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.4(103) Qualifications of inspectors.

404.4(1) *State inspectors.* Electrical inspectors will be certified as commercial and residential electrical inspectors no later than one year after starting employment in any of these positions. Certification will be obtained from the International Association of Electrical Inspectors as both a certified residential electrical inspector and as a certified master electrical inspector; from the National Fire Protection Association as a certified electrical inspector; or from the International Code Council as both a residential electrical inspector (E1) and a commercial electrical inspector (E2), or as an electrical inspector (E5).

404.4(2) *Political subdivision inspectors.* A political subdivision that performs its own inspections as provided in Iowa Code section 103.24 must require certification of its inspectors. A person employed or appointed as an electrical inspector must obtain certification within one year of the appointment date. The board may act to enforce statutory compliance by the individual or by the political subdivision if a person employed or appointed as an inspector fails to obtain certification within one year of employment or appointment or fails to maintain the required certification while employed as an inspector. Certification of electrical inspectors for political subdivisions shall be obtained as set forth in subrule 404.4(1), except that a political subdivision has the authority to limit an inspector's duties to only residential inspections or only commercial inspections provided the inspector assigned to those duties obtains and maintains the proper certification to conduct the inspections assigned.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.5(103) Required permits and inspections. Permits and inspections are required for electrical installations as set forth in Iowa Code section 103.23, with the following exceptions:

404.5(1) Exception 1: Installations in political subdivisions that perform electrical inspections and that are inspected by the political subdivision are not required to be inspected by the state electrical inspection program. Any installation that is subject to inspection and is on property owned by the state or an agency of the state shall be inspected by the state electrical inspection program. An electrical installation on a farm that is located outside the corporate limits of any municipal corporation (city) shall not be inspected by a political subdivision.

404.5(2) Exception 2: Neither a permit nor an inspection is required for an electrical installation that meets all of the following criteria:

a. The installation is legally performed by a master electrician, journeyman electrician, or apprentice electrician working under the direct supervision of a master or journeyman electrician.

b. The installation to be performed does not in any way involve work within an existing or new switchboard or panel board.

c. The installation to be performed does not involve over-current protection of more than 30 amperes.

d. The installation to be performed does not involve any electrical-line-to-ground circuit of more than 277 volts, single phase.

404.5(3) Exception 3: Neither a permit nor an inspection is required for any electrical installation on a farm or a farm building if the farm building is not regularly open to the public as a place of business for the retail sale of goods, wares, services, or merchandise. This exception does not apply to a residential installation located on a farm.

NOTE: Iowa Code sections 103.22 and 103.30(1) provide separately for the inapplicability of Iowa Code chapter 103 to particular persons and circumstances.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.6(103) Requests for permit and inspection.

404.6(1) Prior to commencement of any electrical installation requiring an inspection, the licensee or property owner making such installation shall notify the electrical inspection program of the installation by applying for a permit unless the installation is an emergency installation. For emergency installations that would otherwise require a request for permit and inspection under rule 481—404.6(103), the request shall be made as soon as practicable and no later than 72 hours after the installation is completed. A permit may be obtained as follows:

a. By completing and electronically submitting the online application and inspection fees through the department's website.

b. By completing the Electrical Permit Manual Application and mailing it and the inspection fees to the department at least seven days prior to the commencement of the installation. The Electrical Permit Manual Application may be obtained through the department's website or upon request to the department.

404.6(2) Upon completion of the electrical installation, the licensee or property owner shall notify the electrical inspection program to schedule an inspection in the same manner as described in paragraph 404.6(1)*"a"* or *"b."*

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.7(103) Fees.

404.7(1) Fees are adopted in the amounts set forth in Iowa Code section 103.32.

404.7(2) Inspection fees will normally be paid at the time a permit is obtained. However, additional fees may apply if a permit is modified by an inspector, based upon inspection of the electrical installation. The person who obtained the original permit will be notified immediately by the inspector of the modification and of the amount of any additional fees due. Any additional fees will be due at the time the person responsible for payment receives notification of modification of the permit.

a. If an additional fee or portion of the fee is more than 60 days past due, the board or its delegee will notify the person responsible for payment of the fee of the necessity of promptly making the payment.

b. If an additional fee or portion of the fee is more than 120 days past due, the board or its delegee may suspend the ability of the person responsible for the payment to obtain inspection permits. The person's ability to obtain permits will be restored when payment of the past due amount has been received. Suspension of a person's ability to obtain permits may be appealed to the board as provided in rule 481—402.4(103).

c. If payment of a fee or portion of a fee is more than 180 days past due, the board may refer the debt for collection pursuant to Iowa Code chapter 272D.

404.7(3) When an installation has been commenced without completing the online application or Electrical Permit Manual Application as described in subrule 404.6(1), twice the fees that would have been applicable if a timely request had been filed shall be paid.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.8(103) Scheduling of inspections. Pursuant to Iowa Code section 103.31, electrical inspections will be scheduled within three business days of the receipt of the request. If an inspection for which a timely request has been made is not completed within three business days of the completion of the installation, a licensee who completed the installation may energize any new circuits included in the installation, although the installation remains subject to condemnation and disconnection if found to be out of compliance with any applicable provision of rule 481—404.3(103) when inspected.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.9(103) Report of inspection. After the completion of an inspection, the inspector will issue an inspection report indicating the results of the inspection and provide any necessary notice to the utility providing electrical service pursuant to Iowa Code section 103.28. The results of the inspection may be any of the following:

404.9(1) *Approval.* If the inspector finds that the installation is in compliance with applicable requirements, the inspector will issue a report indicating that the installation is approved.

404.9(2) *Order of correction.* If the inspector finds that the installation is not in compliance with applicable requirements but does not present an imminent threat to the health or safety of any person, the inspector will issue an order of correction, prescribing a time frame during which corrective action shall be taken by the licensee responsible for the installation to bring the installation fully into compliance.

404.9(3) *Order of disconnection.* If the inspector finds that the installation is not in compliance with applicable requirements and presents an imminent threat to the health or safety of any person, the inspector will issue an order of disconnection, requiring that the installation be disconnected until corrective action has brought the installation into full compliance with applicable requirements. The installation shall not be reconnected until the corrected installation has been approved by an inspector as in compliance with all applicable requirements. The inspector issuing an order of disconnection will notify the utility providing electrical service to the location of the order and will notify the utility when the order of disconnection is no longer effective.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.10(103) Appeals. An order of correction or an order of disconnection may be appealed. However, an order of disconnection shall be complied with immediately and the installation not reconnected pending the outcome of the appeal.

404.10(1) A person who has received an order of correction or disconnection may request an informal appeal to the chief electrical inspector within 14 days of receiving the order by contacting the electrical inspection section by telephone, email or mail. The informal appeal may be heard in any manner agreed to by the person filing the appeal and the chief electrical inspector. If the order is upheld by the chief electrical inspector, the person receiving the order may file a formal appeal pursuant to 481—subrule 404.10(2).

404.10(2) A person who has received an order of correction or disconnection may file a request for a formal appeal to the board within 30 days of receiving the order or, if the person has filed a request for an informal appeal, within 30 days of having been notified that the chief electrical inspector has upheld the order. Formal appeals will be processed as provided in 481—Chapter 506, except that "electrical examining board" is substituted therein as appropriate.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.11(103) Civil penalty. Any person who commences an electrical installation subject to inspection pursuant to Iowa Code chapter 103 and who fails to file a Request for Permit and Inspection form within 14 days of notification as prescribed by Iowa Code section 103.25 may be subject to a civil penalty. The amount of the civil penalty will not exceed $750 as determined by the board. Notice will be provided by certified mail to any person on whom a civil penalty is imposed.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

481—404.12(103) Civil penalty—appeal. Any person on whom a civil penalty has been imposed may appeal the imposition of the civil penalty to the board within 14 days of the date on which notice of the civil penalty was mailed by notifying the board in writing that the person wishes to appeal the civil penalty. An appeal of a civil penalty is to be subject to the provisions of 481—Chapter 506, which apply to contested cases, except that "electrical examining board" is substituted therein as appropriate.

[**ARC 9033C**, IAB 3/19/25, effective 7/1/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 103.

[Filed 10/29/08, Notice 9/24/08—published 11/19/08, effective 1/1/09]
[Filed ARC 8396B (Notice ARC 8160B, IAB 9/23/09), IAB 12/16/09, effective 2/1/10]
[Editorial change: IAC Supplement 9/7/11]
[Filed ARC 2245C (Notice ARC 2057C, IAB 7/8/15), IAB 11/25/15, effective 12/30/15]

[Filed ARC 9033C (Notice ARC 8582C, IAB 12/25/24), IAB 3/19/25, effective 7/1/25]
[Editorial change: IAC Supplement 7/9/25]

CHAPTERS 405 to 424
Reserved

PLUMBING AND MECHANICAL SYSTEMS BOARD

CHAPTER 425
STATE PLUMBING CODE

[Prior to 7/29/87, see Health Department[470] Ch 25]
[Prior to 4/2/25, see Public Health Department[641] Ch 25]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—425.1(105) Adoption. Sections 101 and 102, Chapters 2 to 17 and Appendices A and M of the Uniform Plumbing Code (UPC), 2024 Edition, as published by the International Association of Plumbing and Mechanical Officials, 4755 E. Philadelphia Street, Ontario, California 91761-2816, are hereby adopted by reference with amendments as the state plumbing code authorized by Iowa Code section 105.4. Portions of this chapter reproduce excerpts from the 2024 International Plumbing Code; Copyright 2023; Washington, D.C.: International Code Council www.ICCSAFE.org. Such excerpts are reproduced with permission, all rights reserved.
[**ARC 8913C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—425.2(105) Applicability. The provisions of the UPC, as adopted and amended by this chapter, are applicable to the plumbing in buildings or on premises in Iowa. Local jurisdictions may not adopt other plumbing codes. Local jurisdictions may adopt additional amendments provided they are stricter than the UPC as amended by this chapter and copies of any local amendments are provided to the board.
[**ARC 8913C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—425.3(105) Fuel gas piping. Fuel gas piping shall comply with the requirements of Chapter 12 of the UPC, 2024 Edition, unless the provisions conflict with 661—Chapter 226, in which case 661—Chapter 226 governs.
[**ARC 8913C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—425.4(105) Amendments to Uniform Plumbing Code. The UPC, as adopted by reference in rule 481—425.1(105), is amended as follows:

425.4(1) The following amendment apply to UPC Chapter 1: Section 101.2 Scope. Modify the section by adding the following sentence to the end of the section: "Local jurisdictions may administer the permit, inspection, testing, and enforcement provisions contained in this code. Permit, inspection, testing, and enforcement provisions contained in this code are not administered by the Plumbing and Mechanical Systems Board or the state."

425.4(2) The following amendments shall apply to UPC Chapter 3:

a. Section 301.5 Alternative Engineered Design. Modify the section by adding the following sentence to the end of the section: "No engineered single-stack drainage system shall be installed."

b. Section 309.6 Dead Legs. Modify the section by adding the following sentence to the end of the section: "The authority having jurisdiction can determine the method of flushing."

c. Subsection 314.4.1 Installation of Thermoplastic Pipe and Fittings. Trench width for thermoplastic pipe shall be limited to six times the outside diameter of the piping at the base and thermoplastic piping be bedded in not less than 4 inches (102 mm) of aggregate bedding material supporting the pipe. Initial backfill shall encompass the pipe, and aggregate material shall be three-eighths (3/8) inch p-gravel or 1-inch clean class one bedding.

425.4(3) The following amendments shall apply to UPC Chapter 4:

a. Section 402.5 Setting. Modify the section by adding the following sentence to the end of the section that begins "Exception:": The installation of paper dispensers, sanitary napkin disposal unit or accessibility grab bars shall not be considered obstructions.

b. Section 407.3 Limitation of Hot Water Temperature for Public Lavatories. Modify the section by adding the following sentence to the end of the section: "These devices shall be installed at or as close as possible to the point of use."

c. Section 408.12 Showers. Create a new Section 408.12 stating: "Limitation of Hot Water Temperature of Pet Grooming Stations. The maximum hot water temperature discharging from pet grooming stations shall be limited to 120ºF (49ºC) and the maximum temperature regulated by one of the following means, which shall be installed at or as close as possible to the point of use:

"(1) A limiting device conforming to ASSE1070, ASMEA112.1070, CSAB125.70, or CSAB125.3.

"(2) A water heater conforming to ASSE 1084."

d. Section 409.4 Limitation of Hot Water in Bathtubs and Whirlpool Bathtubs. Modify the section by adding the following sentence to the end of the section: "These devices shall be installed at or as close as possible to the point of use."

e. Section 410.3 Limitation of Water Temperature in Bidets. Modify the section by adding the following sentence to the end of the section: "These devices shall be installed at or as close as possible to the point of use."

f. Section 416.5 Drain. Modify the section by deleting the last sentence, which states: "Where a drain is provided, the discharge shall be in accordance with Section 811.0."

g. Section 418.3 Location of Floor Drains. Modify the section by adding the following to the end of the section: "(5) Rooms equipped with a water heater."

h. Section 422.1 Fixture Count.

Modify the section by deleting the first paragraph and inserting the following in lieu thereof: "Plumbing fixtures shall be provided in each building for the type of building occupancy and in the minimum number shown in Table 403.1 of the International Plumbing Code, reprinted here as Table 422.1. The design occupant load and occupancy classification shall be determined in accordance with the state building code or the authority having jurisdiction. Required public facilities shall be designated by a legible sign for each sex and signs be readily visible and located near the entrance to each toilet facility."

i. Table 422.1 Minimum Plumbing Facilities. Delete the table and insert the following table in lieu thereof.

TABLE 422.1 MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES[a]
(See Sections 403.1.1 and 403.2)
(Reprinted with permission,* from the 2018 International Plumbing Code, excerpt from IPC Table 403.1)

NO.	CLASSIFICATION	DESCRIPTION	WATER CLOSETS (URINALS: SEE SECTION 422.7)		LAVATORIES		BATHTUBS/ SHOWERS	DRINKING FOUNTAIN (SEE SECTION 415.0)	OTHER
			MALE	FEMALE	MALE	FEMALE			
1	Assembly	Theaters and other buildings for the performing arts and motion pictures[d]	1 per 125	1 per 65	1 per 200		—	1 per 500	1 service sink
		Nightclubs, bars, taverns, dance halls and buildings for similar purposes[d]	1 per 40	1 per 40	1 per 75		—	1 per 500	1 service sink
		Restaurants, banquet halls and food courts[d]	1 per 75	1 per 75	1 per 200		—	1 per 500	1 service sink
		Gaming areas	1 per 100 for the first 400 and 1 per 250 for the remainder exceeding 400	1 per 50 for the first 400 and 1 per 150 for the remainder exceeding 400	1 per 250 for the first 750 and 1 per 500 for the remainder exceeding 750		—	1 per 1,000	1 service sink
		Auditoriums without permanent seating, art galleries, exhibition halls, museums, lecture halls, libraries, arcades and gymnasiums[d]	1 per 125	1 per 65	1 per 200		—	1 per 500	1 service sink
		Passenger terminals and transportation facilities[d]	1 per 500	1 per 500	1 per 750		—	1 per 1,000	1 service sink
		Places of worship and other religious services[d]	1 per 150	1 per 75	1 per 200		—	1 per 1,000	1 service sink
		Coliseums, arenas, skating rinks, pools and tennis courts for indoor sporting events and activities	1 per 75 for the first 1,500 and 1 per 120 for the remainder exceeding 1,500	1 per 40 for the first 1,520 and 1 per 60 for the remainder exceeding 1,520	1 per 200	1 per 150	—	1 per 1,000	1 service sink

TABLE 422.1 MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES[a]
(See Sections 403.1.1 and 403.2)
(Reprinted with permission,* from the 2018 International Plumbing Code, excerpt from IPC Table 403.1)

NO.	CLASSIFICATION	DESCRIPTION	WATER CLOSETS (URINALS: SEE SECTION 422.7)		LAVATORIES		BATHTUBS/ SHOWERS	DRINKING FOUNTAIN (SEE SECTION 415.0)	OTHER
			MALE	FEMALE	MALE	FEMALE			
1	Assembly (cont'd)	Stadiums, amusement parks, bleachers and grandstands for outdoor sporting events and activities	1 per 75 for the first 1,500 and 1 per 120 for the remainder exceeding 1,500	1 per 40 for the first 1,520 and 1 per 60 for the remainder exceeding 1,520	1 per 200	1 per 150	—	1 per 1,000	1 service sink
2	Business	Buildings for the transaction of business, professional services, other services involving merchandise, office buildings, banks, light industrial and similar uses	1 per 25 for the first 50 and 1 per 50 for the remainder exceeding 50		1 per 40 for the first 80 and 1 per 80 for the remainder exceeding 80		—	1 per 100	1 service sink[e]
3	Educational	Educational facilities	1 per 50		1 per 50		—	1 per 100	1 service sink
4	Factory and Industrial	Structures in which occupants are engaged in work fabricating, assembly or processing of products or materials	1 per 100		1 per 100		—	1 per 400	1 service sink
5	Institutional	Custodial care facilities	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink
		Medical care recipients in hospitals and nursing homes	1 per room[e]		1 per room[e]		1 per room[e]	1 per 100	1 service sink
		Employees in hospitals and nursing homes[b]	1 per 25		1 per 35		—	1 per 100	
		Visitors in hospitals and nursing homes	1 per 75		1 per 100		—	1 per 100	
		Prisons[b]	1 per cell		1 per cell		1 per 15	1 per 100	1 service sink
		Reformatories, detention centers, and correctional centers[b]	1 per 15		1 per 15		1 per 15	1 per 100	1 service sink

TABLE 422.1 MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES[a]
(See Sections 403.1.1 and 403.2)
(Reprinted with permission,* from the 2018 International Plumbing Code, excerpt from IPC Table 403.1)

NO.	CLASSIFICATION	DESCRIPTION	WATER CLOSETS (URINALS: SEE SECTION 422.7)		LAVATORIES		BATHTUBS/ SHOWERS	DRINKING FOUNTAIN (SEE SECTION 415.0)	OTHER
			MALE	FEMALE	MALE	FEMALE			
5	Institutional (cont'd)	Employees in reformatories, detention centers and correctional centers[b]	1 per 25		1 per 35		—	1 per 100	—
		Adult day care and child day care	1 per 15		1 per 15		1	1 per 100	1 service sink
6	Mercantile	Retail stores, service stations, shops, salesrooms, markets and shopping centers	1 per 500		1 per 750		—	1 per 1,000	1 service sink[e]
7	Residential	Hotels, motels, boarding houses (transient)	1 per sleeping unit		1 per sleeping unit		1 per sleeping unit	—	1 service sink
		Dormitories, fraternities, sororities and boarding houses (not transient)	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink
		Apartment house	1 per dwelling unit		1 per dwelling unit		1 per dwelling unit	—	1 kitchen sink per dwelling unit; 1 automatic clothes washer connection per 20 dwelling units
		Congregate living facilities with 16 or fewer persons	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink
		One- and two-family dwellings and lodging houses with five or fewer guestrooms	1 per dwelling unit		1 per dwelling unit		1 per dwelling unit		1 kitchen sink per dwelling unit; 1 automatic clothes washer connection per dwelling unit

TABLE 422.1 MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES[a]
(See Sections 403.1.1 and 403.2)
(Reprinted with permission,* from the 2018 International Plumbing Code, excerpt from IPC Table 403.1)

NO.	CLASSIFICATION	DESCRIPTION	WATER CLOSETS (URINALS: SEE SECTION 422.7)		LAVATORIES		BATHTUBS/ SHOWERS	DRINKING FOUNTAIN (SEE SECTION 415.0)	OTHER
			MALE	FEMALE	MALE	FEMALE			
7	Residential (cont'd)	Congregate living facilities with 16 or fewer persons	1 per 10		1 per 10		1 per 8	1 per 100	1 service sink
8	Storage	Structures for the storage of goods, warehouses, storehouse and freight depots. Low and Moderate Hazard.	1 per 100		1 per 100		—	1 per 1,000	1 service sink

[a] The fixtures shown are based on one fixture being the minimum required for the number of persons indicated or any fraction of the number of persons indicated. The number of occupants shall be determined by the International Building Code.

[b] Toilet facilities for employees shall be separate from facilities for inmates or care recipients.

[c] A single-occupant toilet room with one water closet and one lavatory serving not more than two adjacent patient sleeping units shall be permitted provided that each patient sleeping unit has direct access to the toilet room and provision for privacy for the toilet room user is provided.

[d] The occupant load for seasonal outdoor seating and entertainment areas shall be included when determining the minimum number of facilities required.

[e] For business and mercantile classifications with an occupant load of 15 or fewer, service sinks will not be required.

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j. Insert the following text at the end of Chapter 4:

"422.8 Substitution for Water Closets. In each bathroom or toilet room, urinals shall not be substituted for more than 67 percent of the required water closets in assembly and educational occupancies and not be substituted for more than 50 percent of the required water closets in all other occupancies. (Reprinted from the 2021 International Plumbing Code section 424.2)"

425.4(4) The following amendments shall apply to UPC Chapter 6:

a. Section 603.4.8 Drain Lines. Modify the section by adding the following language to the end of the last sentence in the section: "or in accordance with the manufacturer's drain-sizing chart for installation."

b. Section 609.1 Installation. Insert the following: "Building supply yard piping shall be not less than 60 inches below earth cover."

c. Section 609.12 Pipe Insulation. Delete Sections 609.12 through 609.12.2 and insert the following in lieu thereof:

"Section 609.12 Pipe Insulation. Insulation of domestic hot water piping shall be in accordance with the state applicable energy conservation code."

d. Section 611.4 Sizing of Residential Softeners. Modify the section by adding the following to the end of the last sentence in the section: "or as specified in the manufacturer's installation instructions."

e. Section 612 Residential Fire Sprinkler Systems. Delete sections 612.0 through 612.7.2.

425.4(5) The following amendments shall apply to UPC Chapter 7:

a. Section 702.1 Trap Size. Table 702.1 Note 9. Modify this note by deleting "a maximum shower size of 36 inches (914 mm) in width and 60 inches (1524 mm) in length" and inserting the following in lieu thereof: "showers having only one shower head rated at a maximum of 2.5 gpm."

b. Section 710.1 Backflow Protection. Modify the section by adding the following sentences to the end of the section: "The requirement for the installation of a backwater valve shall apply only when determined necessary by the Authority Having Jurisdiction based on local conditions. When a valve is required by the Authority Having Jurisdiction, it will be a manually operated gate valve or fullway ball valve. An automatic backwater valve may also be installed but is not required."

425.4(6) The following amendments shall apply to UPC Chapter 8:

a. Section 807.3 Domestic Dishwashing Machine. Modify the section by deleting the section and inserting the following language in lieu thereof: "No domestic dishwashing machine shall be directly connected to a drainage system or food waste disposer without the use of an approved dishwasher air gap fitting on the discharge side of the dishwashing machine, or by looping the discharge line of the dishwasher as high as possible near the flood level of the kitchen sink where the waste disposer is connected. Listed air gap fittings shall be installed with the flood level (FL) marking at or above the flood level of the sink or drainboard, whichever is higher."

b. Section 814.5 Point of Discharge. Delete Section 814.5 and insert the following in lieu thereof:

"Section 814.5 Point of Discharge. Air-conditioning condensate waste pipes shall connect indirectly to a properly trapped fixture, floor drain, or open sight drain, or where permitted in Section 814.6, to the drainage system through an air gap or air break to trapped and vented receptors, dry wells, leach pits,

sump pump, the tailpiece of plumbing fixtures or indirectly to the building storm sewer through a roof drain. A condensate drain shall be trapped in accordance with appliance manufacturer's instructions or as approved."

425.4(7) The following amendments shall apply to UPC Chapter 9:

a. Section 901.1 Applicability. Modify the section by adding the following sentence to the end of the section: "No engineered single-stack drainage systems shall be installed."

b. Section 906.1 Roof Termination. Modify the section by deleting the last sentence.

c. Section 908.2.2 Size. Delete the second sentence in this section and insert the following new sentence in lieu thereof: "The wet vent shall be not less than 2 inches (50 mm) in diameter for 6 drainage fixture units (dfu) or less, and not less than 3 inches (80 mm) in diameter for 7 dfu or more."

425.4(8) The following amendments shall apply to UPC Chapter 10:

a. Table 1002.2 Horizontal Lengths of Trap Arms. Delete the table and insert the following table in lieu thereof:

TABLE 1002.2
Horizontal Lengths of Trap Arms
(Except for Water Closets and Similar Features)[1,2]

Trap Arm Diameter (inches)	Distance Trap to Vent Minimum (inches)	Length Maximum (feet)
1¼	2½	5
1½	3	6
2	4	8
3	6	12
4	8	12
Exceeding 4	2 × Diameter	12

For SI units: 1 inch = 25.4 mm

Notes:

[1]Maintain ¼ inch per foot slope (20.8 mm/m).

[2]The developed length between the trap of a water closet or similar fixture (measured from the top of the closet flange to the inner edge of the vent) and its vent shall not exceed 6 feet (1829 mm).

b. Section 1014.1.3 Food Waste Disposers and Dishwashers. Modify the section by deleting the second sentence and inserting the following in lieu thereof: "Commercial food waste disposers shall discharge into the building's drainage system in accordance with the requirements of the Authority Having Jurisdiction."

425.4(9) The following amendments shall apply to UPC Chapter 12:

a. Sections 1205.0 through 1205.2 Authority to Render Gas Service. Delete the sections.

b. Sections 1207.0 and 1207.1 Temporary Use of Gas. Delete the sections.

c. Subsection 1208.5.3.5 Corrugated Stainless Steel Tubing. Delete subsection 1208.5.3.5 and insert the following in lieu thereof:

Subsection 1208.5.3.5 Corrugated Stainless Steel Tubing. Only CSST with an arc-resistant jacket or covering system listed in accordance with ANSI LC-1 (Optional Section 5.16)/CSA 6.26-2016 shall be installed, in accordance with the terms of its approval, the conditions of listing, the manufacturer's instructions and this code, including electrical bonding requirements in Section 1211.2. CSST shall not be used for through-wall penetrations from the point of delivery of the gas supply to the inside of the structure and not be installed in locations where subject to physical damage unless protected in an approved manner.

d. Section 1211.3 Arc-Resistant Jacketed CSST. Delete the section.

425.4(10) The following amendment shall apply to UPC Chapter 13:

Section 1306.3 Report Items. Modify the section by deleting "Authority Having Jurisdiction" and inserting "responsible facility authority" in lieu thereof.

[**ARC 8913C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—425.5(105) Backflow prevention with containment. Cities with populations of 15,000 or greater as determined by the 2010 census or any subsequent regular or special census shall have a backflow prevention program with containment. The minimum requirements for a program are given in subrules 425.5(1) through 425.5(5). These requirements are in addition to the applicable requirements of Section 603 of the Uniform Plumbing Code, 2024 Edition.

425.5(1) *Definitions.* The following definitions are added to those in Chapter 2 and Section 603 of the Uniform Plumbing Code, 2024 Edition, or are modified from those definitions for the purposes of rule 481—425.5(105) only.

a. Administrative authority. The administrative authority for this rule is the city council and its designees or, with respect to private water utilities, the Iowa utilities board.

b. Approved backflow prevention assembly for containment. Approved backflow prevention assembly for containment means a backflow prevention assembly that is approved by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research. The approval listing shall include the limitations of use based on the degree of hazard. The backflow prevention assembly shall also be listed by the International Association of Plumbing and Mechanical Officials (IAPMO) or by the American Society of Sanitary Engineering (ASSE) as having met the requirements of one of the standards listed below.

Standard	Product Covered
ANSI[¤]/ASSE* 1013-2009	Reduced Pressure Principle Backflow Preventers
ANSI[¤]/ASSE* 1015-2009	Double Check Backflow Prevention Assembly
ANSI[¤]/ASSE* 1047-2009	Reduced Pressure Detector Backflow Preventer
ANSI[¤]/ASSE* 1048-2009	Double Check Detector Assembly Backflow Preventer
ANSI[¤]/AWWA[†] C510-07	Double Check Valve Backflow Prevention Assembly
ANSI[¤]/AWWA[†] C511-07	Reduced-Pressure Principle Backflow Prevention Assembly

[¤]American National Standards Institute, 1899 L Street NW, 11th Floor, Washington, DC 20036
*American Society of Sanitary Engineering, 18927 Hickory Creek Drive #220, Mokena, IL 60448
[†]American Water Works Association, 6666 West Quincy Avenue, Denver, CO 80235

c. Approved backflow prevention assembly for containment in a fire protection system. Approved backflow prevention assembly for containment in a fire protection system means a backflow prevention assembly to be used in a fire protection system that meets the requirements of Factory Mutual Research Corporation (FM) and Underwriters Laboratory (UL) in addition to the requirements of 25.5(1)*"b."*

d. Containment. Containment is a method of backflow prevention that requires a backflow prevention assembly on certain water services. Containment requires that the backflow prevention assembly be installed on the water service as close to the public water supply main as is practical.

e. Customer. Customer means the owner, operator or occupant of a building or property that has a water service from a public water system, or the owner or operator of a private water system that has a water service from a public water system.

f. Degree of hazard. Degree of hazard means the rating of a cross connection or a water service that indicates whether it has the potential to cause contamination (high hazard) or pollution (low hazard).

g. Water service. Depending on the context, water service is the physical connection between a public water system and a customer's building, property or private water system, or the act of providing potable water from a public water system to a customer.

425.5(2) *Proposed water service.*

a. No person shall install, or cause to have installed, a water service to a building, property or private water system before the administrative authority has evaluated the proposed water service for degree of hazard.

b. The administrative authority will require the submission of plans, specifications and other information deemed necessary for a building, property or private water system to which a water service

is proposed. The administrative authority will review the information submitted to determine if cross connections will exist and the degree of hazard.

c. The owner of a building, property or private water system shall install, or cause to have installed, an approved backflow prevention assembly for containment as directed by the administrative authority before water service is initiated.

d. Reconstruction of an existing water service shall be treated as a proposed water service for the purposes of rule 481—425.5(105).

425.5(3) *Existing water services.*

a. Each customer shall survey the activities and processes that receive water from the water service and report to the administrative authority if cross connections exist and the degree of hazard.

b. The administrative authority may inspect the plumbing of any building, property and private water system that has a water service to determine if cross connections exist and the degree of hazard.

c. If, based on information provided through paragraphs 425.5(3)*"a"* and *"b,"* the administrative authority determines that a water service may contaminate the public water supply, the administrative authority will require that the customer install the appropriate backflow prevention assembly for containment.

d. If a customer refuses to install a backflow prevention assembly for containment when it is required by the administrative authority, the administrative authority may order that water service to the customer be discontinued until an appropriate backflow prevention assembly is installed.

425.5(4) *Backflow prevention assemblies for containment.* The following standards shall apply:

a. Backflow prevention assemblies for containment will be installed immediately following the water meter or as close to that location as deemed practical by the administrative authority.

b. A water service determined to present a high hazard will be protected by an air gap or an approved reduced-pressure principle backflow prevention assembly.

c. A water service determined to present a low hazard will be protected by an approved double check valve assembly or as in paragraph 425.5(4)*"b."*

d. A water service to a fire protection system will be protected from backflow in accordance with the recommendations of American Water Works Association Manual M14, fourth edition. Where backflow prevention is required for a fire protection system, an approved backflow prevention assembly for containment in a fire protection system will be used.

425.5(5) *Backflow incidents.*

a. The customer shall immediately notify the agency providing water service when the customer becomes aware that backflow has occurred in the building, property or private water system receiving water service.

b. The administrative authority may order that a water service be temporarily shut off when a backflow occurs in a customer's building, property or private water system.

[**ARC 8913C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapter 105.

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[Editorial change: IAC Supplement 4/2/25]
[Editorial change: IAC Supplement 11/26/25]

CHAPTER 426
STATE MECHANICAL CODE
[Prior to 4/2/25, see Public Health Department[641] Ch 61]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—426.1(105) Definitions. The following definitions apply to this chapter:

"Ambulatory surgical center" means a facility or portion thereof defined in Iowa Code section 135R.1.

"Hospice" means a facility licensed or seeking licensure pursuant to Iowa Code section 135J.2.

"Hospital" means a facility licensed or seeking licensure pursuant to Iowa Code chapter 135B.

"Intermediate care facility" means a facility licensed or seeking licensure pursuant to Iowa Code section 135C.6.

"Life Safety Code" means the 2012 edition of the Life Safety Code of the National Fire Protection Association, available at www.nfpa.org.

"Nursing facility" means the same as defined in Iowa Code section 135C.1.

[**ARC 8914C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—426.2(105) Adoption by reference. Sections 101 and 102 and Chapters 2 through 15 of the International Mechanical Code, 2024 edition, published by the International Code Council, www.iccsafe.org, are hereby adopted by reference as the requirements for the design, installation, maintenance, alteration, and inspection of mechanical systems that are permanently installed and utilized to provide control of environmental conditions and related processes within buildings and premises in Iowa.

[**ARC 8914C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—426.3(105) Amendments to International Mechanical Code. The International Mechanical Code (IMC), as adopted by reference in rule 481—426.2(105), is amended as follows:

426.3(1) In Section 101.2, delete the phrase "International Fuel Gas Code" and insert in lieu thereof "NFPA 54, National Fuel Gas Code, current edition; NFPA 58, Liquefied Petroleum Gas Code, current edition; the provisions of 661—Chapter 226; and the state plumbing code".

426.3(2) Amend Section 102 by adopting new Section 102.12 as follows:

102.12 Local authority.

(a) Local jurisdictions may administer the permit, inspection, testing, and enforcement provisions contained in the state mechanical code adopted and amended by this chapter. Permit, inspection, testing, and enforcement provisions contained in this code are not administered by the Plumbing and Mechanical Systems Board or the state unless otherwise provided by law.

(b) Local jurisdictions may not adopt mechanical codes other than the state mechanical code adopted and amended by this chapter. Local jurisdictions may adopt additional amendments to the state mechanical code if the additional amendments are stricter than the state mechanical code as set forth in this chapter. Local jurisdictions that adopt additional amendments will provide copies of any local amendments to the board.

426.3(3) Amend Section 304.11 by deleting the last sentence and inserting in lieu thereof the following new exception:

Exception: Guards are not required where permanent fall arrest/restraint anchorage connector devices that comply with ANSI/ASSE Z 359.1 are affixed for use during the entire lifetime of the roof covering. The devices shall be evaluated for possible replacement when the entire roof covering is replaced and be placed not more than 10 feet (3048 mm) on center along hip and ridge lines and placed not less than 10 feet (3048 mm) from roof edges and the open sides of walking surfaces.

426.3(4) Amend Section 306.1 by deleting the last sentence and inserting in lieu thereof: "An unobstructed level working space at least 30 inches deep and 30 inches wide shall be provided on any side of equipment where service access is required. The authority having jurisdiction may approve service reductions prior to equipment installation, provided that the manufacturer's instructions are met."

426.3(5) Delete Section 306.2 and insert in lieu thereof the following new section:

306.2 Appliances in rooms and closets. Rooms and closets containing appliances shall be provided with a door and an unobstructed passageway measuring not less than 36 inches wide and 80 inches high and a level service space not less than 30 inches deep and 30 inches wide at the front service side of the appliance with the door open.

426.3(6) Amend Section 306.5 by:

a. Adding the following to the end of the section: "If the tenants of a multiple tenant building have, or are allowed to have, mechanical facilities on the roof or which penetrate the roof, then roof access ladders must be provided for use by all such tenants and their agents and contractors in a manner that does not require accessing space under the control of another tenant."

b. Deleting the following: "Exception: This section shall not apply to Group R-3 occupancies."

c. Adopting new Section 306.5.3 as follows:

306.5.3 Visual screening of rooftop equipment. Equipment screening shall not be installed to the rooftop unit or the curb of the rooftop unit unless specified in the mechanical equipment manufacturer's installation instructions.

426.3(7) Delete Section 401.1 and insert in lieu thereof the following new section:

401.1 Scope. This chapter shall govern the ventilation of spaces within a building intended to be occupied, and the buildings meet either the requirements of ASHRAE Standard 62.1, "Ventilation for Acceptable Indoor Air Quality," 2019 edition, published by the American Society of Heating, Refrigeration, and Air-Conditioning Engineers, 1791 Tullie Circle N.E., Atlanta, GA 30329, or the requirements contained in this chapter. Mechanical exhaust systems, including exhaust systems serving clothes dryers and cooking appliances; hazardous exhaust systems; dust, stock, and refuse conveyor systems; subslab soil exhaust systems; smoke control systems; energy recovery ventilation systems; and other systems specified in Section 502 shall comply with Chapter 5.

426.3(8) Add the following footnote "i" related to the gym, stadium, arena (play area) category of the sports and amusement occupancy classification in Table 403.3.1.1, Minimum Ventilation Rates:

i. When combustion equipment is intended to be used on the playing surface, additional dilution ventilation and/or source control shall be provided.

426.3(9) Add the following footnote "j" to Table 403.3.1.1 anywhere the term "smoking lounges" appears:

j. For ventilation purposes, "smoking" includes both combustible tobacco products and accessories and electronic smoking devices and accessories.

426.3(10) Delete Section 504.9.2 and insert in lieu thereof the following new section:

504.9.2 Duct installation. Exhaust ducts shall:

a. Be supported at 4-foot (1,219 mm) intervals and secured in place;

b. The insert end of the duct will extend into the adjoining duct or fitting in the direction of airflow;

c. Not be joined by screws or similar fasteners that protrude into the inside of the duct.

426.3(11) Delete Subsection 506.3.13.3 and insert in lieu thereof the following new subsection:

506.3.13.3 Termination location. Exhaust outlets shall be located not less than 10 feet (3048 mm) horizontally from parts of the same or contiguous buildings, adjacent buildings and adjacent property lines; not less than 10 feet (3,048 mm) above the adjoining grade level; and not less than 20 feet horizontally/vertically from or not less than 5 feet above air intake openings and operable doors and windows into any building.

426.3(12) The first sentence of Section 507.3 is amended to read: "Type II hoods shall be installed above dishwashers capable of heating water beyond 140 degrees Fahrenheit and appliances that produce heat or moisture and do not produce grease or smoke as a result of the cooking process, except where the heat and moisture loads from such appliances are incorporated into the HVAC system design or into the design of a separate removal system."

426.3(13) Delete Section 508.1.1 and insert in lieu thereof the following new section:

508.1.1 Makeup air temperature. All kitchen makeup air systems shall be verified by a certified TAB (testing and balance) contractor to heat makeup air to within 10 degrees of room temperature set point and the TAB contractor certified by NEBB, TABB, or other certifying organization as approved by the Authority Having Jurisdiction.

426.3(14) Amend Section 601.5 by adopting new paragraph "9" as follows:

9. Return air openings shall be located at least 18 inches from supply air openings and air throw directed away from return air openings to reduce short cycling of air. Exception: Factory-made concentric duct terminations.

426.3(15) Amend Section 601.5 by adopting new paragraph "10" as follows:

10. One return air opening per floor is required on a central duct return system per ACCA Manual D, Appendix 8, and return air transfer openings are required on all bedrooms when dedicated return air openings are not used.

426.3(16) Amend Section 603 by adopting new Section 603.1.1 as follows:

603.1.1 Duct location. Air plenums and ducts located in floor and wall cavities shall be separated from unconditioned space by construction with insulation to meet energy code requirements. These areas include but are not limited to exterior walls, cantilevered floors, and floors above garages.

426.3(17) Delete Section 604.3 and insert in lieu thereof the following new section:

604.3 Coverings and linings. Duct coverings and linings, including adhesives where used, shall have a flame spread index of not more than 25 and a smoke-development index of not more than 50, when tested in accordance with ASTM E84 or UL 723, using the specimen preparation and mounting procedures of ASTM E2231 and not flame, glow, smolder or smoke when tested in accordance with ASTM C411 at the temperature to which they are exposed in service. The testing temperature shall not fall below 250ºF (121ºC) and coverings and linings be listed and labeled. The use of an air gap to meet R-value requirements for duct insulation is prohibited.

426.3(18) Amend Subsection 607.6.2.1 by adopting new Subsections 607.6.2.1.3 and 607.6.2.1.4 as follows:

607.6.2.1.3 Access ceiling radiation dampers shall be provided with an approved means of access that is large enough to permit inspection and maintenance of the damper and its operating parts and dampers equipped with fusible links and internal operators be provided for both with either an access door that is not less than 12 inches (305 mm) square, or a removable duct section.

607.6.2.1.4 Identification ceiling radiation damper locations and access points shall be permanently identified on the exterior by a label or marking acceptable to the authority having jurisdiction.

426.3(19) Delete all references to the "International Plumbing Code" and insert in lieu thereof "state plumbing code".

[**ARC 8914C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—426.4(105) Hospitals and health care facilities.

426.4(1) A hospital that is required to meet the provisions of the state mechanical code shall be deemed to be in compliance with the fire safety requirements of the state mechanical code if the hospital is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code is inconsistent with an applicable requirement of the state mechanical code, the hospital shall be deemed to be in compliance with the state mechanical code requirement if the Life Safety Code requirement is met.

426.4(2) A nursing facility or hospice that is required to meet the provisions of the state mechanical code shall be deemed to be in compliance with the fire safety requirements of the state mechanical code if the nursing facility or hospice is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code is inconsistent with an applicable requirement of the state mechanical code, the nursing facility or hospice shall be deemed to be in compliance with the state mechanical code requirement if the Life Safety Code requirement is met.

426.4(3) An intermediate care facility that is required to meet the provisions of the state mechanical code shall be deemed to be in compliance with the fire safety requirements of the state mechanical code if the intermediate care facility is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code is inconsistent with an applicable requirement of the state mechanical code, the intermediate care facility shall be deemed to be in compliance with the state mechanical code requirement if the Life Safety Code requirement is met.

426.4(4) An ambulatory surgical center that is required to meet the provisions of the state mechanical code shall be deemed to be in compliance with the fire safety requirements of the state mechanical

code if the ambulatory surgical center is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code is inconsistent with an applicable requirement of the state mechanical code, the ambulatory surgical center shall be deemed to be in compliance with the state mechanical code requirement if the Life Safety Code requirement is met.

426.4(5) A religious nonmedical health care institution that is required to meet the provisions of the state mechanical code shall be deemed to be in compliance with the provisions of the state mechanical code if the institution is in compliance with the provisions of rule 481—280.14(10A). In any other case in which an applicable requirement of the Life Safety Code is inconsistent with an applicable requirement of the state mechanical code, the religious nonmedical health care institution shall be deemed to be in compliance with the state mechanical code requirement if the Life Safety Code requirement is met.

[**ARC 8914C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—426.5(105) Enforcement. Any state or local jurisdiction retaining authority to perform inspections of mechanical installations in the state of Iowa will retain initial interpretive authority over the state mechanical code and may implement an appeals process with respect to such interpretation. Ultimate appeal of any initial interpretation may be made to the plumbing and mechanical systems board by the filing of a petition for declaratory order pursuant to Iowa Code chapter 17A and 7—Chapter 2503 or the filing of a petition for waiver pursuant to Iowa Code chapter 17A and 7—Chapter 2504.

[**ARC 8914C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code section 105.4.

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[Editorial change: IAC Supplement 4/2/25]
[Editorial change: IAC Supplement 8/5/26]

CHAPTER 427
PLUMBING AND MECHANICAL SYSTEMS BOARD—ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 4/2/25, see Public Health Department[641] Ch 27]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—427.1(17A,105) Definitions. The definitions set forth in Iowa Code section 105.2 are incorporated herein by reference. For purposes of this chapter, the following definitions also apply:

"Board office" means the office of the administrative staff.

"Disciplinary proceeding" means any proceeding under the authority of the board pursuant to which licensee discipline may be imposed.

"License" means a license to operate as a contractor or work in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines or work as a certified medical gas system installer or work in the specialty license disciplines developed by the board.

"Licensee" means a person or entity licensed to operate as a contractor or work in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines or work as a certified medical gas system installer or work in the specialty license disciplines developed by the board.

[**ARC 7993C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—427.2(17A,105) Purpose of board. The purpose of the board is to administer and enforce the provisions of Iowa Code chapters 17A and 105 with regard to the licensing and regulation of plumbers, mechanical professionals, and contractors. The mission of the board is to protect the public health, safety and welfare by licensing qualified individuals who provide services to consumers and by fair and consistent enforcement of the statutes and regulations of the licensure board. Responsibilities include, but are not limited to:

427.2(1) Licensing of qualified applicants to operate as a contractor or work in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines or work as a certified medical gas system installer or work in the specialty license disciplines developed by the board by examination, renewal, endorsement, and reciprocity.

427.2(2) Developing and administering a program of continuing education to ensure the continued competency of individuals licensed by the board.

427.2(3) Imposing discipline on licensees as provided by statute or rule.

[**ARC 7993C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—427.3(17A,105) Organization of board and proceedings.

427.3(1) Membership of the board is as provided in Iowa Code section 105.3.

427.3(2) The board will elect a chairperson, vice chairperson, and secretary from its membership at the first meeting after April 30 of each year.

427.3(3) The board will hold at least four meetings annually.

427.3(4) A majority of the members of the board shall constitute a quorum.

427.3(5) Board meetings shall be governed in accordance with Iowa Code chapter 21, and the board's proceedings will be conducted in accordance with Robert's Rules of Order, Revised.

427.3(6) The department will furnish the board with the necessary facilities and employees to perform the duties mandated by this chapter but shall be reimbursed for all costs incurred from funds appropriated to the board and subsequent fees from licensing activities.

427.3(7) The board has the authority to:

a. Develop and implement a program of continuing education to ensure the continued competency of individuals licensed by the board.

b. Establish fees.

c. Establish committees of the board, the members of which are appointed by the board chairperson and do not constitute a quorum of the board. The board chairperson appoints committee chairpersons.

d. Hold a closed session pursuant to Iowa Code section 21.5.

e. Investigate alleged violations of statutes or rules that relate to operation as a contractor; work in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines; work as a certified medical gas system installer; or work in the specialty license disciplines developed by the board upon receipt of a complaint or upon the board's own initiation. The investigation will be based on information or evidence received by the board.

f. Initiate and impose licensee discipline.

g. Monitor licensees that are limited by a board order.

h. Perform any other functions authorized by a provision of law.

[**ARC 7993C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—427.4(17A,105) Official communications.

427.4(1) All official communications, including submissions and requests, should be addressed to the Plumbing and Mechanical Systems Board at its current address.

427.4(2) Notice of change of name or address. Each licensee and licensed entity shall notify the board in writing of a change of name or change of current mailing address within 30 days after the occurrence.

[**ARC 7993C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—427.5(21) Public meetings. Members of the public may be present during board meetings unless the board votes to hold a closed session. Dates and location of board meetings may be obtained through the board's website or directly from the board office.

427.5(1) At every regularly scheduled board meeting, time will be designated for public comment. During the public comment period, any person may speak for up to two minutes. Any additional time allowances will be at the discretion of the chairperson or acting chairperson.

427.5(2) Persons who have not asked to address the board during the public comment period may raise their hands to be recognized by the chairperson. Acknowledgment and an opportunity to speak will be at the discretion of the chairperson.

427.5(3) The person presiding at a meeting of the board may exclude a person from an open meeting for behavior that obstructs the meeting.

427.5(4) Cameras and recording devices may be used at open meetings, provided the cameras or recording devices do not obstruct the meeting. If the user of a camera or recording device obstructs the meeting by the use of such device, the person presiding at the meeting may request the user to discontinue use of the camera or device.

[**ARC 7993C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—427.6(17A) Contested cases. Contested cases are governed by 481—Chapter 506.

[**ARC 0405D**, IAB 7/8/26, effective 6/30/26]

481—427.7(17A) Decisions.

427.7(1) *Final decisions.* When a quorum of the board presides over the reception of evidence at a hearing, its decision is a final decision. A majority of the members constitutes a quorum. Final decisions will be served on the parties in accordance with 481—subrule 506.13(2). Final decisions of the board, including consent agreements and consent orders, are public documents pursuant to Iowa Code chapter 22.

427.7(2) *Proposed panel decisions.*

a. Panel of specialists. When a panel of three specialists presides over the hearing, the panel will issue a proposed decision that will include findings of fact but will not include conclusions of law or any recommendation for or against the discipline for a licensee. A proposed decision of a panel of specialists, together with a transcript of the proceedings and the exhibits presented, will be reviewed by the board within 30 days of the date the proposed decision was issued.

b. Panel of board members. When a panel of three or more board members presides over the hearing, the panel will issue a proposed decision that will include proposed findings of fact, conclusions of law, and the order. A proposed panel decision will be reviewed by the board within 30 days of the date the proposed panel decision was issued. A proposed panel decision becomes a final decision without further proceedings unless appealed in accordance with paragraph 427.7(2)*"c."*

c. Appeal of proposed panel decisions. A proposed panel decision pursuant to paragraph 427.7(2)*"a"* or *"b"* may be appealed to the full board by either party by serving on the executive officer, either in person or by certified mail, a notice of appeal within 30 days after service of the proposed decision on the appealing party. The notice of appeal shall specify the party initiating the appeal, the proposed decision or order appealed, the specific findings or conclusions to which exception is taken and any other exceptions to the decision or order, the relief sought, and the grounds for relief.

(1) Following receipt of a notice of appeal, the board will enter an order establishing a schedule for submission of briefs and oral argument. The parties shall serve their briefs on the board and shall furnish an additional copy to each party by first-class mail. Briefs will cite any applicable legal authority and specify relevant portions of the record in that proceeding.

(2) Oral argument will be heard by the board unless waived by both parties. The time granted each party for oral argument will be established by the board.

(3) The record on appeal will be the entire record made before the hearing panel or administrative law judge.

d. Confidentiality. At no time prior to the release of the final decision by the board shall a proposed decision be made public or distributed to any person other than the parties.

e. Requests to present additional evidence. A party may request the taking of additional evidence after the issuance of a proposed decision only by establishing that:

(1) The evidence is material; and

(2) The evidence arose after the completion of the original hearing; or

(3) Good cause exists for failure to present the evidence at the original hearing; and

(4) The party has not waived the right to present additional evidence.

A written request to present additional evidence must be filed with the notice of appeal or by a nonappealing party within 14 days of service of the notice of appeal. The board may remand a case to the hearing panel for further hearing or may itself preside at the taking of additional evidence.

[**ARC 0405D**, IAB 7/8/26, effective 6/30/26]

481—427.8(17A) Client notification. Within 15 days (or such other time period specifically ordered by the board) of the licensee's receipt of the board's final decision, whether entered by consent or following hearing, which suspends or revokes a license or accepts a voluntary surrender of a license to resolve a disciplinary case, the licensee shall notify in writing all current clients of the fact that the license has been suspended, revoked or voluntarily surrendered. Such notice shall advise clients to obtain alternative professional services. Within 30 days of receipt of the board's final order, the licensee shall file with the board copies of the notices sent. Compliance with this requirement is a condition for an application for reinstatement.

[**ARC 0405D**, IAB 7/8/26, effective 6/30/26]

These rules are intended to implement Iowa Code chapters 17A, 21, and 105.

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CHAPTER 428
PLUMBING AND MECHANICAL SYSTEMS BOARD—LICENSURE FEES
[Prior to 4/2/25, see Public Health Department[641] Ch 28]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—428.1(105) Fees. All fees are nonrefundable.

428.1(1) Fees for three-year initial licenses are as follows:

a. An apprentice license as defined in 481—subrule 429.2(1) is $50.

b. A journey license as defined in 481—subrule 429.2(2) is $180.

c. A master license as defined in 481—subrule 429.2(3) is $240.

d. A medical gas pipe certificate as defined in rule 481—429.3(105) is $75.

e. An inactive license as defined in 481—subrules 429.2(5) and 429.2(6) is $50.

f. A contractor license as defined in 481—subrule 429.2(4) is $250.

g. A special restricted license as defined in 481—subrules 429.2(8), 429.2(9) and 429.2(10) is $50.

h. Fees for all initial licenses issued for a period of less than three years will be prorated using a one-sixth deduction for each six-month period.

428.1(2) Fees for three-year reciprocal licenses or three-year licenses obtained by verification in accordance with 481—Chapter 430 are as follows:

a. An apprentice license as defined in 481—subrule 429.2(1) is $50.

b. A journey license as defined in 481—subrule 429.2(2) is $180.

c. A master license as defined in 481—subrule 429.2(3) is $240.

d. Fees for all reciprocal licenses or three-year licenses obtained by verification in accordance with 481—Chapter 430 issued for a period of less than three years will be prorated using a one-sixth deduction for each six-month period.

428.1(3) Fees for renewal of licenses are as follows:

a. An apprentice license as defined in 481—subrule 429.2(1) is $50.

b. A journey license as defined in 481—subrule 429.2(2) is $180.

c. A master license as defined in 481—subrule 429.2(3) is $240.

d. A medical gas pipe certificate as defined in rule 481—429.3(105) is $75.

e. An inactive license as defined in 481—subrules 429.2(5) and 429.2(6) is $50. However, no fee is necessary for an inactive specialty license as defined in 481—subrule 431.8(3) so long as the person possessing the inactive specialty license remains actively licensed as an apprentice.

f. A contractor license as defined in 481—subrule 429.2(4) is $250.

g. A special restricted license as defined in 481—subrules 429.2(8), 429.2(9), and 429.2(10) is $50. However, no fee is necessary for an inactive specialty license as defined in 481—subrule 431.8(3) so long as the person possessing the inactive specialty license remains actively licensed as an apprentice.

428.1(4) The examination application fee is $35.

428.1(5) A late fee for failure to renew before expiration is determined as follows:

a. A licensee who does not timely renew but renews a license on or before the following July 31 may reinstate and renew the license upon payment of the appropriate renewal fee and without payment of a late fee.

b. A licensee who does not timely renew but renews a license between the following August 1 and August 31 may reinstate and renew the license without examination upon payment of a $60 late fee and the appropriate renewal of license fee.

c. A licensee who does not timely renew but renews a license after the following August 31 and on or before the following June 30 may reinstate and renew the license without examination upon payment of a $100 late fee and the appropriate renewal of license fee.

428.1(6) Reserved.

428.1(7) The fee for written verification of licensee status is $20.

428.1(8) The returned check fee is $25.

428.1(9) The disciplinary hearing fee is a maximum of $75.

428.1(10) The paper application fee is $25 plus the appropriate license fee.

428.1(11) Combined license.

a. For purposes of this subrule, "combined license" means more than one active master, contractor, or journeyperson license in one or multiple disciplines held by the same individual.

b. A license fee for a combined license is the sum total of each of the separate license fees as set forth in subrules 428.1(1) through 428.1(3) reduced by 30 percent.

c. Only individual licenses purchased in a single transaction are eligible for the combined licensee fee reduction.

428.1(12) The fee for combining an HVAC-refrigeration or hydronics license to a mechanical license is $50. This fee does not apply at the time of reissue.

428.1(13) The fee for submitting a petition for eligibility determination as defined in 481—subrule 429.13(2) is $25.

[**ARC 7994C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—428.2(105) Annual review of fee schedule. Within 60 days following the end of each fiscal year, the board will submit a report to the general assembly in accordance with Iowa Code section 105.9(5)*"a."*

[**ARC 7994C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—428.3(105) Waiver of fees. Fee waivers are available under the following circumstances:

428.3(1) The board will waive any fee charged to an applicant for a license if the applicant's household income does not exceed 200 percent of the federal poverty income guidelines and the applicant is applying for the license for the first time in this state.

428.3(2) For an applicant who has been honorably or generally discharged from federal active duty or national guard duty, the board will waive an initial application fee and one renewal fee if those fees would otherwise be charged within five years of the discharge.

[**ARC 7994C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code section 105.9.

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CHAPTER 429
PLUMBING AND MECHANICAL SYSTEMS BOARD—APPLICATION, LICENSURE, AND EXAMINATION

[Prior to 4/2/25, see Public Health Department[641] Ch 29]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—429.1(105) Definitions. The definitions set forth in Iowa Code section 105.2 are incorporated herein by reference. For purposes of these rules, the following definitions also apply:

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

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

"Corresponding" means the same discipline.

"Directly relates" or *"directly related"* means the same as Iowa Code section 272C.1(8)*"a"* and *"b."*

"Disconnect/reconnect plumbing technician specialty license" means a sublicense under a plumbing license to perform work from the appliance shutoff valve or fixture shutoff valve to the appliance or fixture and any part or component of the appliance or fixture, including the disconnection and reconnection of the existing appliance or fixture to the water or sewer piping and the installation of a shutoff valve no more than three feet from the appliance or fixture.

"Disqualifying conviction" or *"disqualifying offense"* means a conviction directly related to the practice of the profession.

"Eligibility determination" means the process by which a person who has not yet submitted a completed license application may request that the board determine whether one or more of the person's convictions are disqualifying offenses that would prevent the individual from receiving a license or certification.

"Emergency repairs" means the repair of water pipes to prevent imminent damage to property.

"Hearth systems specialty license" means a sublicense under an HVAC-refrigeration or mechanical license to perform work in the installation of gas burning and solid fuel appliances that offer a decorative view of the flames, from the connector pipe to the shutoff valve located within three feet of the appliance. This sublicense is further allowed to perform work in the venting systems, log lighters, gas log sets, fireplace inserts, and freestanding stoves.

"Inactive license" means a license that is available for a plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic professional who is not actively engaged in running a business or working in the business in the corresponding discipline at that license level. An inactive license must be renewed prior to its expiration date. An inactive license is not valid for practice until the license is reactivated by the board.

"Lapsed license" means a license that expired prior to June 30, 2017, and was not renewed within 60 days following its expiration date or a license that expired on or after June 30, 2017, and was not renewed by the following August 31. A lapsed license is no longer valid for practice.

"Licensee" means any person licensed to practice pursuant to Iowa Code chapter 105.

"Reactivated license" means a license that is changed from inactive status to active status pursuant to rule 481—429.8(105).

"Reissued license" means a refrigeration or HVAC license that was changed to an HVAC-refrigeration license pursuant to rule 481—429.8(105). "Reissued license" also means an HVAC or refrigeration license and a hydronic license that was changed to a mechanical license pursuant to rule 481—429.8(105).

"Service technician HVAC specialty license" means a sublicense under an HVAC-refrigeration or mechanical license to perform work from the appliance shutoff valve to the appliance and any part and component of the appliance, including the disconnection and reconnection of the existing appliance to the gas piping and the installation of a shutoff valve no more than three feet away from the appliance.

"Surety bond" means a performance bond written by an entity licensed to do business in this state that guarantees that a contractor will fully perform the contract and which guarantees against breach of that contract.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.2(105) Available licenses and general requirements. All licenses issued by the board will be for a three-year period, except where a shorter or longer period is required or allowed by statute. Subject to the general requirements set forth herein and the minimum qualifications for licensure set forth in rule 481—429.4(105), the following licenses are available:

429.2(1) *Apprentice license.* An applicant for an apprentice license will submit an application that provides evidence of meeting the qualifications specified in Iowa Code section 105.18. If the applicant currently holds an active specialty license, the specialty license will be placed on inactive status as specified in 481—subrule 431.8(3).

429.2(2) *Journeyperson license.* An applicant for a journeyperson license will submit an application that provides evidence of meeting the qualifications specified in Iowa Code section 105.18, including an applicant who possesses a master-level license and who seeks a journeyperson license in the same discipline.

429.2(3) *Master license.* An applicant for a master license will submit an application that provides evidence of meeting the qualifications specified in Iowa Code section 105.18. Applicants previously licensed as a journeyperson will provide evidence of at least two years of journeyperson experience in the applicable discipline.

429.2(4) *Contractor license.* An applicant for a contractor license will submit an application that provides evidence of meeting the qualifications specified in Iowa Code section 105.18, and the insurance and surety bond requirements specified in Iowa Code section 105.19.

429.2(5) *Active journeyperson license/inactive master license combination.* An applicant for an active journeyperson license and an inactive master license in the same discipline will submit an application approved by the department, and pay the fees for both an active journeyperson license and an inactive master license in accordance with subrule 429.2(3) and rule 481—429.5(105).

429.2(6) *Inactive license.* An applicant for an inactive license that does not fall within subrule 429.2(5) will submit an application approved by the department and pay the fee for an inactive license in accordance with rule 481—429.5(105).

429.2(7) *Service technician HVAC specialty license.* An applicant for a service technician HVAC specialty license will submit an application approved by the department and pay the fee for a specialty license in accordance with rule 481—429.5(105). It will also provide the board with evidence that:

a. The applicant possesses a valid certification from North American Technician Excellence, Inc. or an equivalent authority approved by the board, or

b. The applicant completed a Service Technician Associate degree or equivalent educational or similar training approved by the board.

429.2(8) *Disconnect/reconnect plumbing technician specialty license.* An applicant for a disconnect/reconnect plumbing technician specialty license will submit an application approved by the department and pay the fee for a specialty license in accordance with rule 481—429.5(105). It will also provide the board with evidence that:

a. The applicant is receiving or has previously received industry training to perform work covered under this specialty license, or

b. The applicant completed a Service Technician Associate degree or equivalent educational or similar training approved by the board.

429.2(9) *Private school or college routine maintenance specialty license.* An applicant for a private school or college routine maintenance specialty license will submit an application approved by the department and pay the fee for a specialty license in accordance with rule 481—429.5(105) and:

a. Provide the board with evidence that the applicant is currently employed by a private school or college.

b. Provide the board with evidence that the applicant is performing routine maintenance within the scope of employment with the private school or college.

429.2(10) *Hearth systems specialty license.* An applicant for a hearth systems specialty license will submit an application approved by the department and pay the fee for a specialty license in accordance with rule 481—429.5(105) and provide the board with evidence that the applicant possesses a valid certification issued by the National Fireplace Institute or equivalent authority approved by the board.
[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.3(105) Medical gas piping certification. The following certification is required for a person who performs work as a medical gas system installer. An applicant for a medical gas certificate will submit an application approved by the department and pay the fee for a medical gas piping certification in accordance with rule 481—429.5(105) and possess valid certification from the National Inspection Testing Certification (NITC) Corporation, or an equivalent authority approved by the board. Documentation must be submitted on a form provided by the board.
[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.4(105) Minimum qualifications for licensure. An applicant for any type of license must be at least 18 years old. All apprentice applicants must have completed a high school education or attained GED equivalent.
[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.5(105) General requirements for application for licensure. The following criteria apply to application for licensure:

429.5(1) *Application.* An applicant will complete an application online or on a paper application approved by the board.

429.5(2) *Fees.* An application must be accompanied by the appropriate fees. All fees are nonrefundable. Fees for online applications are by credit card only. A check or money order may accompany a paper application.

429.5(3) *Applicant responsibilities.* An applicant for an initial license or license renewal bears full responsibility for each of the following:

a. Paying all fees charged by regulatory authorities, state or national testing or credentialing organizations, and educational institutions providing the information necessary to complete a license, certification, or renewal application;

b. Providing accurate, up-to-date, and truthful information on the application including, but not limited to, prior professional experience, education, training, criminal history, and disciplinary history; and

c. Submitting complete application materials. An application for a license or certification or renewal of a license or certification will be considered active for 90 days from the date the application is received. For purposes of establishing timely filing, the postmark on a paper submittal or the date of the electronic time stamp for online renewals will be used. If the applicant does not submit all materials within this time period or if the applicant does not meet the requirements for the license or certification, the application will be considered incomplete and will be destroyed.

429.5(4) *Verifiable documentation.* No application will be considered by the board without the appropriate verifiable documentation, including:

a. A passing score for a discipline-appropriate examination provided by the testing vendor under contract with the board, when testing is required for a license.

b. Verification that the applicant has met the minimum requirements as defined in rule 481—429.4(105) and the established employment experience criteria for each type of license.

c. Documentation of the applicant's complete criminal record, including the applicant's personal statement regarding whether each offense directly relates to the practice of the profession. No application will be considered complete unless and until the applicant responds to board requests for additional information regarding the applicant's complete criminal record.
[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.6(105) Examination.

429.6(1) *General.* An applicant for licensure as a plumbing or mechanical system professional must successfully pass the licensing examination for the discipline. The examination will be specific to each license type, approved by the board, and administered by the board-approved vendor.

429.6(2) *Examination.*

a. The examination will be written and proctored by a testing agency selected by the board and conducted either in person or online.

b. The examination will be offered periodically during the year. The time and location will rotate between multiple sites in the state of Iowa, as determined by the department, with approval of the board.

c. The examination will not be subject to review by applicants. Upon request from an applicant, the testing vendor will provide information about the sections that the applicant failed, but shall not provide an applicant access to actual examination questions or answers. Any fees associated with the review process will be assessed by and payable to the testing vendor. The applicant is responsible for paying all associated examination fees.

d. A score of 75 percent or better is considered passing.

429.6(3) *Examination application.*

a. An applicant will complete and submit a board-approved examination application either online or on a paper application a minimum of 15 business days prior to taking an examination.

b. An application must be accompanied by the appropriate fees. All fees are nonrefundable. Fees for online applications are by credit card only. A check or money order may accompany a paper application.

c. No application will be considered by the board without the appropriate verifiable documentation.

d. The applicant will be notified and issued an examination entrance letter upon approval of the examination application.

e. If the applicant is notified that the application is incomplete, the applicant must contact the board office within 90 days. Incomplete applications will be considered invalid and after 90 days will be destroyed.

f. Examination fees are payable directly to the board-approved testing vendor. All transactions are the responsibility of the applicant and testing vendor. The board is not responsible for refunds from the testing vendor.

g. An applicant shall present current photo identification in order to sit for the examination.

h. An applicant for licensure by examination who does not pass the examination within one year from the original application date has to submit a new application.

i. A master examination applicant will not receive permission to sit for a master examination unless the applicant establishes that the applicant:

(1) Has previously been licensed as a master in the applicable discipline; or

(2) Has previously been licensed as a journeyperson in the applicable discipline and has at least two years of journeyperson experience in the applicable discipline.

j. A journeyperson examination applicant may apply to sit for the examination up to 12 months prior to completion of the 48 months of required apprentice credit, which include the granting of advanced standing or credit for previously acquired experience, training, or skills.

429.6(4) *Expiration of passing examination score.* An applicant who successfully passes an examination must apply for licensure in the applicable discipline at the applicable discipline level within two years of notification that the applicant successfully passed the examination. A passing examination score will expire if the applicant fails to apply for licensure within the two-year period as set forth herein, and the applicant will be required to successfully retake said examination to become licensed.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.7(105) License renewal.

429.7(1) *Renewal period.* The period of licensure to operate as a contractor or work as a master, journeyperson or apprentice in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines or work as a certified medical gas system installer or work in the specialty license disciplines developed by the board is a period of three years. All licenses issued will expire on June 30 every three years, beginning with June 30, 2026. Fees for new licenses issued after the July 1 beginning of each

three-year renewal cycle will be prorated using a one-sixth deduction for each six-month period of the renewal cycle.

429.7(2) *Renewal notification.* The licensee is responsible for renewing the license prior to its expiration.

429.7(3) *Specific renewal requirements.*

a. Active and inactive apprentice, specialty, journeyperson, and master licenses. An apprentice, specialty, journeyperson, or master licensee seeking renewal shall:

(1) Submit an application for renewal online or on the forms provided by the board office.

(2) Meet the continuing education requirements as set forth in rule 481—432.2(105), unless no continuing education is necessary as specified in 481—subrule 431.8(3), 432.2(2), or 432.6(1).

(3) Include the appropriate fee as specified in 481—Chapter 428. A penalty will be assessed by the board for late renewal, as specified in 481—Chapter 428.

b. Medical gas piping certification holders. A medical gas piping certification holder seeking renewal shall:

(1) Submit an application for renewal either electronically or on the forms provided by the board office.

(2) Provide evidence that the person has maintained valid certification issued from the National Inspection Testing Certification (NITC) Corporation or an equivalent authority approved by the board.

(3) Include the appropriate fee as specified in 481—Chapter 428.

c. Contractor licenses. Renewal of the contractor license constitutes registration as a contractor under Iowa Code chapter 91C. A contractor licensee seeking renewal shall:

(1) Submit an application for renewal on the forms provided by the board office. Licensees may renew their licenses online or via paper application.

(2) Include evidence of professional liability insurance and a surety bond mandated by subrule 429.2(4).

(3) As specified in 875—Chapter 150, include proof of workers' compensation insurance coverage, proof of unemployment insurance compliance and, for out-of-state contractors, a bond as described in Iowa Code chapter 91C.

(4) Include the appropriate license fee as specified in 481—Chapter 428. A penalty will be assessed by the board for late renewal, as specified in 481—Chapter 428.

(5) Include the fee for a three-year contractor registration as specified in 875—Chapter 150.

429.7(4) *Complete and timely filed application.* Renewal applications are due 30 days prior to expiration per Iowa Code section 105.20(2). No renewal application is considered timely and sufficient until received by the board office and accompanied by all material necessary for renewal, including applicable renewal and late fees. Incomplete applications will not be accepted. For purposes of establishing timely filing, the postmark on a paper submittal or the date of the electronic time stamp for online renewals will be used.

429.7(5) *Late renewal.* A licensee has a one-month grace period after the expiration date of the license to renew without payment of a late fee.

a. A licensee who seeks to renew more than one month but less than two months after the license expiration date may renew upon payment of the late fee in the amount specified in 481—Chapter 428 in addition to the renewal fee.

b. A license remains valid for practice for up to two months past the expiration date of the license. After two months, the license lapses and becomes invalid for practice until the license is reinstated.

429.7(6) *Reinstatement.* A person seeking reinstatement of a lapsed license must submit an application for reinstatement electronically or on the forms provided by the board office and include all mandated documentation and fees.

a. A licensee who allows a license to lapse for more than two months but not more than 365 days may reinstate and renew the license upon payment of the late penalty fee in the amount specified in 481—Chapter 428 in addition to the renewal fee. A specialty, journeyperson or master licensee must also meet the continuing education requirements as set forth in rule 481—432.2(105), unless no continuing education is mandated as specified in 481—subrule 431.8(3), 432.2(2), or 432.6(1).

b. A person holding a specialty, journeyperson or master license who allows the license to lapse for more than one year may reinstate and renew the license by providing evidence of one of the following:

(1) For a journeyperson or master licensee, retaking and successfully passing the applicable licensing examination; or

(2) Retaking and successfully completing all continuing education requirements as set forth in rule 481—432.2(105) for each renewal period in which the license was not timely renewed.

c. A contractor licensee seeking reinstatement of a license that has been lapsed for more than one year may reinstate and renew the license by submitting evidence of meeting the requirements specified in subrule 429.7(3) and payment of any mandated fees.

d. A licensee who reinstates and renews a lapsed license is not entitled to a prorated renewal fee.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.8(105) Waiver from examination for military service. The written examination requirements and prior experience requirements set forth in Iowa Code sections 105.18(2)*"b"*(1) and 105.18(2)*"c"* are waived for a journeyperson license or master license if the applicant meets the requirements set forth in Iowa Code section 105.18(4).

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.9(105) Reactivation of an inactive license.

429.9(1) An inactive license is not valid for practice but must be renewed in accordance with rule 481—429.7(105). If an inactive license has not been timely renewed and becomes lapsed, the requirements for reinstatement of the license will have to be met. A person with an inactive license that is not lapsed who is seeking to reactivate the license shall:

a. Submit a written request to the board office for active license status; and

b. Pay the fee for an active license in the amount specified in 481—Chapter 428.

429.9(2) A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal period following reactivation.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.10(105) Review of applications.

429.10(1) Upon receipt of a completed application, the board executive officer or designee has discretion to:

a. Authorize the issuance of the license, certification, or examination application.

b. Refer the application to a committee of the board for review and consideration when the board executive officer determines that matters raised in or revealed by the application are relevant in determining the applicant's qualifications for a license, certification, or examination. Matters that may justify referral to a committee of the board include, but are not limited to:

(1) Prior criminal history, which is reviewed and considered in accordance with Iowa Code chapter 272C and rule 481—429.13(105).

(2) Chemical dependence.

(3) Competency.

(4) Physical or psychological illness or disability.

(5) Judgments entered on, or settlements of, claims, lawsuits, or other legal actions related to the profession.

(6) Professional disciplinary history.

(7) Education or experience.

429.10(2) Following review and consideration of an application referred by the board executive officer, the committee may at its discretion:

a. Authorize the issuance of the license, certification, or examination application.

b. Recommend to the board denial of the license, certification, or examination application.

c. Recommend to the board issuance of the license or certification under certain terms and conditions or with certain limitations.

d. Refer the license, certification, or examination application to the board for review and consideration without recommendation.

429.10(3) Following review and consideration of a license, certification, or examination application referred by the committee, the board will:

a. Authorize the issuance of the license, certification, or examination application;

b. Deny the issuance of the license, certification, or examination application; or

c. Authorize the issuance of the license or certification under certain terms and conditions or with certain limitations.

429.10(4) The committee or board may require an applicant to appear for an interview before the committee or the full board as part of the application process.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.11(105) Grounds for denial of an application. The board may deny an application for license, certification, or examination for any of the following reasons:

1. Failure to meet the requirements for license, certification, or examination as specified in these rules.
2. Failure to provide accurate and truthful information, or the omission of material information.
3. Pursuant to Iowa Code section 105.22, upon any of the grounds for which licensure may be revoked or suspended.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—429.12(105) Use of criminal convictions in eligibility determinations and initial licensing decisions.

429.12(1) *License application.* Unless an applicant for licensure petitions the board for an eligibility determination, the applicant's convictions will be reviewed when the board receives a completed license application.

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

b. Documentation and personal statement. An applicant with one or more convictions must submit the complete criminal record for each conviction and a personal statement regarding whether each conviction directly relates to the practice of the profession in order for the license application to be considered complete.

c. Rehabilitation. As part of the license application, an applicant will submit all evidence of rehabilitation that the applicant wishes to be considered by the board. The board may deny a license if the applicant has a disqualifying offense, unless the applicant demonstrates by clear and convincing evidence that the applicant is rehabilitated pursuant to Iowa Code section 272C.15. An applicant with one or more disqualifying offenses who has been found rehabilitated must still satisfy all other requirements for licensure.

d. Nonrefundable fees. Any application fees will not be refunded if the license is denied.

429.12(2) *Eligibility determination.* An individual who has not yet submitted a completed license application may petition the board for an eligibility determination. An individual with a conviction does not have to petition the board for an eligibility determination before applying for a license. To petition the board for an eligibility determination, a petitioner must submit all of the following:

a. A completed eligibility determination form, which is available on the board's website;

b. The complete criminal record for each of the petitioner's convictions;

c. A personal statement regarding whether each conviction directly relates to the practice of the profession and why the board should find the petitioner is rehabilitated;

d. All evidence of rehabilitation that the petitioner wants the board to consider; and

e. Payment of a nonrefundable fee in the amount of $25.

429.12(3) *Appeal.* A petitioner found ineligible or an applicant denied a license because of a disqualifying offense may appeal the decision in the manner and time frame set forth in the board's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The board's

rules governing nondisciplinary contested case proceedings apply unless otherwise specified in this rule. If the petitioner fails to timely appeal, the board's written decision will become a final order.

a. Presiding officer. The presiding officer will be the board. However, any party to an appeal of a license denial or ineligibility determination may file a written request, in accordance with rule 481—506.9(17A), that the presiding officer be an administrative law judge. Additionally, the board may, on its own motion, request that an administrative law judge be assigned to act as presiding officer. When an administrative law judge serves as the presiding officer, the decision rendered will be a proposed decision.

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

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

429.12(4) *Future petitions or applications.* If a final order determines a petitioner is ineligible, the petitioner cannot submit a subsequent petition for eligibility determination or a license application prior to the date specified in the final order. If a final order denies a license application, the applicant cannot submit a subsequent license application or a petition for eligibility determination prior to the date specified in the final order.

[**ARC 7995C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 105 and 272C.

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1 May 1, 2014, effective date of ARC 1220C, Item 12 [rescission of 29.4(3)], delayed until the adjournment of the 2014 General Assembly by the Administrative Rules Review Committee at its meeting held January 10, 2014.

2 641—paragraph 29.2(4)*"d"* editorially reinstated IAC Supplement 12/24/14.

CHAPTER 430
PLUMBING AND MECHANICAL SYSTEMS BOARD—ALTERNATIVE LICENSURE PATHWAYS

[Prior to 4/2/25, see Public Health Department[641] Ch 35]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—430.1(105) Definitions. For purposes of this chapter, the following definitions apply:

"Board" means the same as defined in Iowa Code section 105.2(2).

"Full time" means a minimum of 1,700 hours of work in a one-year period.

"Issuing jurisdiction" means the same as defined in Iowa Code section 272C.12(5).

"Transferring jurisdiction" means the specific issuing jurisdiction on which an applicant relies to seek licensure in Iowa by verification under this chapter.

[**ARC 8001C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—430.2(105) Reciprocity agreements. The board may enter into licensing reciprocity agreements with other states in accordance with Iowa Code section 105.21.

[**ARC 8001C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—430.3(105) Licensure by reciprocity. A nonresident of Iowa seeking a reciprocal license under Iowa Code chapter 105 applies on forms provided by the board.

430.3(1) *Reciprocity criteria.* The board may issue a reciprocal license if the following criteria are met:

a. The applicant is a nonresident of Iowa;

b. The applicant possesses a valid plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic license from an issuing jurisdiction with which the board has entered into a reciprocity agreement;

c. The applicant has paid the appropriate fee or fees set forth in 481—Chapter 428;

d. The applicant meets the minimum qualifications for licensure set forth in rule 481—429.4(105); and

e. The applicant agrees to comply with all provisions of Iowa law and applicable administrative rules.

430.3(2) *Denial of reciprocal license.* The board may refuse to issue a reciprocal license to an applicant otherwise qualified based upon a suspension, revocation, or other disciplinary action taken against the applicant by a licensing authority in this or another jurisdiction. For purposes of this subrule, a "disciplinary action" includes the voluntary surrender of a license to resolve a pending disciplinary investigation or proceeding.

[**ARC 8001C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—430.4(105) Licensure by verification. Licensure by verification is available under the following circumstances.

430.4(1) *Eligibility.* A person may seek licensure by verification if the criteria in Iowa Code section 272C.12(1) are satisfied.

430.4(2) *Board application.* The applicant submits all of the following:

a. A completed application for licensure by verification.

b. Payment of the appropriate fee or fees set forth in 481—Chapter 428.

c. A verification form completed by the transferring jurisdiction and sent directly from the transferring jurisdiction to the board, verifying that the applicant's license, certificate, or registration in that jurisdiction complies with the conditions set forth in Iowa Code section 272C.12.

d. Proof of residency in the state of Iowa or proof of military member's official permanent change of station. Proof of residency may include:

(1) A residential mortgage, lease, or rental agreement;

(2) A utility bill;

(3) A bank statement;

(4) A paycheck or pay stub;
(5) A property tax statement;
(6) A document issued by the federal or state government; or
(7) Any other board-approved document that reliably confirms Iowa residency.

e. Proof of passing the applicable Iowa licensing examination.

f. Documentation of the applicant's complete criminal record in accordance with 481—paragraph 429.5(4)*"c,"* including the applicant's personal statement regarding whether each offense directly relates to the practice of the profession.

g. Copies of any relevant disciplinary documents, if another issuing jurisdiction has taken disciplinary action against the applicant.

430.4(3) *Applicants with prior discipline.* If another issuing jurisdiction has taken disciplinary action against an applicant or if the applicant has a complaint, allegation, or investigation relating to unprofessional conduct pending before any regulating entity in another jurisdiction, the board will proceed according to Iowa Code section 272C.12(1)*"f"* and *"g."* A person whose license was revoked, or a person who voluntarily surrendered a license, in another issuing jurisdiction is ineligible for licensure by verification.

430.4(4) *Temporary licenses.* Applicants who satisfy all conditions for a license by verification under this rule, except for passing the applicable Iowa licensing examination, may be issued a temporary license in accordance with Iowa Code section 272C.12(3)*"c."* If the temporary license expires, the applicant may not practice until the applicant submits proof of passing the applicable Iowa licensing examination.

[**ARC 8001C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—430.5(105) Licensure by work experience in jurisdictions without licensure requirements.

430.5(1) *Work experience.*

a. An applicant for initial licensure who has relocated to Iowa from another jurisdiction that did not require a license to practice the profession may be eligible for an Iowa license if the applicant meets the conditions set forth in Iowa Code section 272C.13 and all other licensing criteria, including passing any necessary examinations. For each application submitted under this rule, the board will determine whether the applicant's prior work experience was substantially similar to the applicable apprenticeship training that is required for individuals licensed under 481—Chapter 429.

b. If the board determines an applicant's prior work experience was not substantially similar to the scope of practice in Iowa, the applicant may submit a subsequent application for licensure by work experience if all of the following criteria are satisfied:

(1) The applicant enrolls in an apprenticeship program approved by the United States Department of Labor;
(2) The applicant obtains a board-issued apprentice license; and
(3) The applicant successfully completes one year in the apprenticeship program.

430.5(2) *Necessary documentation.* An applicant seeking to substitute work experience in lieu of satisfying applicable education or training criteria bears the burden of providing all of the following by submitting relevant documents as part of a completed license application:

a. Proof of Iowa residency, which may include:
(1) A residential mortgage, lease, or rental agreement;
(2) A utility bill;
(3) A bank statement;
(4) A paycheck or pay stub;
(5) A property tax statement;
(6) A document issued by the federal or state government; or
(7) Any other board-approved document that reliably confirms Iowa residency.

b. Proof of three or more years of full-time work experience within the four years preceding the application for Iowa licensure, which demonstrates that the work experience was substantially similar to an applicable apprenticeship program approved by the United States Department of Labor. Proof of work experience may include, but is not limited to:

(1) A letter from the applicant's prior employer or employers documenting the applicant's dates of employment and scope of practice;

(2) A paycheck or pay stub; or

(3) If the applicant was self-employed, business documents filed with the secretary of state or other applicable business registry or regulatory agency in the other jurisdiction.

c. Proof that the applicant's work experience involved a substantially similar scope of practice to the practice in Iowa, which includes:

(1) A written statement by the applicant detailing the scope of practice and stating how the work experience correlates to an applicable apprenticeship program approved by the United States Department of Labor; and

(2) Business or marketing materials detailing the services provided.

d. Proof that the other jurisdiction did not require a license to practice the profession, which may include:

(1) Copies of applicable laws;

(2) Materials from a website operated by a governmental entity in that jurisdiction; or

(3) Materials from a nationally recognized professional association applicable to the profession.

[**ARC 8001C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code sections 105.21 and 272C.12.

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[Editorial change: IAC Supplement 4/2/25]

CHAPTER 431
PLUMBING AND MECHANICAL SYSTEMS BOARD—LICENSEE PRACTICE
[Prior to 4/2/25, see Public Health Department[641] Ch 23]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—431.1(105) Definitions. The definitions set forth in Iowa Code section 105.2 are incorporated herein by reference. For purposes of these rules, the following additional definitions apply:

"Inactive license" means a license that is available for a plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic professional who is not actively engaged in running a business or working in the business in the corresponding discipline at that license level. An inactive license must be renewed prior to its expiration date. An inactive license is not valid for practice until the license is reactivated by the board.

"Lapsed license" means a license that has expired. A lapsed license is no longer valid for practice.

"Licensee" means a person holding a license issued by the board, including an apprentice, journeyperson, or master license in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronics trades; a combined license; a special, restricted sublicense; or a medical gas certificate.

"Master of record" means an individual possessing an active master license under Iowa Code chapter 105 who shall be responsible for the proper designing, installing, and repairing of plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic systems and who is actively in charge of the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic work of a contractor.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.2(105) Duties of all licensees, specialty licensees, and certificate holders.

431.2(1) While conducting business or performing work covered under Iowa Code chapter 105, each licensee will keep a copy of the licensee's board-issued license on the licensee's person or in an easily retrievable area at the work site.

431.2(2) Each licensee will maintain a residential or business address on record with the board. In the event the licensee's residential or business address changes, the licensee will so notify the board.

431.2(3) Each licensee will apply for and obtain all applicable permits prior to performing any work covered under Iowa Code chapter 105 as may be mandated by any law, ordinance, or regulation of this state, or a political subdivision therein.

431.2(4) A licensee will present upon request a copy of the licensee's board-issued license issued under Iowa Code section 105.12(2).

431.2(5) A licensee possessing a lapsed license cannot operate as a contractor or work in the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic disciplines or work as a medical gas system installer or work in a specialty license discipline until the license is reinstated and renewed.

431.2(6) Each licensee will perform all Iowa Code chapter 105-covered work in conformity with the applicable professional code.

431.2(7) A licensee will not perform any Iowa Code chapter 105-covered work for which the licensee does not possess the requisite license.

431.2(8) A licensee will conform to the minimum standard of acceptable and prevailing practice and will exercise the degree of workmanlike care that is ordinarily exercised by the average licensee in the applicable trade acting in the same or similar circumstances.

431.2(9) A licensee who utilizes the services of an unlicensed person as a helper will be responsible for the work performed by the helper and shall ensure that such work conforms to the minimum standard of acceptable and prevailing practice.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.3(105) Contractor license. A contractor licensed under Iowa Code chapter 105 will adhere to the following, the violation of which may give rise to disciplinary action:

431.3(1) *Master license.* A contractor will not engage in the business of designing, installing, or repairing plumbing, mechanical, HVAC-refrigeration, or hydronic systems unless at all times the contractor holds or employs at least one person holding an active master license issued by the board for each

discipline in which the contractor conducts business. Without prior board approval, a contractor will not knowingly utilize a master licensee to meet this requirement if the master licensee is simultaneously associated with another contractor in that discipline.

a. Notwithstanding subrule 431.3(1), in the event a licensed master of record's employment with the contractor is terminated, or the master of record otherwise discontinues the master of record's relationship with the contractor, or the master of record's master license is lapsed, suspended, revoked, expired, or otherwise invalidated, the contractor may continue to provide plumbing, mechanical, HVAC-refrigeration, or hydronic systems services for a period of up to six months without identifying a new master of record.

b. To utilize the six-month grace period set forth in paragraph 431.3(1)*"a,"* a contractor will notify the board of the contractor's loss of the master of record within 30 days from the date the master of record is no longer associated with the contractor, absent exigent circumstances.

431.3(2) *Display of license.* A person holding a contractor license will keep the current license certificate publicly displayed in the primary place in which the person practices.

431.3(3) *Surety bond.* A person or entity holding a contractor license must maintain during the licensing period a surety bond issued by an entity licensed to do business in Iowa in a minimum amount of $5,000. If a person operates the contractor business as a sole proprietorship, the person must personally obtain and maintain the surety bond. If a person operates the contractor business as an employee or owner of a legal entity, the legal entity must obtain and maintain the surety bond, and the surety bond must cover all plumbing or mechanical work performed by the legal entity. The surety bond mandated under this subrule must contain a provision that requires the issuing entity to provide the board ten days' written notice before the surety bond can be canceled.

431.3(4) *Public liability insurance.* A person or entity holding a contractor license must maintain during the licensing period public liability insurance issued by an entity licensed to do business in Iowa in a minimum amount of $500,000. If a person operates the contractor business as a sole proprietorship, the person must personally obtain and maintain the public liability insurance. If a person operates the contractor business as an employee or owner of a legal entity, the legal entity must obtain and maintain the public liability insurance, and the public liability insurance must cover all plumbing and mechanical work performed by the legal entity. The public liability insurance mandated under this subrule must contain a provision that requires the issuing entity to provide the board ten days' written notice before the public liability insurance can be canceled.

431.3(5) *Contractor registration with the department.* A contractor will maintain registration as a contractor with the director pursuant to Iowa Code chapter 91C by providing the board with the necessary information.

431.3(6) *Permanent place of business.* A contractor will maintain a permanent place of business, the address of which will be provided to the board. If a contractor changes the permanent place of business, the contractor will provide the board the new address within 30 days of the change.

431.3(7) *Licensure.* A contractor will not knowingly allow an employee to perform work covered under Iowa Code chapter 105 without the applicable license.

431.3(8) *Supervision.* A contractor will not knowingly allow an apprentice employed by the contractor to perform work covered under Iowa Code chapter 105 without supervision of the apprentice by a master or journeyperson who is also employed by the contractor and who is licensed in the discipline in which the apprentice is performing such work.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.4(105) Master license. A master licensed under Iowa Code chapter 105 will adhere to the following, the violation of which may give rise to disciplinary action:

431.4(1) *Contractor relationship.* A master may only be a master of record for one contractor in any particular discipline at any one time, except that a contractor or a master may seek prior board approval to serve as the master of record for more than one contractor in a particular discipline. An individual who possesses master licenses in multiple disciplines may be a master of record for multiple contractors so long as the individual is only a master of record for one contractor in any particular discipline at one time.

431.4(2) *Contractor.* A master will not knowingly perform work covered under Iowa Code chapter 105 for an unlicensed contractor.

431.4(3) *Supervision.* A master who superintends the design, installation, or repair of plumbing, mechanical, HVAC-refrigeration, or hydronic systems will be available to supervise journeypersons or apprentices as needed and may only provide such supervision in the discipline or disciplines in which the master is licensed. A master will not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

431.4(4) *Master of record.* A master who serves as a master of record for a contractor and who disassociates from the contractor will notify the board and the contractor of the disassociation, if notice was not previously provided, within 30 days from the date of disassociation, absent exigent circumstances.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.5(105) Journeyperson license. A journeyperson licensed under Iowa Code chapter 105 will adhere to the following, the violation of which may give rise to disciplinary action:

431.5(1) *Working under supervision.* A journeyperson will work under the supervision of a master licensed in the discipline of the work being performed in the design, installation, and repair of plumbing, mechanical, HVAC-refrigeration, or hydronic systems.

431.5(2) *Contractor.* A journeyperson will not knowingly perform work covered under Iowa Code chapter 105 for an unlicensed contractor.

431.5(3) *Supervision.* A journeyperson who superintends one or more apprentices may only provide such supervision in the discipline(s) in which the journeyperson is licensed and only while performing work for the same contractor licensed under Iowa Code chapter 105. A journeyperson shall not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.6(105) Apprentice license. An apprentice licensed under Iowa Code chapter 105 will adhere to the following mandates, the violation of which may give rise to disciplinary action:

431.6(1) *Working under supervision.* An apprentice may only perform work covered under Iowa Code chapter 105 under the supervision of a master or journeyperson.

431.6(2) *Contractor.* An apprentice will not knowingly perform work covered under Iowa Code chapter 105 for an unlicensed contractor.

431.6(3) *Dual licensure as an apprentice barred.* A licensee cannot simultaneously possess both an active apprentice license and an active specialty license.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.7(105) Specialty licenses and certifications.

431.7(1) *Medical gas certification.*

a. A person who possesses a medical gas certification and who performs medical gas brazing will maintain the person's brazing continuity.

b. A person who possesses a medical gas certification will maintain the person's valid certification issued from the National Inspection Testing Certification Corporation (NITC) or an equivalent authority approved by the board.

431.7(2) *Hearth systems specialty license.*

a. A person who possesses a hearth systems specialty license will maintain the person's valid certification issued from the National Fireplace Institute or equivalent authority approved by the board.

b. A hearth systems specialty license allows a licensee to perform work in the installation of gas burning and solid fuel appliances that offer a decorative view of the flames, from the connector pipe to the shutoff valve located within three feet of the appliance. A hearth systems specialty license further allows for work in the venting systems associated with a hearth appliance, log lighters, gas log sets, fireplace inserts, and freestanding stoves. A hearth systems specialty license does not allow a licensee to install a shutoff valve or perform any other mechanical or HVAC-refrigeration work.

c. A person possessing a hearth systems specialty license will not perform Iowa Code chapter 105-covered work beyond the limited scope of the person's specialty license, and will not perform work

within the limited scope of the person's specialty license unless the person can conform to the minimum standard of acceptable and prevailing practice of a licensee performing such work.

431.7(3) *Service technician HVAC specialty license.*

a. A licensee who holds a service technician HVAC specialty license by demonstrating the licensee possesses a valid certification from North American Technician Excellence, Inc. or an equivalent authority approved by the board will maintain valid certification from North American Technician Excellence, Inc. or an equivalent authority approved by the board.

b. A service technician HVAC specialty license allows a licensee to perform work from the appliance shutoff valve to the appliance and any part and component of the appliance, including the disconnection and reconnection of the existing appliance to the gas piping and the installation of a shutoff valve no more than three feet from the appliance. A service technician HVAC specialty license does not allow a licensee to perform any other mechanical or HVAC-refrigeration work.

c. A person possessing a service technician HVAC specialty license will not perform Iowa Code chapter 105-covered work beyond the limited scope of the person's specialty license, and will not perform work within the limited scope of the person's specialty license unless the person can conform to the minimum standard of acceptable and prevailing practice of a licensee performing such work.

431.7(4) *Disconnect/reconnect plumbing technician specialty license.*

a. A disconnect/reconnect plumbing technician specialty license allows a licensee to perform work from the appliance shutoff valve or the fixture shutoff valve to the appliance or fixture and any part or component of the appliance or fixture, including the disconnection and reconnection of the existing appliance or fixture to the water or sewer piping and the installation of a shutoff valve no more than three feet from the appliance or fixture. A disconnect/reconnect plumbing technician specialty license does not allow a licensee to perform any other plumbing work.

b. A person possessing a disconnect/reconnect plumbing technician specialty license will not perform Iowa Code chapter 105-covered work beyond the limited scope of the person's specialty license, and will not perform work within the limited scope of the person's specialty license unless the person can conform to the minimum standard of acceptable and prevailing practice of a licensee performing such work.

431.7(5) *Private school or college routine maintenance specialty license.*

a. A private school or college routine maintenance specialty license allows a licensee to perform routine maintenance within the scope of the licensee's employment with a private school or college. For purposes of this subrule, "routine maintenance" means the maintenance, repair, or replacement of existing fixtures or parts of plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic systems in which no changes in original design are made. Fixtures or parts do not include smoke and fire dampers or water, gas, or steam piping permanent repairs except for traps and strainers. Routine maintenance includes emergency repairs. Routine maintenance does not include the replacement of furnaces, boilers, cooling appliances, or water heaters more than 100 gallons in size.

b. A person possessing a private school or college routine maintenance specialty license will not perform Iowa Code chapter 105-covered work beyond the limited scope of the person's specialty license, and will not perform work within the limited scope of the person's specialty license unless the person can conform to the minimum standard of acceptable and prevailing practice of a licensee performing such work.

431.7(6) *Dual licensure as an apprentice prohibited.* A licensee cannot simultaneously possess both an active apprentice license and an active specialty license.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—431.8(105) Inactive license.

431.8(1) A person possessing an inactive license under 481—subrule 429.2(6) will not perform any plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic work for which licensure is mandated so long as the person's license is held in inactive status.

431.8(2) A person possessing an active journeyperson/inactive master license under 481—subrule 429.2(5) will not perform any plumbing, mechanical, HVAC-refrigeration, or hydronic work for which a master license is mandated so long as the person's master license is held in inactive status.

431.8(3) Inactive specialty license.

a. A person possessing an active specialty license under rule 481—431.7(105) will submit a written request to place the specialty license on inactive status in order to obtain an active apprentice license. The licensee will acknowledge that the licensee is unable to perform any work covered under Iowa Code chapter 105 outside of the apprenticeship program.

b. Notwithstanding 481—subrule 428.1(3), a person possessing both an inactive specialty license and an active apprentice license need not pay a renewal fee for the inactive specialty license so long as the person remains actively licensed as an apprentice.

c. Notwithstanding 481—subrule 432.2(2), a person possessing an inactive specialty license and an active apprentice license need not obtain any continuing education hours for renewal so long as the person remains actively licensed as an apprentice.

d. A person possessing both an inactive specialty license and an active apprentice license may surrender the apprentice license and reactivate the specialty license upon written request and payment of the fee for an active specialty license in the amount specified in 481—Chapter 428.

[**ARC 7992C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapter 105.

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[Editorial change: IAC Supplement 4/2/25]

CHAPTER 432
CONTINUING EDUCATION FOR PLUMBING AND MECHANICAL SYSTEMS PROFESSIONALS
[Prior to 4/2/25, see Public Health Department[641] Ch 30]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—432.1(105) Definitions. The definitions set forth in Iowa Code section 105.2 are incorporated herein by reference. For the purpose of these rules, the following definitions apply:

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

"Compliance review" means the selection by the board of licensees for verification of satisfactory completion of continuing education requirements during a specified continuing education compliance period.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Continuing education compliance period" means the period between renewals during which a licensee must obtain the requisite amount of continuing education in order to renew the licensee's license.

"Hour of continuing education" means at least 50 minutes spent in one sitting by a licensee in actual attendance at and in completion of an approved continuing education activity.

"Iowa mechanical code" means the most current version of the International Mechanical Code, as adopted and amended by the board.

"Iowa plumbing code" means the most current version of the Uniform Plumbing Code, as adopted and amended by the board.

"License" means a license to practice pursuant to Iowa Code chapter 105.

"Licensee" means any person licensed to work in a specific discipline covered under Iowa Code chapter 105.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.2(105) Continuing education requirements.

432.2(1) The continuing education compliance period begins on the license issue date and ends on the license expiration date.

432.2(2) During each continuing education compliance period, each active or inactive master and journeyperson licensee shall obtain the following continuing education:

a. Safety education. Two hours of continuing education in the content area of the Iowa occupational safety and health Act if holding a single license and four hours if holding multiple licenses.

b. Code education.

(1) Two hours of continuing education in the content area of the Iowa mechanical code if holding one or more licenses or sublicenses in a mechanical discipline.

(2) Two hours of continuing education in the content area of the Iowa plumbing code if holding a plumbing license or sublicense.

c. Discipline education.

(1) Four hours of continuing education in the discipline in which the licensee holds a license if the licensee holds a single plumbing license or sublicense, or a single license or sublicense in a mechanical discipline.

(2) Eight hours of continuing education in the relevant disciplines if holding multiple licenses or sublicenses.

d. Private school or college maintenance specialty license. For the purposes of this subrule, a private school or college routine maintenance specialty license is considered to be a sublicense of whatever discipline(s) in which the licensee actually practices.

e. An individual possessing one or more inactive special restricted licenses under 481—subrule 431.8(3) does not have to complete any continuing education hours for the special restricted license so long as the person remains actively licensed as an apprentice.

432.2(3) For up to one-half of board-approved continuing education mandated by subrule 432.2(2), each continuing education compliance period may be obtained through completion of computer-based, including online, continuing education programs/activities approved by the board.

432.2(4) It is each licensee's responsibility to maintain a record of all continuing education courses attended and retain proof of compliance with the continuing education requirements. Licensees may attend a continuing education course more than once during a continuing education compliance period. However, licensees who attend a course more than once cannot count the approved hours for that course toward the applicable continuing education requirement more than once during the continuing education compliance period.

432.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

432.2(6) A licensee who is a presenter of a board-approved continuing education program may receive credit once per continuing education compliance period for the presentation of the program. The licensee may receive the same number of hours granted the attendees.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.3(105) Continuing education programs/activities.

432.3(1) *Standards for continuing education programs/activities.* A program/activity is appropriate for continuing education credit if the program/activity meets all of the following criteria:

a. Is board-approved;

b. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

c. Pertains to subject matters that integrally relate to the practice of the discipline;

d. Is conducted by individuals who have obtained board approval as set forth in subrule 432.4(1). This criterion is not needed for computer-based continuing education programs/activities conducted pursuant to subrule 432.2(3);

e. Fulfills stated program goals, objectives, or both; and

f. Covers product knowledge, methods, and systems of one or more of the following:

(1) The theory and technique for a specific discipline;

(2) The current Iowa plumbing code, Iowa mechanical code, or both;

(3) The standards comprising the current Iowa occupational safety and health Act.

432.3(2) *Board approval.* Board approval for specific programs/activities under paragraph 432.3(1) *"a"* will be valid for three years.

432.3(3) *Procedure and standards for board approval of continuing education programs/activities.*

a. For non-computer-based continuing education programs/activities, an individual or entity seeking board approval shall:

(1) File an application in the form prescribed by the board without alteration at least 60 days prior to the first scheduled course date;

(2) Attach a copy of the course or activity outline or syllabus that, at a minimum, specifically identifies the course content and a breakdown of the student contact hours; and

(3) Attach a schedule of courses, if known, indicating the course's or activity's proposed scheduled locations, dates, and times.

b. For computer-based continuing education programs/activities, an individual or entity seeking board approval shall:

(1) File an application in the form prescribed by the board without alteration;

(2) Attach a copy of the course or activity outline or syllabus that, at a minimum, specifically identifies the course content and a breakdown of the student contact hours;

(3) Attach a schedule of courses, if known, indicating the course's or activity's proposed scheduled locations, dates, and times;

(4) Provide a brief summary of the training product;

(5) Provide a copy of the visual aids, or other materials included with the course or activity; and

(6) Provide the names, contact information, and qualifications or résumés of the training designers.

432.3(4) *Board member attendance.* With board approval, board members may attend any board-approved continuing education program/activity for purposes of determining whether the continuing education program/activity complies with these rules. In the event a board member attends a board-approved continuing education program/activity with the purpose of determining whether the continuing education program/activity complies with these rules, the board member cannot receive any continuing education credit for those hours in attendance.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.4(105) Course instructor(s).

432.4(1) *Procedure and standards for board approval of instructors.* An individual seeking board approval to instruct continuing education programs/activities will:

a. File an application in the form prescribed by the board without alteration;

b. Attach copies of documents, licenses, degrees, and other materials demonstrating compliance with the requirements for the type of continuing education program/activity as set forth below.

(1) If seeking approval to instruct in the content area of the Iowa occupational safety and health Act, an individual must either possess and maintain a current Iowa occupational safety and health Act 500, 501, 502, or 503 card or completion certificate, or both, or possess a current train-the-trainer or instructor card or other certification or safety-related degree or diploma issued by the American Heart Association, American Red Cross, Health and Safety Institute, National Safety Council, Board of Certified Safety Professionals, or board-approved equivalent.

(2) If seeking approval to instruct in the content area of the Iowa plumbing code or Iowa mechanical code, or both, an individual must:

1. Possess a current license issued by the board at the journey or master level in the applicable discipline under that code,
2. Possess a current license as a professional engineer under Iowa Code chapter 542B,
3. Present evidence of having taught at least eight contact hours in the applicable code within the last three years,
4. Possess a current inspector or plans examiner certificate issued by a code body in the discipline, or
5. Demonstrate equivalent specialized education or training.

(3) If seeking approval to instruct in the content area of a practice discipline, an individual must:

1. Possess a current license issued by the board at the journey or master level in the applicable discipline,
2. Possess a current license as a professional engineer under Iowa Code chapter 542B,
3. Provide evidence of employment as a product representative with manufacturer training,
4. Present evidence of having taught at least eight contact hours in the applicable discipline within the last year, or
5. Demonstrate equivalent specialized education or training.

432.4(2) *Board approval.* Board approval for an instructor under subrule 432.4(1) will be valid for three years.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.5(105) Compliance review of continuing education requirements. The board may conduct a review of a licensee's license renewal application to determine compliance with continuing education requirements.

432.5(1) Upon board request, the licensee must submit to the board an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor or course instructor containing the course title, date(s), contact hours, sponsor's name, and licensee's name. In some instances, licensees will be requested to provide to the board additional information including, but not limited to, program content, objectives, presenters, location, and schedule. An inclusive brochure may be acceptable.

432.5(2) A licensee must submit all information set forth in subrule 432.5(1) within 30 calendar days following the board's request. The board may grant extensions on an individual basis.

432.5(3) If the submitted materials are incomplete or unsatisfactory and the board determines that the deficiency was the result of good faith conduct on the part of the licensee, the licensee may be given the opportunity to submit make-up credit to cover the deficit found through the audit. A licensee must complete the continuing education hours and submit documentation establishing completion of the required make-up continuing education hours to the board within 120 calendar days from the date of the board's finding of good-faith conduct.

432.5(4) A licensee's failure to provide the board with an accurate mailing address is not an excuse for noncompliance with this rule.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.6(105) Continuing education exemptions.

432.6(1) *Automatic exemptions.* A licensee will be exempt from the continuing education requirement during the continuing education compliance period when that person:

a. Served honorably on active duty in the military service;

b. Resided in another state or district having continuing education requirements for the discipline and met all mandates of that state or district for practice therein;

c. Was a government employee working in the licensee's specialty and assigned to duty outside the United States;

d. Was absent from the state but engaged in active practice under circumstances that are approved by the board;

e. Obtained a journeyperson license by examination provided that the licensee maintains the same renewal date as the licensee's apprentice license. This automatic exemption only applies to the licensee's first renewal of the journeyperson license;

f. Obtained a specialty, journeyperson, or master license with less than one year remaining in the continuing education compliance period. This exemption applies only to the licensee's first renewal of that license and only to each license that was issued with less than one year remaining in the continuing education compliance period; or

g. Possesses an inactive specialty license under 481—subrule 431.8(3) and is also actively licensed as an apprentice.

432.6(2) *Permissive exemptions.* The board may, in cases involving exceptional hardship or extenuating circumstances, grant an exemption from some or all of the continuing education requirements.

a. A licensee seeking a permissive exemption will apply to the board, in such form as the board may prescribe.

b. A licensee seeking a permissive exemption will provide all such documentary evidence as the board may request to establish the exceptional hardship or extenuating circumstances.

c. In the event a licensee claims a physical or mental disability or illness, the board may request information from a licensed health care professional who can attest to the existence of any such disability or illness.

d. A licensee who applies for a permissive exemption will be notified in writing of the board's decision.

e. In granting an exemption, the board may impose any such additional conditions on the exemption including but not limited to the requirement that the licensee make up a portion of the continuing education requirements.

f. In lieu of granting a full or partial exemption, the board may grant the licensee an extension of time in which to complete the continuing education requirements.

g. The granting of an exemption will not keep a licensee from seeking, or the board from granting, an exemption in a subsequent biennial continuing education compliance period(s).

h. Permissive exemptions will only be granted in the most exceptional and extraordinary of circumstances.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.7(105) Continuing education extensions. The board may, in individual cases involving hardship or extenuating circumstances, grant an extension of time within which to fulfill the minimum

continuing education requirements if the request for extension is made prior to the license expiration date. Hardship or extenuating circumstances include documented circumstances beyond the control of the licensee that prevent attendance at necessary activities.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—432.8(105) Continuing education reporting requirements.

432.8(1) *Non-computer-based continuing education programs/activities.* For non-computer-based continuing education programs/activities, at the conclusion of each continuing education course, the course instructor will:

a. Inform each attending licensee that a survey of the course and instructor may be completed and submitted by the licensee to the board through either a board-approved written or online evaluation form.

b. Provide a certificate of completion to each licensee who attends the course. The certificate of completion will include the following information:

(1) The licensee's full name and board-issued license number;
(2) The course name or title;
(3) The board-approved course identification number;
(4) The date of the course;
(5) The number of program contact hours;
(6) The instructor's full name and board-approved identification number; and
(7) The instructor's signature.

c. Submit to the board a typed or electronic course completion roster within 30 days following the completion of the course. The course completion roster will contain the following information:

(1) The full name and board-issued license number of each attending licensee;
(2) The course name or title;
(3) The board-approved course identification number;
(4) The date of the course;
(5) The location of the course;
(6) The number of program contact hours;
(7) The instructor's full name and board-approved identification number; and
(8) The instructor's signature.

432.8(2) *Computer-based continuing education programs/activities.* For computer-based continuing education programs/activities under subrule 432.2(3), at the conclusion of each computer-based continuing education course, the person authorized to monitor and verify attendance/course completion will:

a. Provide a certificate of completion to each licensee who completes the course. The certificate of completion will include the following information:

(1) The licensee's full name and board-issued license number;
(2) The course name or title;
(3) The board-approved course identification number;
(4) The date the course was completed; and
(5) The number of program contact hours.

b. Submit to the board a typed or electronic course completion roster within 30 days following a licensee's completion of a computer-based continuing education course. The course completion roster will contain the following information:

(1) The full name and board-issued license number of each attending licensee;
(2) The course name or title;
(3) The board-approved course identification number;
(4) The date of the course;
(5) The location of the course; and
(6) The number of program contact hours.

[**ARC 7996C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapters 105 and 272C.

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[Editorial change: IAC Supplement 4/2/25]

CHAPTER 433
PLUMBING AND MECHANICAL SYSTEMS BOARD—COMPLAINTS AND INVESTIGATIONS

[Prior to 4/2/25, see Public Health Department[641] Ch 34]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—433.1(272C) Complaints.

433.1(1) Complaints can be submitted online, in writing, or verbally and should include the name and contact information of the complainant, the name of the licensee, and a concise statement of the allegations against the licensee. A complaint may also be initiated by the board.

433.1(2) A person is not civilly liable for filing a complaint in good faith with the board, or for cooperating with a board investigation per Iowa Code section 272C.8.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.2(272C) Report of malpractice claims or actions or disciplinary actions. The licensee will submit any judgment or settlement in a malpractice claim or any disciplinary action taken by another licensing authority in another state or jurisdiction to the board within 30 days of the date of occurrence.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.3(272C) Report of acts or omissions. A licensee having knowledge of rules violations committed by another licensee will file a report to the board. The report will include the name and contact information of the licensee and the date, time, and place of the incident.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.4(272C) Investigation of complaints or reports. Board staff may request additional information, solicit a response from the licensee, subpoena records, conduct interviews, gather evidence, and perform other investigatory duties as necessary to inform the board.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.5(17A,272C) Issuance of investigatory subpoenas.

433.5(1) The board executive officer or designee may, upon the written request of a board investigator or on the executive officer's own initiative, subpoena books, papers, records, and other real evidence that are necessary for the board to decide whether to initiate a contested case proceeding. In the case of a subpoena for mental health records, each of the following conditions shall be satisfied prior to the issuance of the subpoena:

a. The nature of the complaint reasonably justifies the issuance of a subpoena;

b. Adequate safeguards have been established to prevent unauthorized disclosure;

c. An express statutory mandate, articulated public policy, or other recognizable public interest favors access; and

d. An attempt was made to notify the patient and to secure an authorization from the patient for release of the records at issue.

433.5(2) Each subpoena will contain:

a. The name and address of the person to whom the subpoena is directed;

b. A description of the books, papers, records or other real evidence requested;

c. The date, time and location for production or inspection and copying;

d. The deadline for filing a motion to quash or modify the subpoena;

e. The signature, address and telephone number of the board executive officer or designee;

f. The date of issuance;

g. A return of service.

433.5(3) A person can challenge the subpoena by filing a motion to quash describing the legal justification for the motion within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days.

433.5(4) Upon receipt of a timely motion to quash or modify a subpoena, an administrative law judge will issue a decision. The administrative law judge may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

433.5(5) A person who is aggrieved by a ruling of an administrative law judge and who desires to challenge that ruling must appeal the ruling to the board by serving the board executive officer, either in person, by email, or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.

433.5(6) If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either (1) the person is notified the investigation has been concluded with no formal action, or (2) there is a final decision in the contested case.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.6(272C) Peer review.

433.6(1) A complaint may be assigned to a peer reviewer for review and report to the board.

433.6(2) The board determines what complaints or other matters are referred to a peer reviewer.

433.6(3) Peer reviewers are not liable for acts, omissions, or decisions made in connection with service made in good faith.

433.6(4) The peer reviewer shall maintain confidentiality pursuant to Iowa Code section 272C.6.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—433.7(17A) Appearance. The board may request that a licensee appear before a committee of the board to discuss a pending investigation. By electing to participate in the committee appearance, the licensee waives any objection to a board member both participating in the appearance and later participating as a decision maker in a contested case proceeding. By electing to participate in the committee appearance, the licensee further waives any objection to the board executive officer assisting the board in the contested case proceeding.

[**ARC 8000C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapters 17A, 105, and 272C.

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[Editorial change: IAC Supplement 4/2/25]

CHAPTER 434
PLUMBING AND MECHANICAL SYSTEMS BOARD—LICENSEE DISCIPLINE
[Prior to 4/2/25, see Public Health Department[641] Ch 32]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—434.1(105,272C) Definitions. The definitions set forth in Iowa Code section 105.2 are incorporated herein by reference. For purposes of this chapter, the following definitions also apply:

"Conviction" means the same as defined in 481—Chapter 429.

"Directly relates" or *"directly related"* means the same as Iowa Code section 272C.1(8)*"a"* and *"b."*

"Discipline" means any sanction the board may impose upon licensees.

"Disqualifying conviction" or *"disqualifying offense"* means the same as in 481—Chapter 429.

"Lapsed license" means a license that has expired. A lapsed license is no longer valid for practice.

"Licensee" means any person licensed to practice pursuant to Iowa Code chapter 105.

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—434.2(105,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in rule 481—434.3(105,272C) when the board determines that the licensee is guilty of any of the following acts or offenses:

434.2(1) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice in this state, which includes the following:

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

b. Attempting to file or filing with the board or the department of inspections, appeals, and licensing any false or forged diploma, certificate, affidavit, identification or qualification in making an application for a license in this state.

434.2(2) Professional incompetence. Professional incompetence includes but is not limited to:

a. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the applicable licensed trade.

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by others licensed in the applicable trade in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average licensee in the applicable trade acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of a licensee in the applicable trade in this state.

e. Inability to practice in the trade with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition.

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

434.2(3) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

434.2(4) Habitual intoxication or addiction to the use of drugs.

434.2(5) Conviction of a disqualifying offense in the courts of this state or another state, territory, or country. A file-stamped copy of the final order or judgment or conviction or plea of guilty in this state or another state, territory, or country constitutes conclusive evidence of the conviction.

434.2(6) Fraud in representations as to skill or ability.

434.2(7) Use of untruthful or improbable statements in advertisements.

434.2(8) Willful or repeated violations of Iowa Code chapter 105 or 272C.

434.2(9) Violation of a board rule.

434.2(10) Nonpayment of a state debt as evidenced by a certificate of noncompliance issued pursuant to Iowa Code chapter 272D and 481—Chapter 8.

434.2(11) Permitting another person to use the licensee's wall certificate, wallet card, or license number for any purpose.

434.2(12) Failure to timely submit the requested materials in response to a compliance review conducted pursuant to rule 481—432.5(105).

434.2(13) Failure to meet the continuing education requirements for licensure.

434.2(14) Submission of a false report of continuing education.

434.2(15) Failure to pay any outstanding fees or costs owed to the board.

434.2(16) Acceptance of any fee by fraud or misrepresentation.

434.2(17) Negligence by the licensee in the practice of the trade. Negligence by the licensee in the practice of the trade includes a failure to exercise due care, including negligent delegation of duties or supervision of employees or other individuals, whether or not injury results; or any conduct, practice, or conditions that impair the ability to safely and skillfully practice the trade.

434.2(18) Violation of a law, ordinance, or regulation of this state, or a political subdivision therein, another state, or the United States, which relates to the practice of the profession.

434.2(19) Revocation, suspension, or other disciplinary action taken by a licensing authority of this state, another state, territory, or country; or failure by the licensee to report in writing to the board revocation, suspension, or other disciplinary action taken by a licensing authority within 30 days of the final action. A stay by an appellate court does not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, the report will be expunged from the records of the board.

434.2(20) Failure of a licensee or an applicant for licensure in this state to report any voluntary agreements restricting the practice in the trade in another state, district, territory, or country.

434.2(21) Failure to notify the board of a criminal conviction within 30 days of the action, regardless of the jurisdiction where it occurred.

434.2(22) Failure to notify the board within 30 days after the occurrence of any judgment entered on or settlement of a claim or action related to the profession.

434.2(23) Engaging in any conduct that subverts or attempts to subvert a board investigation.

434.2(24) Failure to comply with a subpoena issued by the board or otherwise fail to cooperate with an investigation of the board.

434.2(25) Failure to comply with the terms of a board order or the terms of a settlement agreement or consent order.

434.2(26) Failure to report another licensee to the board for any violations listed in these rules, pursuant to Iowa Code section 272C.9.

434.2(27) Knowingly aiding, assisting, procuring, or advising a person to unlawfully practice a trade included in Iowa Code chapter 105.

434.2(28) Failure to report a change in name or address within 30 days after it occurs.

434.2(29) Representing oneself as a licensed tradesperson when one's license has been suspended or revoked or when the license is on inactive status.

434.2(30) Permitting another person to use the licensee's license for any purpose.

434.2(31) Permitting an unlicensed employee or person under the licensee's control to perform activities necessitating a license.

434.2(32) Failure to apply and obtain a permit prior to performing work, if mandated by the state or a political subdivision therein.

434.2(33) Failure to pay all inspection fees, if required by the state or a political subdivision therein.

434.2(34) Failure to pay a permit fee, if required by the state or a political subdivision therein.

434.2(35) Practice outside the scope of the license, which includes but is not limited to:

a. Practicing as a journeyperson without the supervision of a master.

b. Practicing in a trade for which the licensee does not hold a board-issued license.

c. Contracting for plumbing or mechanical work in the state of Iowa without a board-issued contractor license.

434.2(36) Practicing on a lapsed license.

434.2(37) Practicing as a contractor without valid bonding or insurance, as mandated by Iowa Code section 105.19.

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—434.3(105,272C) Method of discipline. The board has the authority to impose the following disciplinary sanctions:

1. Revocation of license.
2. Suspension of license until further order of the board or for a specific period.
3. Prohibit permanently, until further order of the board or for a specific period, the licensee's engaging in specified procedures, methods, or acts.
4. Probation.
5. Mandate additional education or training.
6. Mandate a reexamination.
7. Order a physical or mental evaluation, or order alcohol and drug screening within a time specified by the board.
8. Impose civil penalties not to exceed $5,000.
9. Issue a citation and warning.
10. Such other sanctions allowed by law as may be appropriate.

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—434.4(272C) Discretion of board. The following factors may be considered by the board in determining the nature and severity of the disciplinary sanction to be imposed:

1. The relative serious nature of the violation as it relates to ensuring a high standard of professional care to the citizens of this state;
2. The facts of the particular violation;
3. Any extenuating facts or other countervailing considerations;
4. The number of prior violations or complaints;
5. The seriousness of prior violations or complaints;
6. Whether remedial action has been taken; and
7. Such other factors as may reflect upon the competency, ethical standards, and professional conduct of the licensee.

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25]

481—434.5(105) Civil penalties—unlicensed penalties. The board may impose civil penalties by order against a person who is not licensed by the board based on the unlawful practices specified in Iowa Code section 105.27(1). In addition to the procedures set forth in Iowa Code chapters 105 and 272C, this chapter applies.

434.5(1) *Unlawful practices.* Practices by an unlicensed person which are subject to civil penalties include, but are not limited to:

a. Acts or practices by unlicensed persons which necessitate licensure to install or repair plumbing, mechanical, HVAC, refrigeration, sheet metal, or hydronic systems under Iowa Code chapter 105.

b. Acts or practices by unlicensed persons which necessitate certification to install or repair medical gas piping systems under Iowa Code chapter 105.

c. Engaging in the business of designing, installing, or repairing plumbing, mechanical, HVAC, refrigeration, sheet metal, or hydronic systems without employing a licensed master.

d. Providing plumbing, mechanical, HVAC, refrigeration, sheet metal, or hydronic systems services on a contractual basis.

e. Use or attempted use of a licensee's certificate or wallet card or use or attempted use of an expired, suspended, revoked, or nonexistent certificate.

f. Falsely impersonating a person licensed under Iowa Code chapter 105.

g. Providing false or forged evidence of any kind to the board in obtaining or attempting to obtain a license.

h. Other violations of Iowa Code chapter 105.

i. Knowingly aiding or abetting an unlicensed person or establishment in any activity identified in this rule.

434.5(2) *Investigations.* The board is authorized by Iowa Code section 17A.13(1) and chapters 105 and 272C to conduct such investigations as are needed to determine whether grounds exist to impose civil penalties against a nonlicensee. Complaint and investigatory files concerning nonlicensees are not confidential except as may be provided in Iowa Code chapter 22.

434.5(3) *Subpoenas.* Pursuant to Iowa Code section 17A.13(1) and chapter 105, the board is authorized in connection with an investigation of an unlicensed person to issue subpoenas to compel persons to testify and to compel persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, which the board deems necessary as evidence in connection with the civil penalty proceeding or relevant to the decision of whether to initiate a civil penalty proceeding. Board procedures concerning investigative subpoenas are set forth in rule 481—503.5(17A,272C).

434.5(4) *Notice of intent to impose civil penalties.* Notice of the board's intent to order compliance with Iowa Code chapter 105 and impose a civil penalty will be served upon the nonlicensee by restricted certified mail, return receipt requested, or by personal service in accordance with Iowa Rule of Civil Procedure 1.305. Alternatively, the nonlicensee may accept service personally or through authorized counsel. The notice will include the following:

a. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.

b. Reference to the particular sections of the statutes and rules involved.

c. A short, plain statement of the alleged unlawful practices.

d. The dollar amount of the proposed civil penalty and the nature of the intended order.

e. Notice of the nonlicensee's right to a hearing and the time frame in which the hearing must be requested.

f. The address to which written request for hearing must be made.

434.5(5) *Requests for hearings.*

a. Nonlicensees must request a hearing within 30 days of the date the notice is received if served through restricted certified mail, or within 30 days of the date of service if service is accepted or made in accordance with Iowa Rule of Civil Procedure 1.305. A request for hearing must be in writing and is deemed made on the date of the nonmetered United States Postal Service postmark or the date of personal service.

b. If a request for hearing is not timely made, or if the nonlicensee waives in writing the right to hearing and agrees to pay the penalty, the board chairperson, the chairperson's designee, or the board executive may issue an order imposing the civil penalty and requiring compliance with Iowa Code chapter 105, as described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose a civil penalty.

c. If a request for hearing is timely made, the board will issue a notice of hearing and conduct a hearing in the same manner as applicable to disciplinary cases against licensees.

d. Subsequent to the issuance of a notice of hearing under this subrule, the settlement agreement provisions of rule 481—506.35(17A,272C) apply.

e. The notice of intent to issue an order and the order are public records pursuant to Iowa Code chapter 22. Copies may be published. Hearings are open to the public.

434.5(6) *Factors for board consideration.* The board may consider the following when determining the amount of civil penalty to impose, if any:

a. Whether the amount imposed will be a substantial economic deterrent to the violation.

b. The circumstances leading to or resulting in the violation.

c. The severity of the violation and the risk of harm to the public.

d. The economic benefits gained by the violator as a result of noncompliance.

e. The welfare or best interest of the public.

434.5(7) *Enforcement options.* In addition, or as an alternative, to the administrative process described in these rules, the board may seek an injunction in district court, refer the matter for criminal prosecution, or enter into a consent agreement.

434.5(8) *Judicial review.*

a. A person aggrieved by the imposition of a civil penalty under this rule may seek a judicial review in accordance with Iowa Code section 17A.19.

b. The board will notify the attorney general of the failure to pay a civil penalty within 30 days after entry of an order or within 10 days following final judgment in favor of the board if an order has been stayed pending appeal.

c. The attorney general may commence an action to recover the amount of the penalty, including reasonable attorney fees and costs.

d. An action to enforce an order under this rule may be joined with an action for an injunction pursuant to Iowa Code section 105.27(4).

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—434.6(105,272C) Collection of delinquent civil penalties and discipline-related debts.

434.6(1) The board may participate in an income setoff program administered by the department of revenue in accordance with Iowa Code section 421.65 and rules promulgated thereunder.

434.6(2) Definitions. For purposes of this rule, the following definitions apply:

"Debtor" means any person who owes a debt to the board as a result of a proceeding in which notice and opportunity to be heard was afforded.

"Income offset program" means the program established in Iowa Code section 421.65 and any rules promulgated thereunder through which the department of revenue coordinates with state agencies to satisfy liabilities owed to those state agencies.

434.6(3) The board office may provide the department of administrative services a liability file containing pertinent information for the identification of the debtor and liability, including if the status of a debt changes due to payment of the debt, invalidation of the liability, alternate payment arrangements with the debtor, bankruptcy, or other factors.

434.6(4) Due diligence.

a. Before submitting debtor information to the outstanding liability file, the board office will make a good faith attempt to collect from the debtor. Such attempt will include at least all of the following:

(1) A telephone call requesting payment.

(2) An initial letter to the debtor's last discernible address requesting payment within 15 days.

(3) A second letter to the debtor's last discernible address requesting payment within ten days.

b. The board office will document due diligence and retain such documentation.

434.6(5) Notification of offset. Within ten calendar days of receiving notification from the department of revenue that the debtor is entitled to a payment subject to the setoff program, the board office will:

a. Send a preoffset notice to the debtor. The preoffset notice will inform the debtor of the amount the department intends to claim, including all of the following information:

(1) The board's right to the payment in question.

(2) The board's right to recover the payment through the setoff procedure.

(3) The basis of the board's case in regard to the debt.

(4) The right of the debtor to request, in accordance with subrule 434.6(6) and within 15 days of the mailing of the preoffset notice, a split of the payment between parties when the payment in question is jointly owned or otherwise owned by two or more persons.

(5) The debtor's right to appeal the offset, in accordance with subrule 434.6(7) and within 15 days of the mailing of the preoffset notice, and the procedure to follow in that appeal.

(6) The board office's contact information in case of questions.

b. Notify the department of revenue that the preoffset notice has been sent to the debtor, and supply a copy of the preoffset notice to the department of revenue.

434.6(6) Request to divide a jointly or commonly owned right to payment.

a. A debtor who receives a preoffset notice may request release of a joint or common owner's share, if the request is received by the board within 15 days of the date the preoffset notice is mailed.

b. In conjunction with such a request, the debtor shall provide to the board the full name and social security number of any joint or common owner.

c. Upon receipt of such a request, the board office will notify the department of revenue of the request.

434.6(7) Appeal process. A debtor who receives a preoffset notice may request an appeal of the underlying debt within 15 days of the date the preoffset notice is mailed. A contested case appeal will be conducted pursuant to 481—Chapter 506. The board will notify the department of revenue within 45 days of the notification of setoff. The board will hold a payment in abeyance until the final disposition of the contested liability or setoff.

434.6(8) Once any setoff has been completed, the board office will notify the debtor of the action taken and what balance, if any, remains owing to the board.

[**ARC 7998C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 105 and 272C.

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[Filed ARC 1222C (Notice ARC 0932C, IAB 8/7/13), IAB 12/11/13, effective 1/15/14]

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[Editorial change: IAC Supplement 4/2/25]

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CHAPTER 435
PLUMBING AND MECHANICAL SYSTEMS BOARD—CONTESTED CASES

[Prior to 4/2/25, see Public Health Department[641] Ch 33]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTERS 436 to 460

Reserved

AMUSEMENT RIDE REQUIREMENTS AND INSPECTIONS

CHAPTER 461
AMUSEMENT RIDE INSPECTIONS

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 61]
[Prior to 7/9/25, see Labor Services Division[875] Ch 61]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—461.1(88A) Scope. 481—Chapters 461 through 463 do not apply to the following:

461.1(1) A water park or water park attraction, including but not limited to a water slide, wave action pool, and lazy river. This subrule does not apply to an amusement ride that propels patrons using a power source other than gravity even though water is present.

461.1(2) A live-animal ride.

461.1(3) A vessel inspected pursuant to Iowa Code chapter 462A.

461.1(4) An amusement structure in which the patrons navigate on their own power and the patrons do not ride, climb, or walk on a mechanical component.

461.1(5) A device that meets all of the following criteria:

a. Was designed and built to be operated by a coin, card, or token;

b. Was designed and built to be operated by the patron rather than an attendant;

c. Operates on self-contained wiring that was installed by the manufacturer;

d. Operates on less than 120 volts of electrical power; and

e. Is within or is part of a structure subject to a state or local building code.

461.1(6) Playground equipment owned, maintained, and operated by any political subdivision of this state.

461.1(7) A concession booth, amusement device, or amusement ride that meets all of the following:

a. Is owned and operated by a nonprofit organization or school; and

b. Is located in a building subject to inspection by the state fire marshal or a local government.

461.1(8) Nonmechanized physical fitness and playground equipment unless a fee is charged to use the equipment.

461.1(9) Physical fitness equipment that does not meet the definition of "amusement device."

461.1(10) A tramway used as a ski lift.

461.1(11) A scenic railway operating on standard-gauge rails.

461.1(12) A zip line or climbing wall located at a camp or retreat owned or operated by a nonprofit religious, educational or charitable institution or association.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.2(88A) Definitions. The definitions in this rule apply to 481—Chapters 461 through 463.

"Air-supported structure" means an amusement device that employs a high-strength fabric or film that achieves its strength, shape and stability from internal air pressure provided by a mechanical device such as an air blower or fan.

"Amusement device" means a climbing wall utilizing an auto belay system; a bungee jump as defined in 481—Chapter 463; a device allowing a patron to jump on a trampoline while attached to one or more bungee cords; a dry slide; a mechanical bull; a zip line that does not allow the rider to touch the ground at all times; and an air-supported structure.

"ANSI" means the American National Standards Institute.

"ASTM" means the ASTM Standards on Amusement Rides and Devices published by ASTM International.

"Attendant" means a paid or volunteer person who controls patron restraints or the operation, starting, stopping, or speed of covered equipment.

"Carnival" means an enterprise offering amusement or entertainment to the public in, upon, or by means of amusement devices or rides or concession booths.

"Certificate of noncompliance" means:

1. A certificate of noncompliance issued by the child support recovery unit, department of health and human services, pursuant to Iowa Code chapter 252J; or

2. A certificate of noncompliance issued by the centralized collection unit, department of revenue, pursuant to Iowa Code chapter 272D.

"Concession booth" means a structure that is powered by electricity and offers amusements to the public at more than one fair or carnival, or at one fair or carnival for more than seven consecutive days. A structure or enclosure offering only goods, food or beverages, rather than amusements, is not a "concession booth."

"Covered equipment" means an amusement ride, amusement device, concession booth or related electrical equipment that is covered by Iowa Code chapter 88A.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"Fair" means an enterprise principally devoted to the exhibition of products of agriculture or industry in connection with the operation of covered equipment.

"Inspector" means an authorized Iowa Code chapter 88A inspector of the department of inspections, appeals, and licensing.

"Major breakdown" means stoppage of operation from any cause that results in damage, failure, or breakage in a stress-bearing part of covered equipment.

"Major modification" means any change to the structure of or to an operational characteristic, capacity, classification, or mechanism of covered equipment. "Major modification" includes but is not limited to changing the mode of transportation from non-wheeled to a truck or flat-bed mount or changing the mode of assembly or other operational functions from manual to mechanical or hydraulic.

"NFPA" means the National Fire Protection Association.

"Operator" means a person, or the agent of a person, who owns or controls or has the duty to control the operation of covered equipment at a carnival or fair. "Operator" includes an agency of the state or any of its political subdivisions. "Operator" includes a person who leases covered equipment and controls or has the duty to control its operation at a carnival or fair.

"Related electrical equipment" means a portable generator, blower, or other equipment necessary to the operation of an amusement ride, amusement device, or concession booth.

"Reportable incident" means an event described by one or more of the following:

1. Damage, failure or breakage of a stress-bearing part of an amusement ride or amusement device;
2. Cessation of covered equipment for more than 20 minutes with at least one rider aboard;
3. An occurrence that nearly resulted in personal injury; or
4. An occurrence that caused the operator to cease operations unexpectedly to avoid an injury or illness.

"Rope lay" means the length along the rope in which one strand makes a complete revolution around the rope.

"Special operation" means an unusual condition, interruption in operation, injury, emergency, or evacuation.

"Walkway" means a public passage through a carnival, fair, or park.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.3(88A) Owner and operator requirements. No person may operate covered equipment at a carnival or fair unless the person holds a current application certificate and the covered equipment has passed an Iowa inspection. The director reserves the right to deny inspection for any application submitted less than 60 days prior to operation at the first event.

461.3(1) *Application certificate.* No later than 60 days before operation begins each calendar year, the operator of covered equipment will apply to the director for an application certificate. Applications may be submitted in November for continuous operations. Applications are made on a form provided by the director. Each of the following are submitted with the completed application certificate:

a. The application fee;

b. A certificate of insurance issued by an insurance company authorized to do business in Iowa. The certificate of insurance will:

(1) Certify a policy in the minimum amount of $1 million for bodily injury, death, or property damage in any one occurrence;

(2) List the specific pieces of equipment that are covered and, if applicable, those that are not covered; and

(3) Include "Department of Inspections, Appeals, and Licensing—Amusements" as a certificate holder;

c. The operator's itinerary identifying the covered equipment to be operated and the dates and locations where each will be operated;

d. Certification of compliance with applicable training and maintenance requirements;

e. Separately for each bungee jump:

(1) A site operating manual;

(2) A report that is prepared and sealed by a professional engineer who is licensed in Iowa and that certifies that the design and construction of the equipment and structure are suitable for the intended use and conform to Iowa law, recognized engineering practices, procedures, standards and specifications;

(3) Site plan drawings depicting the preparation area, the jump space, the landing area, the recovery area and other features to be included in the approved operating site;

(4) Specifications of equipment and structures; and

(5) Depictions of the location, specifications, dimensions, and type of air bag, pool or body of water where the jumper will land.

461.3(2) *Changes to information submitted with application.* The operator will immediately notify the director of any changes to the operator's itinerary or information provided with the application.

461.3(3) *Personal injuries and deaths.*

a. The operator will immediately report by telephone any accident that results in death or medical care beyond first aid.

b. Within 48 hours after an operator is notified of a claim or report to the operator's insurance provider, the operator will submit a duplicate copy of the report or claim to the director.

c. The director may require that the scene of an accident be secured and not disturbed to any greater extent than necessary for removal of the deceased or injured person. If covered equipment is removed from service by the director, the covered equipment may be returned to service only upon the director's authorization.

461.3(4) *Major breakdown report.* The operator will report a major breakdown of covered equipment to the director immediately and provide a detailed report in writing within 48 hours. The director may order the covered equipment to be withheld from operation, and in such case, the director will conduct an immediate investigation. The covered equipment may be released for repair and operation only after the director's investigation is complete.

461.3(5) *Advance notice of major modification.* The operator will notify the director in writing at least ten days prior to a major modification and, if requested by the director, provide plans, diagrams, and ride analysis documentation consistent with ASTM F2291-15.

461.3(6) *Technical data.* If requested by the director, the operator will provide an English language version of the following:

a. Data concerning constant, reversible, or eccentric forces generated by acceleration, deceleration, wind, centrifugal action, or inertia.

b. Stress analysis and other data pertinent to the structural materials, design, structure, factors of safety or performance characteristics.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.4(88A) Inspection requirements. Pursuant to Iowa Code chapter 88A, covered equipment must pass an inspection at least annually. Inspections shall be performed according to the rules set forth and standards adopted in 481—Chapters 461 through 463.

461.4(1) *Inspection types.* In addition to the inspections listed below, an inspection may be conducted by the director at any time. No person will operate covered equipment at a fair or carnival unless the covered equipment has passed an inspection in the current calendar year.

a. Annual inspection by owner. At the discretion of the director, the owner of an air-supported structure may be designated by the director to perform the annual inspection of the owner's air-supported structure, blower, and related electrical equipment. An owner designated pursuant to this paragraph will perform the inspection according to applicable standards. The owner will submit in the format required by the director an affidavit attesting to the performance of the inspection, correction of code violations, and other required information. A designation pursuant to this paragraph terminates on December 31 of the year of issuance.

b. Annual inspection by an inspector. Unless an inspection is waived pursuant to Iowa Code section 88A.13, or the inspection is performed by the owner pursuant to paragraph 461.4(1)*"a,"* the director will inspect covered equipment prior to operation.

c. Major modification inspection. After covered equipment has undergone a major modification, the covered equipment must pass an inspection by the director before it is put back into use.

461.4(2) *Safety order.* If the inspector finds a code violation, the inspector will issue a safety order requiring that the condition be corrected. The deadline for correction of the code violation will be set forth in the safety order.

461.4(3) *Cessation order.* If the inspector identifies covered equipment that is hazardous or unsafe, the inspector will issue a cessation order that will be in effect until the director verifies it is corrected.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.5(88A) Amusement inspection sticker requirements. Covered equipment shall not be operated without a current sticker.

461.5(1) After covered equipment has passed an annual inspection by the inspector, the inspector will affix an amusement inspection sticker to the equipment where it is readily accessible.

461.5(2) After the director receives satisfactory proof of inspection from an owner designated by the director pursuant to paragraph 461.4(1)*"a,"* the director will issue a certificate of compliance.

461.5(3) After covered equipment passes a major-modification inspection, a new amusement inspection sticker will be issued.

461.5(4) Before covered equipment is sold, the seller will remove the amusement inspection sticker. If a current amusement inspection sticker is no longer legible, the operator may request a replacement sticker.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.6(88A,252J,272D) Termination, denial, suspension, or revocation of an operating permit.

461.6(1) All active application certificates terminate automatically on December 31 of the year of issuance.

461.6(2) The director may suspend or revoke an application certificate for any of the following reasons:

a. Negligence in the operation of covered equipment;

b. Repeated failure to perform or document proper daily inspections;

c. Misrepresentation of material information required as a part of the application certificate;

d. Failure to comply with a safety order or cessation order issued by the director;

e. Operation of covered equipment in disregard of public health, safety and welfare;

f. Termination of the required insurance coverage;

g. Failure to pay a liquidated debt owed to the director;

h. Receipt by the director of a certificate of noncompliance;

i. Failure of an operator to comply with the proper procedures;

j. Failure of an operator to provide an adequate number of properly trained and qualified attendants; or

k. Submission of a false affidavit of annual inspection by the owner of an air-supported structure.

461.6(3) The director may deny an application if the application packet is inadequate or for any reason set forth as grounds for suspension or revocation of an application certificate.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—461.7(17A,88A,252J,272D) Procedures for revocation, suspension, or denial of an application certificate or amusement inspection sticker. The procedures set forth in this rule govern the revocation, suspension or denial of an application certificate or amusement inspection sticker.

461.7(1) In the event that immediate action is required due to imminent danger to the public health, safety or welfare, the following procedures shall apply:

a. The director will prepare a safety order describing the hazardous condition and give the operator, or the operator's representative on site, a copy of the safety order.

b. The director will remove the amusement inspection sticker or stickers from covered equipment.

c. The director will proceed as quickly as feasible to give the operator an opportunity for a hearing as set forth in subrule 462.7(2).

461.7(2) In all other cases, the following procedures shall apply:

a. The director will serve a notice by restricted certified mail to the address listed on the application or by other service as permitted by Iowa Code chapter 17A.

b. The operator will have 20 days to file a written notice of contest with the director. If the operator does not file a written notice of contest within 20 days of receipt of the notice, the action stated in the notice is automatically effective.

c. Hearing procedures of the department of inspections, appeals, and licensing will govern.

d. Within five business days of final agency action revoking or suspending an application certificate, the operator shall forfeit the application certificate to the director.

[**ARC 8827C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapters 17A, 88A, 252J, and 272D.

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[1] April 6, 2016, effective date of the rescission of former Chapter 61 and the adoption of new Chapter 61 herein [ARC 2428C] delayed 70 days by the Administrative Rules Review Committee at its meeting held March 4, 2016; delay lifted at the meeting held April 8, 2016.

CHAPTER 462
SAFETY RULES FOR AMUSEMENT RIDES, AMUSEMENT DEVICES, AND CONCESSION BOOTHS

[Prior to 9/24/86, Labor, Bureau of [530]]
[Prior to 10/21/98, see 347—Ch 62]
[Prior to 7/9/25, see Labor Services Division[875] Ch 62]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—462.1(88A) Scope. Rule 481—462.2(88A) applies to all covered equipment. The remaining rules of this chapter apply to all covered equipment, except a bungee jump covered by 481—Chapter 463.
[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—462.2(88A) Other codes.

462.2(1) Nothing in 481—Chapters 461 through 463 provides an exemption, waiver, or variance from any otherwise applicable regulation or statute.

462.2(2) State fire marshal rules set forth in 481—Chapter 280 are adopted by reference.
[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 8/5/26]

481—462.3(88A) Site requirements.

462.3(1) *Design.* The grounds of a fair or carnival shall be designed according to the following criteria:

a. Clearance around covered equipment will meet or exceed the manufacturer's recommendations.

b. Clearance between covered equipment and a facility for cooking will be at least 10 feet.

c. Walkways will be wide, unobstructed, and open at each end.

d. Walkways through concession booth backyards and over water lines and electrical lines will be avoided.

e. Intermingling of water lines and electrical lines will be avoided.

f. Guy wires, braces and ropes used for support:

(1) Will not be placed in walkways or in the entrances or exits for covered equipment; and

(2) Will be clearly marked with streamers or other devices when located adjacent to walkways.

g. Stakes will be covered.

462.3(2) *Housekeeping.* Adequate containers for refuse will be provided. Accumulations of trash will be removed promptly.

462.3(3) *Lighting.* Entrances and exits for covered equipment will be provided with at least 5 foot-candles of light measured at grade level. No less than 10 foot-candles of light will be provided at all work levels for assembly and disassembly of covered equipment.

462.3(4) *Internal combustion engines.* Internal combustion engines will be a minimum of 5 feet from an air-supported structure and will be guarded or fenced to prevent patron exposure or access. An internal combustion engine operated in an enclosed area will be provided with fresh-air intake and an exhaust discharge flue.

462.3(5) *Flammable waste and materials.* An operator will provide identified covered and labeled metal containers for flammable waste. The containers will be available to staff and attendants but will not be accessible to patrons.

462.3(6) *Storage of hazardous or flammable materials.* Storage of more than 50 gallons of fuel, other flammable material, or hazardous gas is not permitted in any area accessible to the public.

462.3(7) *Walking surfaces.* Entrances and exits for covered equipment will be adequate, unobstructed, and in accordance with the manufacturer's instructions. Hazards, such as protruding nails, splinters, holes, loose boards, debris, obstructions, and projections, are prohibited. Stairways, ramps and railings will be provided where patrons enter or exit covered equipment above or below grade.

462.3(8) *Fences.* Fences or other barriers will be maintained to prevent movement. Placement of fences will be consistent with the recommendations of the manufacturer. If the manufacturer's recommendation regarding fences is not available, fences will meet ASTM standards.

462.3(9) *Queue line.* Lines will be designed to meet or exceed manufacture specifications.

462.3(10) *Setup.* Operators will follow the manufacturer's instructions to ensure that covered equipment is level and stable. If the manufacturer's instructions are not available, the setup will meet ASTM standards.

[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—462.4(88A) Design and manufacture of covered equipment. This rule sets forth requirements for the design and manufacture of all covered equipment, except a bungee jump covered by 481—Chapter 463.

462.4(1) *Codes adopted by reference.* ASTM F2374-10 applies to all air-supported structures notwithstanding the definition and use of the phrase "inflatable amusement device" in ASTM F2374-10.

a. All covered equipment. Equipment will comply with National Electric Code, NFPA 70-2014.

b. Tramways. All tramways subject to the rules of this chapter will be designed and tested in accordance with the ANSI B77.1 standard in effect at the time of installation.

c. New covered equipment. New covered equipment and covered equipment undergoing a major modification will be designed and tested in accordance with ANSI B77.1-2011 and ANSI B77.1A-2012 and ASTM F1159-15a, F1193-14, F1957-99(2011), F2007-12, F2137-15, F2291-15, F2374-10, F2375-09, F2376-13, F2460-11, F2959-14, and F2960-15, as applicable.

d. Existing covered equipment. Covered equipment manufactured before July 1, 2016, must comply with the applicable design criteria of subrule 462.4(2) through July 1, 2021. After July 1, 2021, covered equipment, except tramways, will meet the criteria for service-proven equipment set forth in ASTM F2291-15.

462.4(2) *Design criteria.* Structural materials and construction of covered equipment will conform to recognized engineering practices, procedures, standards and specifications. The design, materials and construction features will incorporate a safety factor of 5 or alternative safety factors recommended by the original manufacturer or by a professional engineer with credentials and experience acceptable to the director.

462.4(3) *Front openings and awnings.* Front openings and awnings will be stabilized with safety latches, safety pins, or other devices.

462.4(4) *Shooting galleries.* A shooting gallery will use only equipment, shells, pellets, and bullets designed for shooting galleries. Means will be provided to prevent turning the weapon away from the intended target.

462.4(5) *Flying objects.* Where flying objects, such as darts, balls, pellets, shot, and bullets, are a potential hazard:

a. Ricocheting will be prevented by absorbent wings or panels; and

b. Absorbing walls, sandbags, or other mechanisms will be installed along the bottom, back, and sides of the booth to protect passersby.

[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—462.5(88A) Maintenance of covered equipment—requirements. An operator will conduct periodic inspections, repairs, tests, and maintenance as set forth in this rule and the manufacturer's recommendations, as applicable. An operator will make a written record of all inspections, maintenance, tests, and repairs of covered equipment, and the records will be available to the director.

462.5(1) *Nondestructive testing.* The operator will ensure that appropriate nondestructive testing (NDT) is conducted and that documentation is available for review. NDT will be performed at the following times:

a. At intervals recommended by the manufacturer;

b. When required by the director due to a welded repair;

c. When required by the director due to a visual indication of a potentially hazardous condition; and

d. When recommended by a bulletin prepared according to ASTM F1193-14.

462.5(2) *Wood components.* The operator will remove a sufficient amount of soil around piling or wood members embedded in dirt to check for deterioration. When a wood piling requires replacement, the operator will install a concrete pier. The top of the pier will be installed so that the attached wood member is not exposed to dirt or water accumulation.

[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—462.6(88A) Operations—requirements. Operations conform to ANSI B77.1 and ANSI B77.1A-2012 and ASTM F770-15, F1957-99(2011), F2007-12, F2137-15, F2374-10, F2375-09, F2376-13, F2460-11, and F2959-14, as applicable. ASTM F2374-10 applies to all air-supported structures, notwithstanding the definition and use of the phrase "inflatable amusement device" in ASTM F2374-10. The director will enforce the minimum age requirements set forth below, rather than any minimum age requirement set forth in a code adopted by reference in this rule.

462.6(1) *Attendants.* The operator will provide a sufficient number of attendants in accordance with manufacturer specifications who will be recognizable by their uniforms. Covered equipment shall have continuous, direct supervision while in use by a patron.

a. Each attendant of a concession booth, except a shooting gallery or dart game, will be at least 14 years of age. All other attendants will be at least 16 years of age.

b. Each attendant will be trained according to ANSI B77.1 and ANSI B77.1A-2012 and ASTM F770-15, F2007-12, F2460-11, and F2959-14, as applicable. Training documentation will be available to the director.

c. When the covered equipment is shut down, provision will be made to prevent unauthorized operation.

462.6(2) *Signal systems.* When an attendant does not have a clear view of the point where passengers are loaded or unloaded, signal systems will be provided and utilized for controlling, starting and stopping covered equipment.

462.6(3) *Overspeeding and overloading.* An attendant will not load covered equipment beyond its rated capacity nor operate the covered equipment at a speed other than that prescribed by the design engineer or manufacturer.

462.6(4) *Refueling.* Fuel tanks for internal combustion engines should be large enough to run without interruption during normal operating hours. Where it is impossible to provide tanks of proper capacity for a complete day's operation, the covered equipment will be shut down and evacuated during refueling.

462.6(5) *Safety stop device.* After actuation of a safety stop device, the cause of the actuation will be determined and corrected before operation of covered equipment is resumed. No person will operate covered equipment if a safety stop device has been bypassed.

[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—462.7(88A) Patrons.

462.7(1) *Emergency procedure.* Will meet or exceed manufacturer specifications. If manufacturer specifications are not available, the emergency procedure will meet ASTM standards.

462.7(2) *Medical and first aid.* The operator shall make available to patrons the same medical and first-aid provisions the operator is legally obligated to provide to employees.

462.7(3) *Evacuation plan.* Evacuation plans shall meet or exceed manufacturer specifications. If manufacturer specifications are not available, evacuation plans shall meet ASTM standards.

[**ARC 8828C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 88A.

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CHAPTER 463
SAFETY RULES FOR BUNGEE JUMPS
[Prior to 7/9/25, see Labor Services Division[875] Ch 63]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—463.1(88A) Definitions.

"Air bag" means a device that cradles the body by using an air release breather system to dissipate the energy due to a fall, thereby allowing the jumper to land without an abrupt stop or bounce.

"Approved operating site" means the area, including the preparation area, the jump space, the landing area and the recovery area, reflected on the site plan drawings submitted to the director by the operator.

"Bungee catapulting" means the action by which a jumper is held on the ground while the bungee cord is stretched causing the jumper to fly up when the jumper is released.

"Bungee cord" means the elastic rope to which the jumper is attached.

"Bungee jump" means the covered amusement device. "Bungee jump" does not mean a device allowing a patron to jump on a trampoline while attached to one or more bungee cords.

"Bungee jumping" means the action by which a jumper free falls from a height and the jumper's descent is limited by attachment to the bungee cord.

"Bungee jump operation" means a site at which bungee jumping is conducted.

"Carabiner" means a shaped metal or alloy device used to connect sections of the jump rigging, equipment or safety gear.

"Cord" means a bungee cord.

"Dynamic load" means the load placed on the rigging and attachments by the initial free fall of the jumper and the bouncing movements of the jumper.

"Equipment" means each component that is utilized in a bungee jump operation, including devices used to raise, lower, and hold loads.

"Fence" means a structure designed and constructed to restrict people, animals and objects from entering the jump area.

"G-force" means acceleration felt as weight.

"Jump area" means the ground level area of the jump space.

"Jump direction" means the direction a jumper jumps when leaving the platform from the jump point. Jump direction is not affected by whether the jumper faces forward, backward or sideways.

"Jumper" means the person who, while attached to a bungee cord, falls or jumps from a platform or structure.

"Jump harness" means an assembly worn by a jumper and attached to a bungee cord.

"Jump height" means the distance from the jump point to the position on the ground where an object dropped from the jump point would impact in the absence of an air bag or other impediment.

"Jump master" means the person who is responsible for the bungee jump operation and who takes a jumper through the final stages to the actual jump or release.

"Jump point" means the location on the platform from which the jumper leaves the platform.

"Jump space" means the cylinder-shaped space with a center line extending downward from the jump point along the line of the jump height. The top of the jump space cylinder is at least 10 feet above the jump point. For jumps over land, the bottom of the jump space cylinder is the air bag. For jumps over water, the bottom of the jump space cylinder is the water surface. The distance from the jump point to the bottom of the jump space must be the maximum system length plus at least 30 feet. The radius of the cylinder must be at least 70 percent of the jump height.

"Landing area" means the surface where the jumper lands. If a lifting device moves the jumper so that landing occurs away from the jump area, the area covered by the movement of the lifting device is considered part of the landing area.

"Loaded length" means the length of the bungee cord when the cord is extended to its fullest designed length.

"Lowering system" means manual or mechanical equipment capable of lowering a jumper to the designated landing area.

"Maximum system length" means the maximum extended length of a bungee cord system including all attachments.

"Mechanically powered lowering system" means a system that utilizes a machine, rather than a human or other power source, to lower the jumper to the landing area.

"Platform" means the apparatus that is attached to a structure and from which a jumper falls or jumps.

"Preparation area" means the area where the jumper is registered, weighed, notified of potential risks, and otherwise prepared for the jump.

"Recovery area" means the area next to the landing area where the jumper may recover from the jump before exiting the bungee jump operation site.

"Rigging system" means the bungee cord plus any combination of components that connect the jumper through the bungee cord to an attachment point on the structure, lifting device or platform.

"Rigging system attachment point" means a device on the structure, lifting device or platform to which the rigging system is connected.

"Safety line" means a line used to connect a safety harness or belt to an anchor point.

"Sandbagging" means the practice of loading excess weight to a jumper in order to gain extra momentum on the rebound.

"Site operating manual" means the document containing the procedures and forms for the operation of bungee jumping activities and equipment.

"Structure" means a tower or similar structure used for bungee jumping.

"Tandem jumping" means the practice of having two or more people harnessed together while they jump or fall simultaneously from the same jump platform.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—463.2(88A) Prohibited activities. The following activities are prohibited:

1. Bungee catapulting where an overhead obstruction exists;
2. Sandbagging;
3. Tandem jumping; and
4. Jumping from a bridge, television tower, crane, grain bin, hot air balloon or any height not designed for the purpose of bungee jumping.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—463.3(88A) Site requirements.

463.3(1) *Storage.* Adequate storage will be provided to protect equipment from physical, chemical and ultraviolet-ray damage. The storage area will be secured against unauthorized entry.

463.3(2) *Communications.* There will be:

a. A public address system in operation during the hours of business.

b. A radio communication link between the platform and the staff responsible for jumper registration, landing, and recovery.

c. A means on site to communicate with local emergency responders.

d. A clearly visible sign at the entrance to the operating site setting forth medical restrictions for jumpers, the minimum-age requirement of 18 years of age, and instructions for jumpers.

463.3(3) *Wind meter.* An anemometer will be installed in accordance with the manufacturer's recommendations and in a location easily visible to the staff.

463.3(4) *Lighting.* Adequate lighting will be provided at a site that operates at any time during the period of one-half hour prior to sunset until one-half hour after sunrise. At a minimum, the lighting system will be capable of lighting the jump platform, the jump space and the landing area.

463.3(5) *Fences.* The operator will use fences in compliance with ASTM 2291-14, Part 14, to limit access to the site.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—463.4(88A) Design requirements.

463.4(1) *Platform.* A platform shall:

a. Be capable of supporting at least five times the rated capacity or maximum intended load of the platform. If the jump equipment is attached to the platform as distinct from the structure, the dynamic load factor is added to the rated capacity or maximum intended load;

b. Be attached with devices and to a part of the structure that is able to support at least five times the weight of the platform plus the rated capacity or maximum intended load;

c. Have a slip-resistant floor surface;

d. Have safety harness anchor points that are designed and located to facilitate ease of movement on the platform;

e. Have a permanent enclosure, separate from the jump point, to contain the jumper during preparations such as fitting the jumper with a jump harness;

f. Be equipped with a gate across the jump point. The gate will open to the inside of the platform and will have a safety lock or restraining device to prevent accidental opening;

g. Be permanently marked with the maximum capacity of the platform and the rated capacity or maximum intended load; and

h. Be configured to ensure that a jumper will not come into contact with the supporting structure or tower during the jump.

463.4(2) *Lowering system.*

a. The system for lowering the jumper to the landing area will be capable of supporting at least five times the rated capacity or maximum intended load of the system. The lowering system will be mechanically powered and will not be capable of free fall.

b. There will be, under the control of site personnel and described in the site emergency plan, an alternative method for jumper recovery.

463.4(3) *Bungee cord specifications.*

a. The bungee cords will be designed and tested to perform within the prescribed limits of stretch and load as stated in this subrule. The cord will be made from natural or synthetic rubber or rubber blend. The extended length of the cord will be consistent each time the same load is applied.

b. The G-force on a jumper using a waist and chest harness will not exceed 4.5. The G-force on a jumper using an ankle harness will not exceed 3.5.

c. The cord configuration's minimum breaking strength divided by the maximum dynamic load possible for a jumper will be equal to or greater than 5.

d. The design, manufacturing and testing of the bungee cords will meet the following specifications:

(1) In a single-cord system, the binding will hold the cord threads in the designed positions. The binding will have the same characteristics as the cord itself. In a multiple-cord system, the cords will be bound together in a manner that prevents potential entanglement of the jumper. The binding will not damage or affect the performance of the cords.

(2) A load-versus-elongation curve will be used to calculate the maximum G-force and factor of safety of the lot of bungee cords tested. These test results will be readily available to the director upon request.

(3) The end connections will have a minimum safety factor of five times the maximum dynamic load for the bungee cord configuration. End connections will be of a size and shape to allow easy attachment to the jumper harnesses and to the rigging. On multiple-cord systems, each cord will meet its own independent end connection. On multiple-cord systems, end attachment points will be bound together in a protective sheath that allows the individual ends to move with respect to each other.

(4) The operator will ensure that the manufacturer of a bungee cord performs conclusive minimum break strength testing on a representative sample of all manufactured bungee cords. Construction of bungee cord samples will be consistent with the manufacturer's standard methods, including bungee cord loop end connections that meet the specifications in this rule. The tests will be performed or supervised by an independent certified testing authority or an independent licensed professional engineer. The testing authority will determine the ultimate tensile strength of each test specimen and use the lowest failure value recorded as the ultimate tensile strength value for the corresponding lot of bungee cords. The ultimate

tensile strength is reached when the applied load reaches a maximum before failure. Test results will be readily available to the director upon request.

463.4(4) *Jump harness and hardware.*

a. The harnesses, webbing, bindings, ropes and hardware will be capable of supporting at least five times the rated capacity or maximum intended load.

b. A jumper will be secured to the bungee cord at two separate points on the jumper's body. The jump harness system will be one of the following:

(1) A full body harness with two different and separate attachment points.

(2) A waist harness used with a shoulder harness.

(3) An ankle harness system with a safety line to a waist harness or a full body harness.

c. Harnesses will be available to fit the range of patron sizes accepted for jumping.

d. Harnesses will be specifically designed and manufactured for mountaineering or bungee jumping.

e. The load-supporting slings or webbing will be flat or tubular mountaineering webbing or its equivalent. Minimum breaking strength will be 6,000 pounds. Slings or webbings will be formed by sewing or will be tied properly with a water knot with taped ends.

f. Carabiners will be the steel screw, gate type with a minimum breaking strength of 6,000 pounds. The carabiners will be designed and constructed using the standards for mountaineering gear.

g. The ropes, pulleys and shackles used to raise, lower or hold the jumper will have a minimum breaking strength of 6,000 pounds. The pulleys will be compatible with the rope.

h. The rigging system will be attached to at least two rigging system attachment points. Each rigging system attachment point will meet or exceed the following:

(1) Each rigging system attachment point will have a safety factor of 5 and will be capable of bearing a weight of at least 8,000 pounds.

(2) If a rigging system attachment point is made of wire rope, it will have swaged ends with thimble eyes.

(3) If a rigging system attachment point is made of webbing, it will be manufactured by a company that manufactures the devices for crane and rigging companies.

463.4(5) *Landing area, recovery area and jump area.*

a. A jump over land requires the use of an air bag certified by the manufacturer to be capable of protecting a body falling from the height of the jump point.

(1) The minimum impact surface area of the air bag will be as follows:

Jump Height	Minimum Impact Surface Area
0 - 99 feet	20 feet by 25 feet
100 - 149 feet	23 feet by 35 feet
150 - 200 feet	25 feet by 40 feet

(2) The air bag will be in position before jumper preparation begins on the platform.

(3) Upon completion of a jump, the jumper will be lowered into the landing area.

(4) The landing area will be free of spectators at all times.

(5) The jump space will be free of equipment and people when a jumper is being prepared on the jump platform and until the jumper lands in the landing area.

(6) A place for the jumper to sit and recover will be provided close to but outside the landing area.

b. The following requirements apply where a body of water is used instead of an air bag:

(1) The size of the body of water will meet the requirements for the minimum impact surface area set forth in this subrule for air bags.

(2) The minimum water depth of the minimum impact surface area will be 10 feet.

(3) A vessel with at least two staff members will be positioned nearby to recover jumpers. The recovery vessel's crew will wear U.S. Coast Guard-approved life jackets. The recovery vessel will be equipped with U.S. Coast Guard-approved life jackets for jumpers and with rescue equipment.

(4) The jump area will be free of other vessels, floating or submerged objects, the public, and spectators. When the landing area is in open waters, it will be defined by the deployment of buoys. Signs of appropriate size stating "BUNGEE JUMPING—KEEP CLEAR" will be displayed.

c. The following requirements apply where a pool of water is used instead of an air bag:

(1) The pool size will meet the requirements for the minimum impact surface area set forth in this subrule for air bags.

(2) The minimum water depth will be 10 feet.

(3) Rescue equipment will be available.

(4) Only the operators and participants of the bungee jump will be within the landing area.

(5) The landing area will be enclosed by a fence of adequate height and design to prevent persons other than operators and jumpers from entering.

(6) The pool will conform to any applicable requirements enforced by the department of public health.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—463.5(88A) Maintenance requirements. The operator will follow the inspection and testing recommendations of the equipment manufacturers. When those recommendations conflict with the testing and inspection provisions of this rule, the provisions affording the higher degree of safety will be followed. Inspections, findings and corrective action will be recorded in the site log.

463.5(1) *Tests and inspections by the operator.*

a. The jump rigging, harness, lowering system and safety gear will be regularly inspected and tested as set forth in the site operating manual.

b. In accordance with the site operating manual, the ropes, webbing and bindings will be inspected visually and by feel for signs of wear, fraying or damage.

c. The cord ends will be inspected as often as the manufacturer specifies or no less than daily for wear, slippage or other abnormalities.

463.5(2) *Replacement of rigging and equipment.*

a. Hardware that displays surface damage will be replaced immediately.

b. Hardware that has been subjected to an abnormal loading or impact against hard surfaces will be replaced immediately.

c. Substandard equipment, rigging or personal protective equipment will be replaced immediately.

d. Bungee cords will be replaced when they have been subjected to the maximum number of jumps recommended by the manufacturer, when they exhibit deterioration or damage, or when they do not react according to specifications. Retired bungee cords will be cut into lengths of not more than 75 inches. The attachment points will be retired when the cord is retired.

463.5(3) *Replacement equipment.* Replacement equipment will be stored in a secure area to prevent tampering or vandalism. Replacement equipment for the following will always be available on the approved operating site:

a. Bungee cords;

b. Rigging ropes;

c. Binding and ankle straps for jumpers;

d. Jump harnesses; and

e. Lifelines and clips.

463.5(4) *Identification of equipment.*

a. Each bungee cord will have its own permanent identification number.

b. The form of identification may not damage or detract from the integrity of the material.

c. The identification will be clearly visible to the operators during daily operations.

d. The identification of each piece of equipment will be recorded in the site operating manual.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—463.6(88A) Operations requirements.

463.6(1) *Site operating manual.* The operator will ensure that the site has an operating manual that includes the following elements:

a. A site plan showing the fencing, the site furniture, the preparation area, the jump space, the jump area, the jump direction, the landing area and the recovery area.

b. A site plan showing a profile of the site and defining the jump platform and its supporting structure, the maximum system length of the bungee cord, the jump space and the jump area.

c. A complete description of each of the following:

(1) The system of operation;

(2) The components in the rigging system, including the manufacturer's specification or a laboratory test certificate of each component;

(3) All safety and rescue equipment;

(4) A job description for the personnel employed on the site and the minimum qualifications for each person;

(5) Emergency procedures for all foreseeable scenarios;

(6) Standard operating procedures for every person employed in processing the jumper;

(7) The procedure for reporting accidents and reportable incidents to the director;

(8) Equipment inspection procedures, including inspection recordkeeping;

(9) Maintenance procedures; and

(10) The method of verifying and recording each jump master's qualifications.

463.6(2) *Emergency provisions and procedures.*

a. Each approved operating site will have a written emergency plan. The plan will be made available to any local emergency service responsible for providing emergency rescue service.

b. At least one member of a bungee jump operation staff will have current first-aid and cardiopulmonary resuscitation certification and will complete an annual refresher course that includes evaluation of hands-on skills from the American Red Cross or equivalent.

c. For a jump over water, the jump master and at least one landing assistant will have current lifeguarding certification from the American Red Cross or equivalent.

d. Emergency lighting will be available in case of power failure at a site that operates at any time during the period of one-half hour prior to sunset until one-half hour after sunrise. The emergency lighting system will be capable of lighting the jump platform, the jump space and the landing area. The emergency lighting system will have its own power source.

e. A backup means of communication will be available in case of a power failure.

f. The jump master or operator will cease jumping operations if wind speed exceeds 25 miles per hour or thunder is audible.

463.6(3) *Minimum staff.*

a. Prior to the opening of a bungee jump operation, the operator will train site personnel to be familiar with the boundaries of the jump space, the jump area, the site operating manual and the emergency plan.

b. A bungee jump operation will have at least one jump master, one jump assistant, one landing assistant, and one registration assistant present at all times during which jumping is being conducted.

c. The staff will be easily identifiable by their clothing.

d. Staff will be briefed for each day's operations. This briefing will include assignment of the designated jump master.

e. Each jump will be directly controlled by a jump master.

463.6(4) *Jump master.*

a. A jump master will be at least 18 years of age, will have assisted at least 25 jumpers, and will have received a minimum of 30 hours of jump training.

b. A jump master will have a thorough knowledge of the bungee jump site, its equipment, operating manual, procedures, emergency plan and staff duties.

c. A jump master will:

(1) With the jump assistant, escort the jumper from the preparation area to the jump point;

(2) Select the appropriate bungee cord and adjust the rigging for each jump;

(3) Brief each jumper on the procedures for jumping, landing, lowering and recovery;

(4) Take the jumper through the final stages before the jump;

(5) Securely attach to the platform rigging bar or to the rigging the top end of the bungee cords before preparing the jumper;

(6) Be present at the jump point during each jump;

(7) Close the platform gate while no jumper is present;

(8) Direct the operation of the lowering system;

(9) Train other bungee jump operation staff; and

(10) Ensure that the procedures set out in the site operating manual are followed.

463.6(5) *Jump assistant.* The operator or jump master will designate at least one individual to act as a jump assistant. The jump assistant will:

a. With the jump master, escort the jumper from the preparation area to the jump point;

b. Assist the jump master in preparing the jumper;

c. Assist in attaching the jumper to the harness and rigging;

d. Perform check procedures;

e. Operate the lowering system; and

f. Assist in controlling the public.

463.6(6) *Landing assistant.* The operator or jump master will designate at least one individual to act as a landing assistant. The landing assistant's duties include the following:

a. Assisting the jumper to the landing pad;

b. Assisting the jumper to the recovery area;

c. Overseeing the recovery of the jumper; and

d. Assisting in controlling the public.

463.6(7) *Registration assistant.* The operator or jump master will designate at least one individual to act as a registration assistant at each bungee jump operation site. The registration assistant will:

a. Register the jumper;

b. Inform each jumper that there are medical conditions that could be adversely affected by bungee jumping and that prior to jumping, the jumper should consult with a physician for more specific information regarding the medical risks;

c. Weigh the jumper and mark the jumper's weight on the jumper;

d. Control the movement of the jumper to the jump platform; and

e. Assist in controlling the public.

463.6(8) *Jumper restrictions.*

a. The minimum age for jumping is 18 years of age.

b. A person who is visibly intoxicated or who is otherwise impaired will not be allowed to jump.

463.6(9) *Jumper registration.* The operator will ensure that a jumper provides the following information on the operator's registration form:

a. The jumper's contact information, including name, address, and telephone number.

b. The jumper's age and weight.

463.6(10) *Equipment replacement.*

a. Jumping will cease immediately when substandard equipment is identified.

b. The operator will obtain from the bungee cord manufacturer a written verification of the maximum number of jumps for which a particular cord may be used. The written verification will be kept on site and will be available to the director.

c. The operator will keep a current, written record of each bungee cord used at the site. The bungee cord records will be organized by permanent, unique identification number and will include the number of jumps for each cord by date. The bungee cord records will be available to the director.

463.6(11) *Jump space and jump area.*

a. Persons other than a jumper and objects other than the jumper's equipment will not be in the jump space at any time during jump operations.

b. Persons other than site personnel and objects other than air bags and similar safety devices will not be in the jump area at any time during jump operations.

c. The jump space and jump area will be identical to the jump space and jump area that the director approved.

d. The preparation area will be separate from the jump area.

[**ARC 8829C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 88A.

[Filed ARC 2428C (Notice ARC 2354C, IAB 1/6/16), IAB 3/2/16, effective 4/6/16][1]

[Filed ARC 8829C (Notice ARC 8374C, IAB 11/27/24), IAB 1/22/25, effective 2/26/25]

[Editorial change: IAC Supplement 7/9/25]

[1] April 6, 2016, effective date of Chapter 63 [ARC 2428C] delayed 70 days by the Administrative Rules Review Committee at its meeting held March 4, 2016; delay lifted at the meeting held April 8, 2016.

CHAPTER 464
Reserved

BUILDING AND CONSTRUCTION DIVISION: ENVIRONMENTAL HEALTH AND CONTRACTOR BUREAU

CHAPTER 465
CONSTRUCTION CONTRACTOR REGISTRATION

[Prior to 10/21/98, see 347—Ch 150]
[Prior to 7/9/25, see Labor Services Division[875] Ch 150]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—465.1(91C) Scope. This chapter implements Iowa Code chapter 91C. The rules in this chapter apply to all construction contractors, except for a person who earns less than $2,000 annually or who performs work or has work performed on the person's own property.
[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.2(91C) Definitions.

"Construction" means new work, additions, alterations, reconstruction, installations, repairs and demolitions. Construction activities are generally administered or managed from a relatively fixed place of business, but the actual construction work is performed at one or more different sites that may be dispersed geographically. Examples of construction activities, adopted by reference, are in rule 871—23.82(96) for purposes of the Iowa employment security law.

"Contractor" means a person who engages in the business of construction as the term is defined in rule 871—23.82(96), for purposes of the Iowa employment security law, including subcontractors and special trade contractors.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department of inspections, appeals, and licensing or the director's designee.

"File" means deliver to the department.

"Out-of-state contractor" means a contractor whose principal place of business is in another state, and who contracts to perform construction in this state.

"Principal place of business" means the state in which a substantial part of the contractor's business is transacted and from which the centralized supervision is exercised. Factors to be reviewed include:

1. State designated as home office on documents filed with governmental agencies.
2. State where payroll is prepared.
3. State where business transactions are performed.
4. State where officers, owners, or partners reside and work.
5. State in which bank accounts are located.
6. State in which fixed business property is located.
7. State where management decisions are made.

"Same phase of construction" means in the same type of construction operations or trade, such as but not limited to electrical work; masonry, stonework, tile setting and plastering; roofing; sheet metal work; excavation work; concrete work; glasswork; painting, paper hanging and decorating; plumbing, heating and air conditioning work; carpentry work; and miscellaneous special trade contractors.

"Working days" means Mondays through Fridays but not Saturdays, Sundays or federal or state holidays. In computing 15 working days, the day of receipt of any notice is not to be included, and the last day of the 15 working days is included.
[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.3(91C) Registration required. Before performing any construction work in this state, a contractor shall be registered with the department. A joint venture is an independent entity and is registered independently.
[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.4(91C) Application. A contractor that is covered by the license requirements of Iowa Code chapter 105 applies for a contractor registration number by using the application system of the Iowa

plumbing and mechanical systems board. All other contractors file an application with the department on forms provided by the department. The application contains the applicable information and documents specified in this rule.

465.4(1) *Name.* The name of the contractor.

465.4(2) *Place of business.* The complete mailing address of the principal place of business of the contractor.

465.4(3) *Telephone number.* The business telephone number of the contractor.

465.4(4) *Business classification.* The type of business entity of the contractor (e.g., corporation, partnership, sole proprietorship, trust, etc.).

465.4(5) *Ownership information.*

a. If the contractor is a corporation, the name, address, telephone number, and position of each officer of the corporation.

b. If the contractor is other than a corporation, the name, address, and telephone number of each owner.

465.4(6) *Workers' compensation coverage information.*

a. A certificate of insurance from the insurer showing proof of workers' compensation insurance, the effective dates of coverage, and listing the department of inspections, appeals, and licensing as a certificate holder;

b. Employer's release from the insurance requirements under workers' compensation law form provided to self-insured employers by the commissioner of insurance under Iowa Code section 87.11; or

c. A statement that the contractor is not required to carry workers' compensation coverage.

465.4(7) *Account number.* The employer account number issued by the unemployment insurance services division of the workforce development department before the contractor applies for a contractor registration number.

465.4(8) *Business description.* A description of the business to include:

a. The employer's North American Industry Classification System (NAICS) code; or

b. The principal products and services provided.

465.4(9) *Fee or fee exemption.* A contractor who is eligible to register without paying a fee shall submit a completed fee exemption form. All other contractors must submit the nonrefundable fee as set forth below.

a. The standard fee is $50 per year or $150 for a three-year registration.

b. Contractors who apply for a contractor registration number through the Iowa plumbing and mechanical systems board must pay a fee that is prorated in accordance with the length of the registration period.

465.4(10) *Social security number.* The contractor, if a natural person, shall include the contractor's social security number.

465.4(11) *Out-of-state contractor bond.* An out-of-state contractor shall:

a. File a $25,000 surety bond that is prepared using the bond form provided by the department, or

b. Provide a copy of a letter from the department of transportation stating that the contractor is prequalified to bid on projects for the department of transportation pursuant to Iowa Code section 314.1.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.5(91C) Amendments to application.

465.5(1) A contractor shall report to the director any change in the information originally reported on or with the application within 15 working days of the change, except that the contractor shall notify the director of changes to workers' compensation coverage within ten days prior to any change in coverage.

465.5(2) After the time specified in subrule 465.5(1), with good cause shown, the director may determine that an amendment may be made to correct an application.

465.5(3) Amendments to applications are not permitted where a change occurs in the business classification, such as but not limited to a change from a sole proprietorship to a corporation.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.6(91C) Fee.

465.6(1) *New applications.* A new application deposited in the U.S. mail must include the fee effective on the date the application is postmarked. A new application delivered in any other manner must include the fee effective on the date the application is received by the department.

465.6(2) *Renewal applications.* A timely renewal application shall include the fee effective on the expiration date of the contractor's expiring registration. An application for renewal deposited in the U.S. mail after the expiration date of the contractor's expiring registration shall include the fee effective on the date the application is postmarked. An application for renewal delivered to the department in a manner other than U.S. mail and after the expiration date of the contractor's expiring registration shall include the fee effective on the date the application is received by the department.

465.6(3) *Amendments to applications.* A fee is not required for a permissible amendment to an application.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.7(91C) Registration number issuance. Within 30 days of receipt of a completed application, the director will issue to the contractor a registration number. The registration number will consist of the letter "C" followed by six unique digits.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.8(91C) Workers' compensation insurance cancellation notifications.

465.8(1) *Insurance company coverage.* The department shall be notified by the insurance company carrying the contractor's workers' compensation insurance at the time of cancellation. The notice shall contain:

a. The name of the insurance carrier;

b. The name of the insured contractor; and

c. The date the workers' compensation coverage cancellation is effective.

465.8(2) *Self-insured contractors.* The contractor shall notify the department ten days prior to any cessation in self-insurance.

465.8(3) *Noninsured contractors.* The contractor shall notify the department whenever the required notice is not posted or in any change in insurance status.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.9(91C) Investigations and complaints.

465.9(1) *Investigations.* The conduct of the investigation will be such as to preclude unreasonable disruption of the operations of the work site. Investigations may be conducted without prior notice by correspondence, telephone conversations, or review of materials submitted to the department. At the initiation of an investigation at the contractor's establishment, the investigator shall present credentials, explain the nature and purpose of the investigation, and seek the consent of the owner, operator or agent in charge of the establishment. In the event the investigator is not permitted to fully conduct an investigation, the director may seek an administrative warrant.

465.9(2) *Complaints.* A complainant's name and other identifying information shall not be released if the complaint was included as a part of another complaint where the complainant's identity would be protected under other statutes or rules (e.g., a complaint filed under both Iowa Code chapters 88 and 91C).

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.10(91C) Citations/penalties and appeal hearings.

465.10(1) *Citations.* The director will issue a citation to a contractor where an investigation reveals the contractor has violated:

a. The requirement that the contractor be registered;

b. The requirement that the contractor's registration information be substantially complete and accurate; or

c. The requirement that an out-of-state contractor file a bond with the department.

465.10(2) *Penalties.* If a citation is issued, the director shall notify the contractor by certified mail of the proposed administrative penalty, if any. The administrative penalties shall be not more than $500 in the

case of the first violation and not more than $5,000 per violation in the case of a second or subsequent violation. In proposing a penalty, due consideration will be given to knowledge of the alleged violation, knowledge of requirements of the law, and nature and extent of the alleged violation.

465.10(3) *Appeal.* The contractor has 15 working days within which to file a notice of contest of the citation or proposed penalty. The notice of contest is filed with the director who will forward it to the employment appeal board.

465.10(4) *Appeal procedures.* The rules of procedure of the employment appeal board shall apply to administrative hearings on citations and penalties.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.11(91C) Revocation of registrations and appeal hearings.

465.11(1) *Reason for revocation.* The director shall seek revocation of a contractor's registration where an investigation reveals the contractor failed to meet the conditions of registration at the time of issuance or no longer meets the conditions.

465.11(2) *Notice of revocation.* The director shall serve a notice of intent to revoke on the contractor by personal service or by restricted certified mail to the address listed in the application or by other service as permitted in the Iowa Rules of Civil Procedure. The notice shall set the time for a fact-finding interview.

465.11(3) *Fact-finding interview.* The purpose of the fact-finding interview is to ensure the contractor is not in compliance before the registration is revoked. The contractor may notify the fact finder of a telephone number to use at least 24 hours before the fact-finding interview is scheduled to begin. Otherwise, the fact finder will call the number on file for the contractor. The fact-finding interview may be conducted via videoconference or in person if the fact finder and the contractor make arrangements in advance.

465.11(4) *Decision.* The director serves the decision of the fact-finding interview on the contractor by certified mail to the address listed on the application or to another address provided by the contractor. If the certified mail is returned unclaimed or undelivered, the director will serve the decision by other service as permitted in the Iowa Rules of Civil Procedure.

465.11(5) *Effective date of revocation.* Revocations are effective 21 days after certified mailing of the decision.

465.11(6) *Notice of contest.* The contractor has 15 working days from receipt of the decision to file a notice of contest. The notice of contest shall be filed with the director, who will forward it to the employment appeal board.

465.11(7) *Notice of contest procedures.* The rules of procedure of the employment appeal board apply to notices of contest.

465.11(8) *Effect of revocation.* A contractor whose registration is revoked may reapply for a new registration number if all requirements for registration eligibility are met.

465.11(9) *Relinquishing registration certificate.* A contractor shall return the original registration certificate to the department when a revocation or suspension becomes final.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.12(91C) Concurrent actions. Actions under rules 481—465.10(91C) and 481—465.11(91C) may proceed at the same time against a contractor.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—465.13(91C) Bond release.

465.13(1) *Notifications.* Prior to releasing a bond, the director will notify the department of revenue, the unemployment insurance services division of the workforce development department, and applicable state subdivisions of the intent to release the bond. The director shall provide ten days for the filing of objections to the release of the bond. The director may deem any failure to respond to the notice within the time provided as an approval of the release.

465.13(2) *Conditions for release.* A bond shall not be released until the contractor has made payment of all taxes, including contributions due under the unemployment compensation insurance system, penalties, interest, and fees, that may accrue to the state of Iowa or its subdivisions on account of the

execution and performance of the contract or approval for the release is obtained from the appropriate agencies.

[**ARC 8833C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

These rules are intended to implement Iowa Code chapter 91C.

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[Editorial change: IAC Supplement 7/9/25]
[Editorial change: IAC Supplement 11/26/25]

◊ Two or more ARCs

1 Effective date (2/15/89) delayed 70 days by the Administrative Rules Review Committee at its January 5, 1989, meeting.

CHAPTERS 466 to 468
Reserved

CHAPTER 469
RENOVATION, REMODELING, AND REPAINTING—LEAD HAZARD NOTIFICATION PROCESS

[Prior to 4/2/25, see Public Health Department[641] Ch 69]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—469.1(10A) Applicability. This chapter applies to all persons who perform renovation, remodeling, or repainting for compensation in target housing or a child-occupied facility.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.2(10A) Definitions.

"Arithmetic mean" means the algebraic sum of data values divided by the number of data values. For example, the sum of the concentration of lead in several soil samples divided by the number of samples is the arithmetic mean.

"Certificate of mailing" means certified mail with return receipt or its equivalent.

"Chewable surface" means an interior or exterior surface painted with lead-based paint that a young child can mouth or chew.

"Child-occupied facility" means the same as defined in Iowa Code section 10A.903. "Child-occupied facility" also includes any building where lead-based paint activities are conducted immediately prior to or during the conversion of the building to a child-occupied facility.

"Common area" means a portion of the building that is generally accessible to all occupants. This includes but is not limited to hallways, stairways, laundry and recreational rooms, playgrounds, community centers, garages, and boundary fences.

"Compensation" means payment or reimbursement for services performed. Compensation is not limited to monetary considerations and includes payment of rent for rental units, receipt of a salary from the owner or manager of target housing, and receipt of a salary from the owner or operator of a child-occupied facility.

"Components" means specific design or structural elements or fixtures of a building, residential dwelling, or child-occupied facility that are distinguished from each other by form, function, and location. These include but are not limited to interior components such as ceilings, crown moldings, walls, chair rails, doors, door trim, floors, fireplaces, radiators and other heating units, shelves, shelf supports, stair treads, stair risers, stair stringers, newel posts, railing caps, balustrades, windows and trim (including sashes, window heads, jambs, sills or stools and troughs), built-in cabinets, columns, beams, bathroom vanities, countertops, and air conditioners; and exterior components such as painted roofing, chimneys, flashing, gutters and downspouts, ceilings, soffits, facias, rake boards, corner boards, bulkheads, doors and door trim, fences, floors, joists, latticework, railings and railing caps, siding, handrails, stair risers and treads, stair stringers, columns, balustrades, windowsills or stools and troughs, casing, sashes and wells, and air conditioners.

"Department" means the department of inspections, appeals, and licensing.

"Dripline" means the area within three feet surrounding the perimeter of a building.

"Dust-lead hazard" means surface dust in residential dwellings or child-occupied facilities that contains a mass-per-area concentration of lead equal to or exceeding 5 micrograms per square foot on floors, 40 micrograms per square foot on interior windowsills, and 100 micrograms per square foot on window troughs based on wipe samples. A dust-lead hazard is present in a residential dwelling or child-occupied facility when the weighted arithmetic mean lead loading for all single-surface or composite samples of floors and interior windowsills is equal to or greater than 5 micrograms per square foot on floors, 40 micrograms per square foot on interior windowsills, and 100 micrograms per square foot on window troughs based on wipe samples. A dust-lead hazard is present on floors, interior windowsills, or window troughs in an unsampled residential dwelling in a multifamily dwelling if a dust-lead hazard is present on floors, interior windowsills, or window troughs, respectively, in at least one sampled residential unit on the property. A dust-lead hazard is present on floors, interior windowsills, or window troughs in an unsampled common area in a multifamily dwelling if a dust-lead hazard is present on floors, interior

windowsills, or window troughs, respectively, in at least one sampled common area in the same common area group on the property.

"Dwelling unit" means a single, unified combination of rooms designed for use as a dwelling by one family.

"Emergency renovation, remodeling, or repainting" means renovation, remodeling, or repainting activities necessitated by nonroutine failures of equipment or a structure that were not planned but resulted from a sudden, unexpected event that, if not immediately attended to, presents a safety or public health hazard or threatens equipment or property with significant damage.

"Friction surface" means an interior or exterior surface that is subject to abrasion or friction including but not limited to certain window, floor, and stair surfaces.

"Hazardous lead-based paint" means lead-based paint that is present on a friction surface where there is evidence of abrasion or where the dust-lead level on the nearest horizontal surface underneath the friction surface (e.g., the windowsill or floor) is equal to or greater than the dust-lead hazard level, lead-based paint that is present on an impact surface that is damaged or otherwise deteriorated from impact, lead-based paint that is present on a chewable surface, or any other deteriorated lead-based paint in any residential building or child-occupied facility or on the exterior of any residential building or child-occupied facility.

"Housing for the elderly" means retirement communities or similar types of housing reserved for households composed of one or more persons 62 years of age or older or an age recognized as elderly by a specific federal housing assistance program.

"Impact surface" means an interior or exterior surface that is subject to damage by repeated sudden force such as certain parts of door frames.

"Lead-based paint" means paint or other surface coatings that contain lead equal to or in excess of 1.0 milligram per square centimeter or more than 0.5 percent by weight.

"Lead-based paint hazard" means hazardous lead-based paint, a dust-lead hazard, or a soil-lead hazard.

"Living area" means any area of a residential dwelling used by at least one child six years of age or less including but not limited to living rooms, kitchen areas, dens, playrooms, and children's bedrooms.

"Mid-yard" means an area of a residential yard approximately midway between the dripline of a residential building and the nearest property boundary or between the driplines of a residential building and another building on the same property.

"Multifamily dwelling" means a structure that contains more than one separate residential dwelling unit, which is used or occupied, or is intended to be used or occupied, in whole or in part, as the home or residence of one or more persons.

"Person" means individual, corporation, limited liability company, government or governmental subdivision or agency, business trust, estate, trust, partnership, or association, or any other legal entity.

"Play area" means an area of frequent soil contact by children of less than six years of age as indicated by but not limited to factors including the following: the presence of play equipment (sandboxes, swing sets, and sliding boards), toys, or other children's possessions, observations of play patterns, or information provided by parents, residents, caregivers, or property owners.

"Regulated entity" means any individual or company that is regulated by the department by virtue of these rules, the Iowa Code, or other official regulatory promulgation.

"Renovation, remodeling, repainting" means modifying any existing structure or portion of a structure where painted surfaces are disturbed, unless the activity fits the criteria of lead abatement as defined in rule 481—470.2(10A) and is performed by a certified lead abatement contractor as defined in rule 481—470.2(10A). This includes, but is not limited to, removing walls, ceilings, and other painted building components; window replacement; floor refinishing; and sanding, scraping, stripping, water blasting, or otherwise removing paint.

"Residential dwelling" means (1) a detached single-family dwelling unit, including the surrounding yard, attached structures such as porches and stoops, and detached buildings and structures including but not limited to garages, farm buildings, and fences, or (2) a single-family dwelling unit in a structure that contains more than one separate residential dwelling unit, which is used or occupied, or intended to be used or occupied, in whole or part, as the home or residence of one or more persons.

"Soil-lead hazard" means bare soil on residential real property or on the property of a child-occupied facility that contains total lead in excess of 400 parts per million for the dripline, mid-yard, and play areas. A soil-lead hazard is present in a dripline, mid-yard, or play area when the soil-lead concentration from a composite sample of bare soil is equal to or greater than 400 parts per million.

"Target housing" means the same as defined in Iowa Code section 10A.903.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; **ARC 0594D**, IAB 9/16/26, effective 10/21/26]

481—469.3(10A) Notification required in target housing. A person who performs renovation, remodeling, or repainting of target housing for compensation, except for emergency renovation, remodeling, or repainting of target housing, and except for minor repair and maintenance activities that disrupt less than 1.0 square feet of painted surface, shall do the following prior to commencing the work:

469.3(1) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the owner and adult occupant of each dwelling unit where renovation, remodeling, or repainting will be performed. The pamphlet shall be provided no more than 60 days prior to commencing the work.

469.3(2) Obtain a signed, dated acknowledgment from the owner and known adult occupant of each dwelling unit where renovation, remodeling, or repainting will be performed affirming receipt of the pamphlet prior to the start of renovation, remodeling, or repainting and are aware of the potential health hazards from remodeling, renovating, or repainting housing containing lead-based paint. The acknowledgment shall be obtained no more than 60 days prior to commencing the work, be completed prior to commencing the work, be clearly and legibly written, and include the following:

a. The owner's and occupant's names and the address of the residential dwelling undergoing renovation, remodeling, or repainting.

b. The following language:

> I have received the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, prior to the start of renovation, remodeling, or repainting and am aware of the potential health risk associated with remodeling, renovating, or repainting housing containing lead-based paint or lead-based paint hazards.

c. The signature, and date of signature, of the owner and occupant below the statement from paragraph 469.3(2)*"b."* If a signature cannot be obtained from an adult occupant, the person must certify in writing that the pamphlet was delivered to the dwelling and that a written acknowledgment could not be obtained from an adult occupant. Such certification must include the address of the unit to be remodeled, renovated, or repainted; the date and method of delivery of the pamphlet; the name of the person delivering the pamphlet; the reason for lack of acknowledgment (e.g., occupant refuses to sign, no adult occupant available); and a dated signature of the person conducting the renovation, remodeling, or repainting.

469.3(3) The acknowledgment from subrule 469.3(2) may be included as a separate sheet or as a part of any written contract or service agreement. If the parties use a written contract or agreement written in a language other than English, the acknowledgment text shall be written in the same language as the text of the contract or agreement.

469.3(4) In lieu of delivering the pamphlet and written acknowledgment, the person conducting the renovation, remodeling, or repainting may obtain a certificate of mailing the pamphlet and written acknowledgment at least seven days prior to beginning the work.

469.3(5) If the general nature, location, and expected starting and ending dates of the planned renovation, remodeling, or repainting change after the initial notification has been conducted, the person conducting the renovation, remodeling, or repainting shall provide further notification to the owners and occupants providing revised information on the ongoing or planned activities. This subsequent notification must be provided before the person conducting the renovation, remodeling, or repainting initiates work beyond that which was described in the original notice.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.4(10A) Notification required in multifamily housing. A person who performs renovation, remodeling, or repainting of common areas for compensation, except for emergency renovation,

remodeling, or repainting of target housing, and except for minor repair and maintenance activities that disrupt less than 1.0 square feet of painted surface, shall do the following prior to commencing the work:

469.4(1) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the owner of the multifamily target housing where renovation, remodeling, or repainting will be performed. The pamphlet shall be provided no more than 60 days prior to commencing the work.

469.4(2) Obtain a signed, dated acknowledgment from the owner of the multifamily target housing where renovation, remodeling, or repainting will be performed affirming that the owner has received the pamphlet prior to the start of renovation, remodeling, or repainting and is aware of the potential health hazards from remodeling, renovating, or repainting housing containing lead-based paint. The acknowledgment shall be obtained no more than 60 days prior to commencing the work, be completed prior to commencing the work, be clearly and legibly written, and include the following:

a. The owner's name and the address of the multifamily dwelling undergoing renovation, remodeling, or repainting.

b. The following language:

> I have received the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, prior to the start of renovation, remodeling, or repainting and am aware of the potential health risk associated with remodeling, renovating, or repainting housing containing lead-based paint or lead-based paint hazards.

c. The signature of the owner, along with the date of signature.

469.4(3) Include the acknowledgment from subrule 469.4(2) as a separate sheet or as a part of any written contract or service agreement. If the parties use a written contract or agreement written in a language other than English, the acknowledgment text shall be written in the same language as the text of the contract or agreement.

469.4(4) Notify each occupant of the multifamily housing, in writing, of the intended remodeling, repainting, or renovation, and make a pamphlet as described in subrule 469.3(2) available upon request. At a minimum, this notification shall be accomplished by distributing written notice to each occupant of the target housing that describes:

a. The general nature and location of the planned renovation, remodeling, or repainting activity.

b. The expected starting and ending dates of the planned renovation, remodeling, or repainting activity.

c. A statement of how the owners and occupants can obtain a pamphlet as described in subrule 469.3(2) at no charge from the person conducting the renovation, remodeling, or repainting activity.

469.4(5) These activities may be conducted by the owner on behalf of the person planning to perform the renovation, remodeling, or repainting.

469.4(6) Prepare, sign, and date a statement describing the steps performed to notify all occupants of the intended renovation, remodeling, or repainting, and to provide a pamphlet as described in subrule 469.3(2) at no charge upon request. Regardless of who performs the notification activities in this rule, the person planning to conduct the renovation, remodeling, or repainting is responsible for ensuring compliance will be liable for any failure to comply with the notification requirements of this rule.

469.4(7) Subrules 469.3(4) and 469.3(5) are applicable as if set forth herein.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.5(10A) Emergency renovation, remodeling, or repainting in target housing. A person who performs emergency renovation, remodeling, or repainting of target housing for compensation, except for minor repair and maintenance activities that disrupt less than 1.0 square feet of painted surface, will do the following as soon as reasonably possible:

469.5(1) Provide a pamphlet as described in subrule 469.3(2) to the owner of the target housing where renovation, remodeling, or repainting is performed.

469.5(2) Notify each owner and occupant of the target housing, in writing, of the remodeling, repainting, or renovation, and make a pamphlet as described in subrule 469.3(2) available upon request. At a minimum, this notification shall be accomplished by distributing written notice to each owner and occupant of the target housing that describes:

a. The general nature and location of the renovation, remodeling, or repainting activity.

b. The starting and ending dates of the renovation, remodeling, or repainting activity.

c. A statement of how the owners and occupants can obtain a pamphlet as described in subrule 469.3(2) at no charge from the person conducting the renovation, remodeling, or repainting activity.

469.5(3) These activities may be conducted by the owner on behalf of the person performing the renovation, remodeling, or repainting. The person planning to perform the renovation, remodeling, or repainting must prepare, sign, and date a statement describing the steps performed to notify all occupants of the intended renovation, remodeling, or repainting and, upon request, provide a pamphlet as described in subrule 469.3(2) at no charge. Regardless of who performs the notification activities in this rule, the person conducting the renovation, remodeling, or repainting is responsible for ensuring compliance with this rule and will be liable for any failure to comply with the notification requirements of this rule.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.6(10A) Certification of attempted delivery in target housing. When an adult occupant is unavailable for signature or refuses to sign the acknowledgment of receipt of the pamphlet, the person conducting the renovation, remodeling, or repainting is permitted by subrule 469.3(2) to certify delivery for each instance. In addition to subrule 469.3(2):

469.6(1) If an adult occupant is unavailable for signature, the certification shall contain the printed name and dated signature of the person conducting the renovation, remodeling, or repainting, the address of the unit, and the attempted delivery dates and times under the following language:

> I certify that I have made a good-faith effort to deliver the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the unit listed below at the dates and times indicated, and that an adult occupant was unavailable to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

469.6(2) If the occupant refuses to sign the acknowledgment, the certification shall contain the printed name and dated signature of the person conducting the renovation, remodeling, or repainting, the address of the unit, the attempted delivery dates and times, and the location where the pamphlet was left at the unit (e.g., taped to the door, slipped under the door) under the following language:

> I certify that I have made a good-faith effort to deliver the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the unit listed below at the dates and times indicated, and that the occupant refused to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the unit.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.7(10A) Notification required in child-occupied facilities. A person who performs renovation, remodeling, or repainting of child-occupied facilities for compensation, except for emergency renovation, remodeling, or repainting of child-occupied facilities, and except for minor repair and maintenance activities that disrupt less than 1.0 square feet of painted surface, will do the following prior to commencing the work:

469.7(1) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the owner of the building where renovation, remodeling, or repainting will be performed. The pamphlet will be provided no more than 60 days prior to commencing the work.

469.7(2) Obtain a signed, dated acknowledgment from the owner of the building where renovation, remodeling, or repainting will be performed affirming that the owner has received the pamphlet prior to the start of renovation, remodeling, or repainting and is aware of the potential health hazards from remodeling, renovating, or repainting buildings containing lead-based paint. The acknowledgment will be obtained no more than 60 days prior to commencing the work.

a. The acknowledgment will include the owner’s name and the address of the child-occupied facility undergoing renovation, remodeling, or repainting.

b. The acknowledgment will include the following language:

> I have received the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, prior to the start of renovation, remodeling, or

repainting and am aware of the potential health risk associated with remodeling, renovating, or repainting buildings containing lead-based paint or lead-based paint hazards.

c. Below the statement, the acknowledgment will require the signature of the owner along with the date of signature.

d. If a signature cannot be obtained from the owner, the person will certify in writing that the pamphlet has been delivered to the building and that a written acknowledgment could not be obtained from an owner. Such certification will include the address of the building to be remodeled, renovated, or repainted, the date and method of delivery of the pamphlet, the name of the person delivering the pamphlet, the reason for lack of acknowledgment (e.g., owner refuses to sign, owner not available), the signature of the person conducting the renovation, remodeling, or repainting, and the date of signature.

e. The type will be clear and legible.

f. The acknowledgment may be included as a separate sheet or as a part of any written contract or service agreement. The acknowledgment will be completed prior to commencing the work.

g. If the parties use a written contract or agreement that is written in a language other than English, the acknowledgment text will be written in the same language as the text of the contract or agreement.

469.7(3) In lieu of delivering the pamphlet and written acknowledgment, the person conducting the renovation, remodeling, or repainting may obtain a certificate of mailing the pamphlet and written acknowledgment to the owner at least seven days prior to beginning the work.

469.7(4) If the general nature, location, and expected starting and ending dates of the planned renovation, remodeling, or repainting change after the initial notification has been conducted, the person conducting the renovation, remodeling, or repainting will provide further notification to the owners providing revised information on the ongoing or planned activities. This subsequent notification will be provided before the person conducting the renovation, remodeling, or repainting initiates work beyond that which was described in the original notice.

469.7(5) If the operator of the child-occupied facility is not the owner of the building, provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the operator of the child-occupied facility where renovation, remodeling, or repainting will be performed. The pamphlet will be provided no more than 60 days prior to commencing the work.

469.7(6) If the operator of the child-occupied facility is not the owner of the building, obtain a signed, dated acknowledgment from the operator of the child-occupied facility where renovation, remodeling, or repainting will be performed affirming that the operator has received the pamphlet prior to the start of renovation, remodeling, or repainting and is aware of the potential health hazards from remodeling, renovating, or repainting buildings containing lead-based paint. The acknowledgment will be obtained no more than 60 days prior to commencing the work.

a. The acknowledgment will include the name of the operator of the child-occupied facility and the address of the child-occupied facility undergoing renovation, remodeling, or repainting.

b. The acknowledgment will include the following language:

I have received the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, prior to the start of renovation, remodeling, or repainting and am aware of the potential health risk associated with remodeling, renovating, or repainting buildings containing lead-based paint or lead-based paint hazards.

c. Below the statement, the acknowledgment will require the signature of the operator of the child-occupied facility along with the date of signature.

d. If a signature cannot be obtained from the operator of the child-occupied facility, the person will certify in writing that the pamphlet has been delivered to the building and that a written acknowledgment could not be obtained from the operator of the child-occupied facility. Such certification will include the address of the building to be remodeled, renovated, or repainted, the date and method of delivery of the pamphlet, the name of the person delivering the pamphlet, the reason for lack of acknowledgment (e.g., operator of the child-occupied facility refuses to sign, operator of the child-occupied facility not available), the signature of the person conducting the renovation, remodeling, or repainting, and the date of signature.

e. The type will be clear and legible.

f. The acknowledgment may be included as a separate sheet or as a part of any written contract or service agreement. The acknowledgment will be completed prior to commencing the work.

g. If the parties use a written contract or agreement that is written in a language other than English, the acknowledgment text will be written in the same language as the text of the contract or agreement.

469.7(7) In lieu of delivering the pamphlet and written acknowledgment, the person conducting the renovation, remodeling, or repainting may obtain a certificate of mailing the pamphlet and written acknowledgment to the operator of the child-occupied facility at least 7 days prior to beginning the work.

469.7(8) If the general nature, location, and expected starting and ending dates of the planned renovation, remodeling, or repainting change after the initial notification has been conducted, the person conducting the renovation, remodeling, or repainting will provide further notification to the operator of the child-occupied facility providing revised information on the ongoing or planned activities. This subsequent notification will be provided before the person conducting the renovation, remodeling, or repainting initiates work beyond that which was described in the original notice.

469.7(9) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, and information regarding the general nature and locations of the renovation, remodeling, or repainting and the anticipated completion date to the parents and guardians of children using the child-occupied facility where renovation, remodeling, or repainting will be performed. The pamphlet and information will be provided no more than 60 days prior to commencing the work. The person conducting the renovation, remodeling, or repainting will provide this information using one of the following methods:

a. Mail or hand-deliver the pamphlet and information to each parent or guardian of each child using the child-occupied facility (the pamphlet and information may not be sent home with the child); or

b. While the renovation, remodeling, or repainting is ongoing, post informational signs describing the general nature and locations of the renovation, remodeling, or repainting and the anticipated completion date. These signs will be posted in areas where they can be seen by the parents of the children frequenting the child-occupied facility. The signs will be accompanied by a posted copy of the pamphlet or information on how interested parents or guardians can review a copy of the pamphlet or obtain a copy from the person conducting the renovation, remodeling, or repainting at no cost to the parents or guardians.

469.7(10) The activities in subrule 469.7(9) will be conducted by the person planning to perform the renovation, remodeling, or repainting or by the owner or operator of the child-occupied facility on behalf of this person. Regardless of who performs the notification activities required in subrule 469.7(9), the person conducting the renovation, remodeling, or repainting will be responsible for ensuring compliance with this rule and will be liable for any failures to comply with the notification requirements in this rule.

469.7(11) The person conducting the renovation, remodeling, or repainting will prepare, sign, and date a statement describing the steps performed to notify all parents and guardians of the intended renovation, remodeling, or repainting and to provide the pamphlet to them.

469.7(12) If the general nature, location, and expected starting and ending dates of the planned renovation, remodeling, or repainting change after the initial notification has been conducted, the person conducting the renovation, remodeling, or repainting will provide revised information on the ongoing or planned activities to the parents and guardians of children frequenting the child-occupied facility providing revised information on the ongoing or planned activities. This subsequent notification will be provided before the person conducting the renovation, remodeling, or repainting initiates work beyond that which was described in the original notice.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.8(10A) Emergency renovation, remodeling, or repainting in child-occupied facilities. A person who performs emergency renovation, remodeling, or repainting of child-occupied facilities for compensation, except for minor repair and maintenance activities that disrupt less than 1.0 square feet of painted surface, will do the following as soon as reasonably possible:

469.8(1) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the owner of the building where renovation, remodeling, or repainting is performed.

469.8(2) Notify each owner and, if different, the operator of the child-occupied facility, in writing, of the remodeling, repainting, or renovation, and make the pamphlet, Lead Poisoning: How to Protect Iowa Families, or the federal pamphlet, Renovate Right, available upon request. At a minimum, this notification will be accomplished by distributing written notice to each owner and, if different, operator of the child-occupied facility. The notice will describe:

a. The general nature and location of the renovation, remodeling, or repainting activity.

b. The starting and ending dates of the renovation, remodeling, or repainting activity.

c. A statement of how each owner and, if different, the operator of the child-occupied facility can obtain the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, at no charge from the person conducting the renovation, remodeling, or repainting activity.

469.8(3) Provide the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, and information regarding the general nature and locations of the renovation, remodeling, or repainting and the anticipated completion date to the parents and guardians of children using the child-occupied facility where renovation, remodeling, or repainting will be performed. The person conducting the renovation, remodeling, or repainting will provide this information using one of the following methods:

a. Mail or hand-deliver the pamphlet and information to each parent or guardian of each child using the child-occupied facility (the pamphlet and information may not be sent home with the child); or

b. While the renovation, remodeling, or repainting is ongoing, post informational signs describing the general nature and locations of the renovation, remodeling, or repainting and the anticipated completion date. These signs will be posted in areas where they can be seen by the parents or guardians of the children frequenting the child-occupied facility. The signs will be accompanied by a posted copy of the pamphlet or information on how interested parents or guardians can review a copy of the pamphlet or obtain a copy from the person conducting the renovation, remodeling, or repainting at no cost to the parents or guardians.

469.8(4) The activities in subrule 469.8(3) will be conducted by the person planning to perform the renovation, remodeling, or repainting or by the owner or operator of the child-occupied facility on behalf of this person. Regardless of who performs the notification activities required in subrule 469.8(3), the person conducting the renovation, remodeling, or repainting will be responsible for ensuring compliance with this rule and will be liable for any failures to comply with the notification requirements in this rule.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.9(10A) Certification of attempted delivery for child-occupied facilities. When the owner and, if different, operator of a child-occupied facility are unavailable for signature or refuse to sign the acknowledgment of receipt of the pamphlet, the person conducting the renovation, remodeling, or repainting is permitted by subrule 469.3(2) to certify delivery for each instance. The certification will include the address of the child-occupied facility undergoing renovation, remodeling, or repainting, the date and method of delivery of the pamphlet, name of the person delivering the pamphlet, reason for lack of acknowledgment (e.g., owner and, if different, operator refuse to sign), the signature of the individual conducting the renovation, remodeling, or repainting, and the date of signature.

469.9(1) *Unavailable for signature.*

a. If the owner and, if different, operator of the child-occupied facility are unavailable for signature, the certification will contain the following language:

> I certify that I have made a good-faith effort to deliver the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the child-occupied facility listed below at the dates and times indicated, and that the owner and, if different, operator of the child-occupied facility was unavailable to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the child-occupied facility with the owner and, if different, operator.

b. Below the statement, the certification will require the printed name and signature of the person conducting the renovation, remodeling, or repainting, the address of the child-occupied facility, the attempted delivery dates and times, and the date of signature.

469.9(2) *Refused to sign.*

a. If the owner and, if different, operator refuse to sign the acknowledgment, the certification will contain the following language:

> I certify that I have made a good-faith effort to deliver the pamphlet entitled Lead Poisoning: How to Protect Iowa Families or the federal pamphlet, Renovate Right, to the child-occupied facility listed below at the dates and times indicated, and that the owner and, if different, operator refused to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the child-occupied facility.

b. Below the statement, the certification will require the printed name and signature of the person conducting the renovation, remodeling, or repainting, the address of the child-occupied facility, the attempted delivery dates and times, the location where the pamphlet was left at the child-occupied facility (e.g., taped to the door, slipped under the door), and the date of signature.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.10(10A) Subcontracts. In cases where renovation, remodeling, or repainting activities involve subcontracts, it is the responsibility of the person receiving the compensation from the property owner, or other party on behalf of the property owner, to provide the notification(s) described in rules 481—469.3(10A), 481—469.4(10A), 481—469.5(10A), and 481—469.6(10A).

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.11(10A) Exemption. Renovation, remodeling, or repainting in target housing or a child-occupied facility in which a lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor certified pursuant to 481—Chapter 470 has made a written determination that the components affected by the renovation are free of lead-based paint and where the person conducting the renovation, remodeling, or repainting has obtained a copy of the written determination is exempt from the provisions of this chapter.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.12(10A) Recordkeeping requirements. A person who conducts renovation, remodeling, or repainting for compensation in target housing or a child-occupied facility shall retain records necessary to demonstrate compliance with this chapter for a minimum of three years following completion of the renovation, remodeling, or repainting, including:

469.12(1) The address or location of the target housing or child-occupied facility where remodeling, renovation, or repainting was conducted.

469.12(2) A list of all known occupants of the dwelling units where renovation, remodeling, or repainting was conducted at the commencement of the work.

469.12(3) Copies of signed, dated acknowledgments, notifications, and notification materials required by subrules 469.3(2) and 469.4(2) and rule 481—469.7(10A).

469.12(4) Reports showing that a lead inspector/risk assessor or elevated blood level (EBL) inspector/risk assessor certified pursuant to 481—Chapter 470 has made a written determination that the components affected by the renovation are free of lead-based paint.

469.12(5) Certifications of attempted delivery as described in rule 481—469.6(10A).

469.12(6) Certificates of mailing as described in subrules 469.3(3) and 469.4(3).

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.13(10A) Compliance inspections. The department may enter the place of business of a person who conducts renovation, remodeling, or repainting for the purpose of enforcing the notification required by this chapter.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—469.14(10A) Enforcement.

469.14(1) The department may impose a civil penalty pursuant to Iowa Code section 10A.903(2) when it finds that a person has committed any of the following acts:

a. Failed or refused to comply with any requirements of this chapter.

b. Failed or refused to establish, maintain, provide, copy, or permit access to records or reports as required by this chapter.

c. Failed or refused to permit entry or inspection as described in subrule 469.14(1).

d. Falsified reports and records required by this chapter.

e. Failed to comply with the terms of a department order or the terms of a settlement agreement or consent order.

f. Failed to respond within 20 days of receipt of communication sent by the department by registered or certified mail.

g. Engaged in any conduct that subverts or attempts to subvert a department investigation.

h. Failed to comply with a subpoena issued by the department or failed to cooperate with a department investigation.

i. Failed to pay costs assessed in any disciplinary action.

469.14(2) Complaints may be submitted to the department using contact information as set forth in 481—Chapter 1. The complainant should provide the name of the person who performs renovation, remodeling, or repainting for compensation in target housing or a child-occupied facility and specific details of the person's noncompliance.

469.14(3) Civil penalties.

a. Before instituting any proceeding to impose a civil penalty under Iowa Code section 10A.903, the department will serve a written notice of violation upon the person charged. The notice of violation will specify the date or dates, facts, and the nature of the alleged act or omission with which the person is charged and will identify specifically the particular provision or provisions of the law, rule, regulation, or cease and desist order involved in the alleged violation and will state the amount of each proposed penalty. The notice of violation will also advise the person charged that the civil penalty may be paid in the amount specified therein, or the proposed imposition of the civil penalty may be protested in its entirety or in part, by a written answer, either denying the violation or showing extenuating circumstances. The notice of violation will advise the person charged that upon failure to pay a civil penalty subsequently determined by the department, if any, unless compromised, remitted, or mitigated, the fee may be collected by civil action.

b. Within 20 days of the date of a notice of violation or other time specified in the notice, the person charged may either pay the penalty in the amount proposed, answer the notice of violation, or request a contested case hearing. The answer to the notice of violation shall state any facts, explanations, and arguments denying the charges of violation or demonstrating any extenuating circumstances, error in the notice of violation, or other reason why the penalty should not be imposed and may request remission or mitigation of the penalty. If the person charged with a violation fails to answer within the time specified in paragraph 469.14(3)*"b,"* an order may be issued imposing the civil penalty in the amount set forth in the notice of violation described in paragraph 469.14(3)*"a."* If the person charged with a violation files an answer to the notice of violation, the department, upon consideration of the answer, will issue an order dismissing the proceeding or imposing, mitigating, or remitting the civil penalty. The person charged may, within 20 days of the date of the order or other time specified in the order, request a contested case hearing. If the person charged with a violation timely requests a contested case hearing, it will be initiated and held in accordance with 7—Chapter 2506 and 481—Chapter 10.

[**ARC 8907C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 8/5/26]

481—469.15(10A) Waivers. Rules in this chapter are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

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BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

CHAPTER 470
LEAD-BASED PAINT ACTIVITIES

[Prior to 4/2/25, see Public Health Department[641] Ch 70]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—470.1(10A) Applicability. This chapter applies to all persons who are lead professionals in Iowa, all firms that perform lead professional activities in Iowa, and training providers that offer training for lead professionals. This chapter addresses certification of lead professionals and establishes specific requirements for how lead-based paint activities will be performed if a property owner, manager, or occupant chooses to undertake them. Nothing in this chapter mandates a property owner, manager, or occupant to undertake any particular lead-based paint activity. This chapter also provides for the approval of courses that provide training for lead professionals.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—470.2(10A) Definitions.

"Adequate quality control" means a plan or design that ensures the authenticity, integrity, and accuracy of samples, including dust, soil, and paint chip or paint film samples. Adequate quality control also includes provisions for representative sampling.

"Approved course" means a course that has been approved by the department for the training of lead professionals.

"Approved lead-safe work practices training program" means a lead-safe work practices training program that has been approved by the department.

"Arithmetic mean" means the algebraic sum of data values divided by the number of data values.

"Certified elevated blood lead (EBL) inspector/risk assessor" means a person who has met the requirements of rule 481—470.5(10A) for certification or interim certification and who has been certified by the department.

"Certified firm" means a firm that employs certified lead professionals and has met the requirements of rule 481—470.7(10A) for certification and has been certified by the department.

"Certified lead abatement contractor" means a person who has met the requirements of rule 481—470.5(10A) for certification or interim certification and who has been certified by the department.

"Certified lead abatement worker" means a person who has met the requirements of rule 481—470.5(10A) and who has been certified by the department.

"Certified lead inspector/risk assessor" means a person who has met the requirements of rule 481—470.5(10A) for certification or interim certification and who has been certified by the department.

"Certified lead professional" means a person who has been certified by the department as a lead inspector/risk assessor, elevated blood lead (EBL) inspector/risk assessor, lead abatement contractor, lead abatement worker, project designer, sampling technician, or lead-safe renovator.

"Certified lead-safe renovator" means a person who has met the requirements of rule 481—470.5(10A) for certification and who has been certified by the department.

"Certified project designer" means a person who has met the requirements of rule 481—470.5(10A) for certification or interim certification and who has been certified by the department.

"Certified sampling technician" means a person who has met the requirements of rule 481—470.5(10A) and who has been certified by the department.

"Chewable surface" means an interior or exterior surface painted with lead-based paint that a young child can mouth or chew. Surfaces can be considered chewable even if there is no evidence of teeth marks.

"Child-occupied facility" means the same as defined in Iowa Code section 10A.903. "Child-occupied facility" also includes any building where lead-based paint activities are conducted immediately prior to or during the conversion of the building to a child-occupied facility.

"Cleaning verification card" means a card developed and distributed, or otherwise approved, by the U.S. Environmental Protection Agency (EPA) for the purpose of determining, through comparison of

wet and dry disposable cleaning cloths with the card, whether postrenovation cleaning has been properly completed.

"Clearance level" means the value at which the amount of lead in dust on a surface following completion of interim controls, lead abatement, paint stabilization, standard treatments, ongoing lead-based paint maintenance, rehabilitation, or renovation is a dust-lead hazard and fails clearance testing. The clearance level for a single-surface dust sample from a floor is greater than or equal to 5 micrograms per square foot. The clearance level for a single-surface dust sample from an interior windowsill is greater than or equal to 40 micrograms per square foot. The clearance level for a single-surface dust sample from a window trough is greater than or equal to 100 micrograms per square foot.

"Clearance testing" means an activity conducted following interim controls, lead abatement, paint stabilization, standard treatments, ongoing lead-based paint maintenance, rehabilitation, or renovation to determine that the hazard reduction activities are complete. Clearance testing includes a visual assessment, the collection and analysis of environmental samples, the interpretation of sampling results, and the preparation of a report.

"Common area" means a portion of the building that is generally accessible to all occupants. This includes, but is not limited to, hallways, stairways, laundry and recreational rooms, porches, exteriors, playgrounds, community centers, garages, and boundary fences.

"Common area group" means a group of common areas that are similar in design, construction, and function. Common area groups include but are not limited to hallways, stairwells, and laundry rooms.

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

"Component" or *"building component"* means specific design or structural elements or fixtures of a building, residential dwelling, or child-occupied facility that are distinguished from each other by form, function, and location. These include but are not limited to interior components such as ceilings, crown moldings, walls, chair rails, doors, door trim, floors, fireplaces, radiators and other heating units, shelves, shelf supports, stair treads, stair risers, stair stringers, newel posts, railing caps, balustrades, windows and trim (including sashes, window heads, jambs, sills or stools and troughs), built-in cabinets, columns, beams, bathroom vanities, countertops, and air conditioners; and exterior components such as painted roofing, chimneys, flashing, gutters and downspouts, ceilings, soffits, fascias, rake boards, cornerboards, bulkheads, doors and door trim, fences, floors, joists, latticework, railings and railing caps, siding, handrails, stair risers and treads, stair stringers, columns, balustrades, windowsills or stools and troughs, casings, sashes and wells, and air conditioners. Each side of a door is considered a component within its respective room.

"Component type" means a group of like components constructed of the same substrate in the same multifamily housing.

"Composite sample" means the collection of more than one sample of the same medium (e.g., dust, soil, or paint) from the same type of surface (e.g., floor, interior windowsill, or window trough) such that multiple samples can be analyzed as a single sample.

"Concentration" means the relative content of a specific substance contained within a larger mass, such as the amount of lead (in micrograms per grams or parts per million of weight) in a sample of soil or dust.

"Containment" means a system of temporary barriers to protect workers, residents, and the environment by controlling exposures to the dust-lead hazards and debris created during renovation or lead abatement.

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

"Course agenda" means an outline of the key topics to be covered during a training course, including the time allotted to teach each topic.

"Course test" means an evaluation of the overall effectiveness of the training, which shall test the trainees' knowledge and retention of the topics covered during the course.

"Course test blueprint" means written documentation identifying the proportion of course test questions devoted to each major topic in the course curriculum.

"Department" means the Iowa department of inspections, appeals, and licensing.

"Deteriorated paint" means any interior or exterior paint or other coating that is cracking, flaking, chipping, peeling, or chalking, or any paint or coating located on an interior or exterior surface that is otherwise damaged or separated from the substrate of a building component.

"Discipline" means one of the specific types or categories of lead-based paint activities identified in this chapter for which individuals may receive training from approved courses and become certified by the department.

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

"Distinct painting history" means the application history, as indicated by its visual appearance or a record of application, over time, of paint or other surface coatings to a component or room.

"Documented methodologies" means methods or protocols used to sample for the presence of lead in paint, dust, and soil.

"Dripline" means the area within three feet surrounding the perimeter of a building.

"Dry disposable cleaning cloth" means a commercially available dry, electrostatically charged, white disposable cloth designed to be used for cleaning hard surfaces such as uncarpeted floors or countertops.

"Dry sanding" means sanding a surface that is partially coated with paint or other surface coating without moisture and includes hand and mechanical methods of sanding.

"Dry scraping" means scraping a surface that is partially coated with paint or other surface coating without moisture and includes hand and mechanical methods of scraping.

"Dust-lead hazard" means surface dust in residential dwellings or child-occupied facilities that contains a mass-per-area concentration of lead greater than or equal to 5 micrograms per square foot on floors, 40 micrograms per square foot on interior windowsills, and 100 micrograms per square foot on window troughs based on wipe samples. A dust-lead hazard is present in a residential dwelling or child-occupied facility when the weighted arithmetic mean lead loading for all single-surface or composite samples of floors and interior windowsills is greater than or equal to 5 micrograms per square foot on floors, 40 micrograms per square foot on interior windowsills, and 100 micrograms per square foot on window troughs based on wipe samples. A dust-lead hazard is present on floors, interior windowsills, or window troughs in an unsampled residential dwelling in a multifamily dwelling if a dust-lead hazard is present on floors, interior windowsills, or window troughs, respectively, in at least one sampled residential unit on the property. A dust-lead hazard is present on floors, interior windowsills, or window troughs in an unsampled common area in a multifamily dwelling if a dust-lead hazard is present on floors, interior windowsills, or window troughs, respectively, in at least one sampled common area in the same common area group on the property.

"Elevated blood lead (EBL) child" means any child who has had one venous blood lead level greater than or equal to 20 micrograms per deciliter or at least two venous blood lead levels of 15 to 19 micrograms per deciliter.

"Elevated blood lead (EBL) inspection" means an inspection to determine the sources of lead exposure for an elevated blood lead (EBL) child and the provision within ten working days of a written report explaining the results of the investigation to the property owner and occupant of the residential dwelling or child-occupied facility being inspected and to the parents of the elevated blood lead (EBL) child. A certified elevated blood lead (EBL) inspector/risk assessor shall not determine that a residential dwelling is free of lead-based paint as a result of an elevated blood lead (EBL) inspection.

"Emergency renovation" means renovation, remodeling, or repainting activities necessitated by nonroutine failures of equipment or of a structure that were not planned but resulted from a sudden, unexpected event that, if not immediately attended to, presents a safety or public health hazard or threatens equipment or property with significant damage. "Emergency renovation" includes interim controls,

renovation, remodeling, or repainting activities that are conducted in response to an elevated blood lead (EBL) inspection.

"Encapsulant" means a substance that forms a barrier between lead-based paint and the environment using a liquid-applied coating (with or without reinforcement materials) or an adhesively bonded coating material.

"Encapsulation" means the application of an encapsulant.

"Enclosure" means the use of rigid, durable construction materials that are mechanically fastened to the substrate in order to act as a barrier between lead-based paint and the environment.

"Firm" means a company, partnership, corporation, sole proprietorship, individual doing business, association, or other business entity; a federal, state, tribal, or local government agency; or a nonprofit organization that performs or offers to perform lead-based paint activities.

"Friction surface" means an interior or exterior surface that is subject to abrasion or friction including but not limited to certain window, floor, and stair surfaces.

"Guest instructor" means an individual designated by the training program manager or principal instructor to provide instruction specific to the lecture, hands-on work activities, or work practice components of a course.

"Hands-on skills assessment" means an evaluation that tests the trainees' ability to satisfactorily perform the work practices and procedures identified in rule 481—470.6(10A), as well as any other skill taught in a training course.

"Hazardous lead-based paint" means lead-based paint that is present on a friction surface where there is evidence of abrasion or where the dust-lead level on the nearest horizontal surface underneath the friction surface (e.g., the windowsill or floor) is greater than or equal to the dust-lead hazard level, lead-based paint that is present on an impact surface that is damaged or otherwise deteriorated from impact, lead-based paint that is present on a chewable surface, or any other deteriorated lead-based paint in any residential building or child-occupied facility or on the exterior of any residential building or child-occupied facility.

"Hazardous waste" means any waste as defined in 40 CFR 261.3.

"HEPA exhaust control" means a HEPA vacuum attached to the machine in such a manner that it captures the air, dust, and debris disturbed by the machine.

"HEPA vacuum" means a vacuum cleaner that has been designed, operated, and maintained with a high-efficiency particulate air (HEPA) filter as the last filtration stage. A HEPA filter is a filter that is capable of capturing particles of 0.3 microns with 99.97 percent efficiency. The vacuum cleaner must be designed, operated, and maintained so that all of the air drawn into the machine is expelled through the HEPA filter with none of the air leaking past it. HEPA vacuums must be operated and maintained in accordance with the manufacturer's instructions.

"Housing for the elderly" means retirement communities or similar types of housing reserved for households composed of one or more persons 62 years of age or older or an age recognized as elderly by a specific federal housing assistance program.

"Immediate family" means spouse, parents and grandparents, children and grandchildren, brothers and sisters, mother-in-law and father-in-law, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law, and adopted and step family members.

"Impact surface" means an interior or exterior surface that is subject to damage by repeated sudden force such as certain parts of door frames.

"Inconclusive classification" means any XRF reading falling within the inconclusive range on the performance characteristic sheet, including the boundary values defining the range.

"Interim controls" means a set of measures designed to temporarily reduce human exposure or likely exposure to lead-based paint hazards, including repairing deteriorated lead-based paint, specialized cleaning, maintenance, painting, temporary containment, ongoing monitoring of lead-based paint hazards or potential hazards, and the establishment and operation of management and resident education programs.

"Interior windowsill" means the portion of the horizontal window ledge that protrudes into the interior of the room.

"Lead abatement" means any measure or set of measures designed to permanently eliminate lead-based paint hazards in a residential dwelling or child-occupied facility. Lead abatement includes, but is

not limited to, (1) the removal of lead-based paint and dust-lead hazards, the permanent enclosure or encapsulation of lead-based paint, the replacement of lead-painted surfaces or fixtures, and the removal or covering of soil-lead hazards and (2) all preparation, cleanup, disposal, repainting or refinishing, and postabatement clearance testing activities associated with such measures. "Lead abatement" specifically includes projects for which there is a written contract or other documentation, which provides that an individual will be conducting lead abatement in or around a residential dwelling or child-occupied facility.

"Lead abatement" also includes but is not limited to (1) projects for which there is a written contract or other document, which provides that an individual will be conducting activities in or to a residential dwelling or child-occupied facility that shall result in or are designed to permanently eliminate lead-based paint hazards, (2) projects resulting in the permanent elimination of lead-based paint hazards that are conducted by firms or individuals certified under rule 481—470.5(10A), (3) projects resulting in the permanent elimination of lead-based paint hazards that are conducted by firms or individuals who, through their company name or promotional literature, represent, advertise, or hold themselves out to be in the business of performing lead abatement, and (4) projects resulting in the permanent elimination of lead-based paint that are conducted in response to a lead abatement order. However, in the case of items (1) through (4) of this definition, "lead abatement" does not include renovation, remodeling, landscaping, or other activities, when such activities are not designed to permanently eliminate lead-based paint hazards, but, instead, are designed to repair, restore, or remodel a given structure or dwelling, even though these activities may incidentally result in a reduction or elimination of lead-based paint hazards. Furthermore, "lead abatement" does not include interim controls, operations and maintenance activities, renovation, or other measures and activities designed to temporarily, but not permanently, reduce lead-based paint hazards.

"Lead-based paint" means paint or other surface coatings that contain lead greater than or equal to 1.0 milligram per square centimeter or greater than 0.5 percent by weight. Lead-based paint is present on any surface that is tested and found to contain lead greater than or equal to 1.0 milligram per square centimeter or greater than 0.5 percent by weight and on any surface like a surface tested in the same room equivalent that has a similar painting history and that is found to be lead-based paint.

"Lead-based paint activities" means, in the case of target housing and child-occupied facilities, lead-free inspection, lead inspection, elevated blood lead (EBL) inspection, lead hazard screen, risk assessment, lead abatement, visual risk assessment, clearance testing conducted after lead abatement, clearance testing conducted after renovation, clearance testing conducted after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35, and renovation.

"Lead-based paint hazard" means hazardous lead-based paint, a dust-lead hazard, or a soil-lead hazard.

"Lead-based paint hazard reduction activity" means an activity that permanently or temporarily reduces or eliminates lead-based paint hazards. "Lead-based paint hazard reduction activity" includes lead abatement, renovation, or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35.

"Lead-free inspection" means an inspection to determine whether a single dwelling unit or multifamily housing is free of lead-based paint and qualifies for the exemption in 24 CFR Part 35 and 40 CFR Part 745 for target housing being leased that is free of lead-based paint and the provision of a written report explaining the results of the lead-free inspection and options for reducing lead-based paint hazards to the property owner and to the person requesting the lead inspection.

"Lead hazard screen" means a limited risk assessment activity that involves limited paint and dust sampling and the provision of a written report explaining the results of the lead hazard screen to the property owner and to the person requesting the lead hazard screen.

"Lead inspection" means a surface-by-surface investigation to determine the presence of lead-based paint and a determination of the existence, nature, severity, and location of lead-based paint hazards in a residential dwelling or child-occupied facility and the provision of a written report explaining the results of the investigation and options for reducing lead-based paint hazards to the property owner and to the person requesting the lead inspection. A certified lead inspector/risk assessor or certified elevated blood

lead (EBL) inspector/risk assessor shall not determine that a residential dwelling is free of lead-based paint as a result of a lead inspection.

"Lead professional" means a person who conducts lead abatement, renovation, lead inspections, elevated blood lead (EBL) inspections, lead hazard screens, risk assessments, visual risk assessments, clearance testing after lead abatement, clearance testing after renovation, paint testing, or clearance testing after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35.

"Lead-safe renovator training program" means an eight-hour training program that provides training on how to work safely with lead-based paint.

"Lead-safe work practices" means methods that are used to minimize hazards when conducting renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35.

"Living area" means any area of a residential dwelling used by at least one child under the age of six years, including but not limited to living rooms, kitchen areas, dens, playrooms, and children's bedrooms.

"Loading" means the quantity of a specific substance present per unit of surface area, such as the amount of lead in micrograms contained in the dust collected from a certain surface area divided by the surface area in square feet or square meters.

"Mid-yard" means an area of a residential yard approximately midway between the dripline of a residential building and the nearest property boundary or between the driplines of a residential building and another building on the same property.

"Minor repair and maintenance activities" means activities, including minor heating, ventilation or air-conditioning work, electrical work, and plumbing, that disrupt less than the minimum areas of a painted surface established in this definition where none of the work practices prohibited or restricted by this chapter are used and where the work does not involve window replacement or demolition of painted surface areas. When painted components or portions of painted components are removed, the entire surface area removed is the amount of painted surface disturbed. Projects, other than emergency renovation, performed in the same room within the same 30 days will be considered the same project for the purpose of determining whether the project is a minor repair and maintenance activity. Renovations performed in response to an elevated blood lead (EBL) inspection are not considered minor repair and maintenance activities. The minimum area for minor repair and maintenance activities is:

1. Less than 1.0 square foot of an interior painted or finished wood surface per renovation;
2. Less than 6.0 square feet of a painted or finished drywall or plaster surface per room; or
3. Less than 20.0 square feet of an exterior painted or finished surface per renovation.

Projects performed pursuant to 24 CFR Part 35 shall comply with the de minimis levels in 24 CFR 35.1350 if these de minimis levels are more restrictive than the minimum areas of a painted surface established in this definition.

"Multifamily dwelling" means a structure that contains more than one separate residential dwelling unit, which is used or occupied, or intended to be used or occupied, in whole or in part, as the home or residence of one or more persons.

"Multifamily housing" means one or more multifamily dwellings that are under the same ownership or management.

"Negative classification" means any value defined by the performance characteristics sheet as indicating that lead-based paint is not present.

"NIST 1.02 standard film" means the National Institute of Standards and Technology 1.02 milligrams of lead per square centimeter standard reference material. If the specific 1.02 milligrams of lead per square centimeter standard is not available from NIST, then the lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor shall use the closest available standard from NIST (1.0X).

"Occupant protection plan" means a plan developed by a certified lead abatement contractor prior to the commencement of lead abatement in a residential dwelling or child-occupied facility that describes the measures and management procedures that will be taken during lead abatement to protect the building occupants from exposure to any lead-based paint hazards.

"Ongoing lead-based paint maintenance" means the maintenance of housing pursuant to 24 CFR Part 35.

"Painted component" means a component or building component that is at least partially covered with paint or other surface coating.

"Paint-lead hazard" means the presence of hazardous lead-based paint in a residential dwelling or a child-occupied facility.

"Paint sample" means a sample collected in a representative location using ASTM E1729, "Standard Practice for Field Collection of Dried Paint Samples for Lead Determination by Atomic Spectrometry Techniques," as effective on March 26, 2025, or equivalent method.

"Paint stabilization" means repairing any physical defect in the substrate of a painted surface that is causing paint deterioration, removing loose paint and other material from the surface to be treated, and applying a new protective coating or paint pursuant to 24 CFR Part 35.

"Paint testing" means the process of determining the presence or the absence of lead-based paint on a specific component or surface. Paint testing shall only be conducted by certified lead inspector/risk assessors or certified elevated blood lead (EBL) inspector/risk assessors using approved methods for testing. Approved methods for paint testing are XRF analysis and laboratory analysis.

"Performance characteristics sheet (PCS)" means an information sheet developed by the U.S. Environmental Protection Agency and U.S. Department of Housing and Urban Development that defines acceptable operating specifications and procedures for a specific model of X-ray fluorescence analyzer (XRF). The PCS contains information about XRF readings taken on specific substrates, calibration check tolerances, interpretation of XRF readings, and other aspects of the model's performance.

"Permanently covered soil" means soil that has been separated from human contact by the placement of a barrier consisting of solid, relatively impermeable materials, such as pavement or concrete. Grass, mulch, and other landscaping materials are not considered permanent covering.

"Play area" means an area of frequent soil contact by children of less than six years of age as indicated by, but not limited to, factors including the following: the presence of play equipment (sandboxes, swing sets, and sliding boards), toys, or other children's possessions, observations of play patterns, or information provided by parents, residents, caregivers, or property owners.

"Positive classification" means any value defined by the performance characteristics sheet as indicating the presence of lead-based paint.

"Postrenovation cleaning verification" means the use of a wet or dry disposable cleaning cloth to wipe the interior windowsill, window trough, uncarpeted floor, and countertops of the renovation work area and the comparison of the cloth to a cleaning verification card to determine if the work area has been adequately cleaned.

"Principal instructor" means the individual who has the primary responsibility for organizing and teaching a particular course.

"Public housing agency" or *"PHA"* means a state, county, municipality, or other governmental entity or public body that is authorized to engage in or assist in the development or operation of low-income housing. A PHA must be approved by the U.S. Department of Housing and Urban Development (HUD).

"Random selection" means a method of choosing residential dwellings from multifamily housing consisting of similarly constructed and maintained residential dwellings such that each residential dwelling has an equal chance of being selected.

"Recognized laboratory" means an environmental laboratory recognized by the U.S. Environmental Protection Agency pursuant to Section 405(b) of the federal Toxic Substance Control Act as capable of performing an analysis for lead compounds in paint, soil, and dust.

"Recognized test kit" means a commercially available kit recognized by the EPA under 40 CFR 745.88 as being capable of allowing a user to determine the presence of lead at levels equal to or in excess of 1.0 milligrams per square centimeter, or more than 0.5 percent by weight, in a paint chip, paint, powder, or painted surface.

"Reduction" means measures designed to reduce or eliminate human exposure to lead-based paint hazards through methods including interim controls and lead abatement.

"Reevaluation" means a visual assessment of painted surfaces and limited dust and soil sampling conducted periodically following a lead-based paint hazard reduction activity where lead-based paint is still present and the provision of a written report explaining the results of the reevaluation.

"Refresher training course" means a course taken by a certified lead professional to maintain certification in a particular discipline.

"Regulated entity" means any lead professional or firm that is regulated by the department by virtue of these rules, the Iowa Code, certification documents, approval documents, lead abatement notices, or other official regulatory promulgation.

"Rehabilitation" means the improvement of an existing structure through alterations, incidental additions, or enhancements. Rehabilitation includes repairs necessary to correct the results of deferred maintenance, the replacement of principal fixtures and components, improvements to increase the efficient use of energy, and installation of security devices.

"Renovation" means the modification of any existing structure, or portion thereof, that results in the disturbance of painted surfaces, unless that activity is performed as part of lead abatement as defined by this chapter. The term "renovation" includes, but is not limited to, the removal, modification, or repair of painted surfaces or painted components such as modification of painted doors, surface restoration, and window repair; surface preparation activity such as sanding, scraping, or other such activities that may generate paint dust; the partial or complete removal of building components such as walls, ceilings, and windows; weatherization projects such as cutting holes in painted surfaces to install blown-in insulation or to gain access to attics and planning thresholds to install weatherstripping; and interim controls that disturb painted surfaces. "Renovation" does not include minor repair and maintenance activities.

"Residential building" means a building containing one or more residential dwellings.

"Residential dwelling" means (1) a detached single-family dwelling unit, including the surrounding yard, attached structures such as porches and stoops, and detached buildings and structures including but not limited to garages, farm buildings, and fences, or (2) a single-family dwelling unit in a structure that contains more than one separate residential dwelling unit, that is used or occupied, or intended to be used or occupied, in whole or part, as the home or residence of one or more persons.

"Risk assessment" means an investigation to determine the existence, nature, severity, and location of lead-based paint hazards in a residential dwelling or child-occupied facility and the provision of a written report explaining the results of the investigation and options for reducing lead-based paint hazards to the property owner and to the person requesting the risk assessment.

"Room" means a separate part of the inside of a building, such as a bedroom, living room, dining room, kitchen, bathroom, laundry room, or utility room. To be considered a separate room, the room must be separated from adjoining rooms by built-in walls or archways that extend at least six inches from an intersecting wall. Half walls or bookcases count as room separators if built-in. Movable or collapsible partitions or partitions consisting solely of shelves or cabinets are not considered built-in walls. A screened-in porch that is used as a living area is a room. Each exterior side of the house is considered a separate room.

"Soil-lead hazard" means bare soil on residential real property or on the property of a child-occupied facility that contains total lead greater than or equal to 400 parts per million for the dripline, mid-yard, and play areas. A soil-lead hazard is present in a dripline, mid-yard, or play area when the soil-lead concentration from a composite sample of bare soil is greater than or equal to 400 parts per million.

"Soil sample" means a sample collected in a representative location using ASTM E1727, "Standard Practice for Field Collection of Soil Samples by Atomic Spectrometry Techniques," as effective on March 26, 2025, or equivalent method.

"Standard treatments" means a series of hazard reduction measures designed to reduce all lead-based paint hazards in a residential dwelling without the benefit of a risk assessment or other evaluation pursuant to 24 CFR Part 35. Standard treatments consist of the stabilization of all deteriorated interior and exterior paint, the provision of smooth and cleanable horizontal hard surfaces, the correction of dust-generating conditions (i.e., conditions causing rubbing, binding, or crushing of surfaces known to or presumed to be coated with lead-based paint), and the treatment of bare soil to control known or presumed soil-lead hazards.

"State certification examination" means a discipline-specific examination approved by the department to test the knowledge of a person who has completed an approved training course and is applying for certification in a particular discipline. The state certification examination may not be administered by the provider of an approved course.

"Substrate" means the material underneath the paint or finish on a surface. Substrates are classified as brick, concrete, drywall, metal, plaster, or wood.

"Substrate correction" means adjustments that must be made to readings obtained from some X-ray fluorescence analyzers to correct for systematic biases due to interference from the substrate beneath the paint.

"Substrate correction value" means the value that is used to adjust readings obtained from some X-ray fluorescence analyzers to correct for systematic biases due to interference from the substrate beneath the paint.

"Targeted selection" means selecting residential dwellings from multifamily housing for risk assessments or lead hazard screens using information supplied by the property owner.

"Target housing" means housing constructed prior to 1978 with the exception of housing for the elderly or for persons with disabilities and housing that does not contain a bedroom, unless at least one child under the age of six years resides or is expected to reside in the housing for the elderly or persons with disabilities or housing that does not contain a bedroom. Target housing also includes any nonresidential building where lead-based paint activities are conducted prior to or during the conversion of the nonresidential building to target housing.

"Testing combination" means the unique combination of the room, component, substrate, and distinct painting history.

"Training hour" means at least 50 minutes of actual learning, including but not limited to time devoted to lecture, learning activities, small group activities, demonstrations, evaluations, or hands-on experience.

"Training manager" means the individual responsible for administering an approved course and monitoring the performance of principal instructors and guest instructors.

"Training program" means a person or organization sponsoring a lead professional training course(s).

"Visual inspection for clearance testing" means the visual examination of a residential dwelling or a child-occupied facility following lead abatement or following interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR 35.1340 to determine whether or not the lead abatement, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation has been successfully completed.

"Visual risk assessment" means a visual assessment to determine the presence of deteriorated paint or other potential sources of lead-based paint hazards in a residential dwelling or child-occupied facility and the provision of a written report explaining the results of the assessment to the property owner and to the person requesting the visual risk assessment. For the purpose of compliance with this chapter, housing quality standards inspections conducted in housing owned by a public housing authority and housing that is receiving tenant-based rental assistance from a public housing authority are not considered visual risk assessments.

"Weighted arithmetic mean" means the arithmetic mean of sample results weighted by the number of subsamples in each sample. Its purpose is to give influence to a sample relative to the surface area it represents. A single surface dust sample is comprised of a single dust subsample. A composite dust sample may contain from two to four dust subsamples of the same area as each other and of each single surface dust sample in the composite. The weighted arithmetic mean is obtained by summing, for all dust samples, the product of the dust sample's result multiplied by the number of dust subsamples in the dust sample, and dividing the sum by the total number of dust subsamples contained in all dust samples.

"Wet disposable cleaning cloth" means a commercially available, premoistened white disposable cloth designed to be used for cleaning hard surfaces such as uncarpeted floors or countertops.

"Wet mopping system" means a device with the following characteristics: a long handle, a mop head designed to be used with disposable absorbent cleaning pads, a reservoir for cleaning solution, and a built-in mechanism for distributing or spraying the cleaning solution onto a floor, or a method of equivalent efficiency.

"Wet sanding" means a process of removing loose paint in which a surface that is partially coated with paint or other surface coating is kept wet or moist during sanding to minimize the dispersal of paint chips and airborne dust.

"Wet scraping" means a process of removing loose paint in which a surface that is partially coated with paint or other surface coating is kept wet or moist during scraping to minimize the dispersal of paint chips and airborne dust.

"Windowsill" means the portion of the horizontal window ledge that protrudes into the interior of the room when the window is closed.

"Window trough" means, for a typical double-hung window, the portion of the exterior windowsill between the interior windowsill (or stool) and the frame of the storm window. If there is no storm window, the window trough is the area that receives both the upper and lower window sashes when they are both lowered. The window trough is sometimes referred to as the window well.

"Wipe sample" means a sample collected by wiping a representative surface of known area, as determined by ASTM E1728, "Standard Practice for Field Collection of Settled Dust Samples Using Wipe Sampling Methods for Lead Determination by Atomic Spectrometry Techniques," as effective on March 26, 2025, or equivalent method, with an acceptable wipe material as defined in ASTM E1792, "Standard Specification for Wipe Sampling Materials for Lead in Surface Dust," as effective on March 26, 2025. The minimum area for a floor wipe sample shall be 0.50 square feet or 72 square inches. The minimum area for a windowsill wipe sample and for a window trough wipe sample shall be 0.25 square feet or 36 square inches.

"Worksite" or *"work area"* means an interior or exterior area where lead-based paint hazard reduction activity or renovation takes place. There may be more than one worksite in a dwelling unit or at a residential property.

"Worst case selection" means conducting a walk-through survey of all residential dwellings in the multifamily housing to select the highest-risk residential dwellings for risk assessments or lead hazard screens.

"X-ray fluorescence analyzer" or *"XRF analyzer"* means an instrument that determines lead concentrations in milligrams per square centimeter (mg/cm^2) using the principle of X-ray fluorescence.

"XRF reading" means the number obtained when a surface is tested with an X-ray fluorescence analyzer.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; **ARC 0595D**, IAB 9/16/26, effective 10/21/26]

481—470.3(10A) Lead professional certification.

470.3(1) A person or a firm that conducts lead abatement, renovation, clearance testing after lead abatement, lead-free inspections, lead inspections, elevated blood lead (EBL) inspections, lead hazard screens, risk assessments, visual risk assessments, clearance testing after renovation, or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35 has to be certified by the department in the appropriate discipline. However, persons who perform these activities within residential dwellings that they, or an immediate family member, own and currently reside in, are not required to be certified.

470.3(2) Persons who perform renovation under the supervision of a certified lead-safe renovator, certified lead abatement contractor, or certified lead abatement worker and who have completed on-the-job training are not required to be certified. However, on-the-job training does not meet the training requirement for work conducted pursuant to 24 CFR Part 35.

470.3(3) Elevated blood lead (EBL) inspections are conducted only by certified elevated blood lead (EBL) inspector/risk assessors employed by or under contract with the department, a local board of health, or a public housing agency.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—470.4(10A) Course approval and standards. All lead professional training courses for initial certification and refresher training must be approved by the department. Training programs shall not

state that they have been approved by the state of Iowa unless they have met the requirements of 641—70.4(10A) and been approved by the department.

470.4(1) Training courses shall meet the following requirements:

a. The training program offering the course will employ a training manager who has the following qualifications:

(1) A bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, or a related field; or two years of experience in managing a training program specializing in environmental hazards.

(2) Demonstrated experience, education, or training in lead professional activities, including lead inspection, lead abatement, lead-safe work practices, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

b. The training manager will designate a qualified principal instructor for each course who has the following qualifications:

(1) Demonstrated experience, education, or training in teaching workers or adults.

(2) Certification as a lead inspector/risk assessor, elevated blood lead (EBL) inspector/risk assessor, or lead abatement contractor. In the case of a course for training lead-safe renovators, the principal instructor may be certified as a sampling technician.

(3) Demonstrated experience, education, or training in lead professional activities, including lead inspection, lead abatement, lead-safe work practices, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

c. The principal instructor will be responsible for the organization of the course and oversight of the teaching of all course material. The training manager may designate guest instructors as needed to provide instruction specific to the lecture, hands-on activities, or work practice components of a course.

d. The training program shall ensure the availability of, and provide adequate facilities for, the delivery of the lecture, course test, hands-on training, and assessment activities. This includes providing training equipment that reflects current work practices and maintaining or updating the equipment as needed.

e. The training manager shall maintain the validity and integrity of the hands-on skills assessment to ensure that it accurately evaluates the trainees' performance of the work practices and procedures associated with the course topics contained in subrules 470.4(3) through 470.4(17).

f. The training manager shall maintain the validity and integrity of the course test to ensure that it accurately evaluates the trainees' knowledge and retention of the course topics.

g. The course test shall be developed in accordance with the test blueprint submitted with the course approval application.

h. The training program will issue unique course completion certificates to each student who passes the course. The course completion certificate shall be issued in color. The course completion certificate will include:

(1) The first name, last name and middle initial of the student.

(2) The address of the student.

(3) A photograph of the student, and a unique identification number.

(4) The name of the particular course that the student completed and the course length in hours.

(5) Dates of course completion and test passage.

(6) The name, address, and telephone number of the training program.

(7) The signature of the training manager.

i. The training manager will develop and implement a quality control plan. The plan shall be used to maintain and improve the quality of the training program over time. This plan shall contain at least the following elements:

(1) Procedures for periodic revision of training materials and the course test to reflect changes in regulations and recommended practices.

(2) Procedures for the training manager to conduct an annual review of the competency of the principal instructor and all other instructors.

j. The training program will offer courses that teach the work practice standards for conducting lead-based paint activities contained in rule 481—470.6(10A) and other standards developed by the department. These standards will be taught in the appropriate courses to provide trainees with the knowledge needed to perform the lead-based paint activities they are responsible for conducting.

k. The training manager will ensure that each course meets the requirements in this rule for the number of training hours and hours of hands-on training. The training manager will ensure that any student who misses more than 20 minutes of class time makes up the time before taking the course test.

l. The training manager will ensure that the training program complies at all times with all requirements in this rule.

m. The content of the lead training courses will be in accordance with the subjects described specifically in each lead discipline contained in rule 481—470.4(10A).

n. The hands-on activities, denoted by an asterisk (*), shall include subjects that are also denoted with an asterisk (*) and listed in the related lead discipline contained in rule 481—470.4(10A).

o. Each lead training course will conclude with a course test and, if applicable, a hands-on skills assessment. The student must achieve a score of at least 80 percent on the examination and successfully complete the hands-on skills assessment to successfully complete the course. The student may take the course test no more than three times within six months of completing the course. If an individual does not pass the course test within six months of completing the course, the individual must retake the appropriate approved course.

p. The instructor will provide an introduction of the online certification system used by the department. The instructor will advise each student on the procedures needed to apply to the department for certification and provide information to each student on the procedures needed for taking the state certification examination. The instructor will also provide each student with a current copy of this chapter and 481—Chapter 469.

q. All of the course materials must be provided to each student. The materials may be provided electronically unless an individual student requests that the materials be provided on paper.

r. The training manager shall allow the department to audit the training program to verify the contents of the application for approval and for reapproval.

s. The training program shall maintain, and make available to the department, upon request, the following records:

(1) All documents specified in paragraph 470.4(2)*"f."*

(2) Current curriculum/course materials and documents reflecting any changes made to these materials.

(3) The course test blueprint and the course test.

(4) Information regarding how the hands-on assessment is conducted including but not limited to who conducts the assessment, how the skills are graded, what facilities are used, and the pass/fail rate.

(5) The quality control plan as described in paragraph 470.4(1)*"i."*

(6) A file for each student who has completed a course. Each student file shall contain the following:

1. The student's name, address, and telephone number.
2. The student's test and answer sheet.
3. A copy of the student's course completion certificate.
4. A copy of the student's hands-on skill assessment, if applicable.
5. A photograph of the student as taken by the training program.

(7) A file for each individual course that has been offered. Each file shall include the following:

1. The dates of the course.
2. The location of the course.
3. The instructors who taught the course.
4. A paper or electronic copy of the curriculum used for the course.
5. A copy of the test used for the course.
6. Documentation of the times that each student was present at the course, including documentation of how a student made up missed time.
7. The course evaluations.

(8) Any other materials that have been submitted to the department as part of the program's application for approval.

t. The training program shall retain all required records at the address specified on the training program approval application for a minimum of six years.

u. The training program shall notify the department within 30 days of changing the address specified on its training program approval application or transferring the records from that address.

v. A training program shall notify the department at least seven days in advance of offering an approved course. The notification shall include the date(s), time(s), and location(s) where the approved course will be held. A training program shall notify the department at least 24 hours in advance of canceling an approved course.

w. The training program will take a digital photograph of each student. The digital photograph shall be the same photograph that appears on the training certificate and is submitted to the department. The photograph shall meet the following specifications:

(1) The individual will be facing the camera.

(2) The individual's head will not be tilted.

(3) The individual's head will cover approximately half of the photo area.

(4) The individual will be in front of a neutral or light-colored background.

(5) The individual will not wear any items that detract from the face, such as hats or sunglasses. Only head coverings worn for religious reasons may be worn. Religious head coverings may not cover the face of the individual.

(6) Photographs will be 24-bit color depth.

x. A training program shall roster each student who has taken the approved course into a database specified by the department. All students shall be rostered into the department database within 20 days of conclusion of an approved course. Rostering shall include:

(1) Name and address.

(2) Course completion certificate number.

(3) Test score.

(4) The photograph of each student as taken by the training program in a format specified by the department.

470.4(2) If a training program desires approval of a course by the department, the training program will apply to the department for approval at least 90 days before the initial offering of the course. The department may allow courses to be offered sooner if the department completes the approval in less than 90 days. The application shall include:

a. Training program name, contact person, address, email address, and telephone number.

b. Course for which approval is sought.

c. Course locations, including a description of the facilities and equipment to be used for lecture and hands-on training.

d. Course agenda, including approximate times allotted to each training segment.

e. A copy of each reference material, text, student manual, instructor manual, and audiovisual material used in the course.

f. The name(s) and qualifications of the training manager, principal instructor(s), and guest instructor(s). The following documents shall be submitted as evidence that training managers and principal instructors have the education, work experience, training requirements, or demonstrated experience required by subrule 470.4(1):

(1) Official transcripts or diplomas as evidence of meeting the education requirements.

(2) Résumés, letters of reference, or documentation of work experience, as evidence of meeting the work experience requirements.

(3) Certificates from lead-specific training courses, as evidence of meeting the training requirements.

g. A copy of the course test blueprint.

h. A description of the activities and procedures that will be used for conducting the assessment of hands-on skills for each course.

i. Maximum class size.

j. A copy of the quality control plan for the course.

k. A nonrefundable fee of $200.

470.4(3) To be approved for the training of lead inspector/risk assessors and elevated blood lead (EBL) inspector/risk assessors, a course must be at least 40 training hours with a minimum of 12 hours devoted to hands-on training activities (*). Lead inspector/risk assessor and elevated blood lead (EBL) inspector/risk assessor training courses will cover at least the following subjects:

a. Role and responsibilities of an inspector/risk assessor.

b. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

c. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint and lead-based paint activities.

d. Lead-based paint inspection methods, including selection of rooms and components for sampling or testing to determine if a property is free of lead-based paint as specified in the Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing ((2012), U.S. Department of Housing and Urban Development), and methods to determine if lead-based paint hazards are present in a property.*

e. Paint, dust, and soil sampling methodologies.*

f. Clearance standards and testing, including random sampling.*

g. Collection of background information to perform a risk assessment.

h. Sources of environmental lead contamination such as paint, surface dust and soil, and water.

i. Visual inspection to identify lead-based paint hazards.*

j. Lead hazard screen protocol.

k. Visual risk assessment protocol.

l. Reevaluation protocol.

m. In the case of renovation, procedures for using recognized test kits to determine whether paint is lead-based paint.*

n. In the case of renovation, methods to ensure that the renovation has been properly completed, including postrenovation cleaning verification and clearance testing.*

o. Sampling for other sources of lead exposure.*

p. Interpretation of lead-based paint and other lead sampling results, including all applicable federal, state, and local guidance or regulations pertaining to lead-based paint hazards.*

q. Development of lead hazard control options.

r. The role of interim controls, operation and maintenance activities, and renovation in reducing lead-based paint hazards.

s. Approved methods for conducting lead-based paint abatement, interim controls, operation and maintenance activities, and renovation.

t. Prohibited methods for conducting lead-based paint abatement, interim controls, operation and maintenance activities, and renovation.

u. Interior dust abatement and cleanup.

v. Soil and exterior dust abatement and cleanup.

w. Preparation of the final reports for lead inspections, lead-free inspections, risk assessments, visual assessments, lead hazard screens, clearance testing after lead abatement, clearance testing after renovation, reevaluation, and clearance testing after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, and rehabilitation pursuant to 24 CFR Part 35.

x. Recordkeeping.

470.4(4) To be approved for the training of lead inspector/risk assessors and elevated blood lead (EBL) inspector/risk assessors who have already completed an approved sampling technician course, a course must be at least 20 training hours with a minimum of 8 hours devoted to hands-on training activities (*). The training course shall cover at least the following subjects:

a. Role and responsibilities of a lead inspector/risk assessor and elevated blood lead (EBL) inspector/risk assessor.

b. Lead-based paint inspection methods, including selection of rooms and components for sampling or testing to determine if a property is free of lead-based paint as specified in the work practice standards in rule 481—470.6(10A), and methods to determine if lead-based paint hazards are present in a property.*

c. Collection of background information to perform a risk assessment.

d. Lead hazard screen protocol.

e. Reevaluation protocol.

f. Sampling for other sources of lead exposure.*

g. Interpretation of lead-based paint and other lead sampling results, including all applicable federal, state, and local guidance or regulations pertaining to lead-based paint hazards.*

h. Development of lead hazard control options, including lead abatement.*

i. The role of interim controls, operation and maintenance activities, and renovation in reducing lead-based paint hazards.

j. Approved methods for conducting lead abatement, interim controls, operation and maintenance activities, and renovation.

k. Prohibited methods for conducting lead abatement, interim controls, operation and maintenance activities, and renovation.

l. Preparation of the final reports for lead inspections, lead-free inspections, risk assessments, lead hazard screens, reevaluation, and clearance testing after lead abatement.

m. Recordkeeping.

470.4(5) To be approved for the training of elevated blood lead (EBL) inspector/risk assessor, a course must be at least a four-hour training course and shall cover at least the following subjects:

a. Role and responsibility of an elevated blood lead (EBL) inspector/risk assessor.

b. Background information on childhood lead poisoning prevention programs in Iowa.

c. EBL lead inspection protocol described in this chapter and the EBL inspection protocol recommended by HUD.

d. Environmental and medical case management of lead-poisoned children.

e. Health effects of lead poisoning including an in-depth review of the scientific studies demonstrating the health effects of lead poisoning.

f. Chelation therapy including at what levels it is recommended and when it might not be needed.

g. Risk of childhood lead exposure from adult occupations or hobbies.

h. Case scenarios.*

470.4(6) To be approved for the training of lead abatement contractors, a course must be at least 40 training hours with a minimum of 12 hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Role and responsibilities of a lead abatement contractor.

b. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

c. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint and lead-based paint activities.

d. Liability and insurance issues relating to lead abatement, interim controls, and renovation.

e. Identification of lead-based paint and lead-based paint hazards.*

f. Interpretation of lead inspection reports.*

g. Development and implementation of an occupant protection plan, lead abatement report, and renovation report.

h. Respiratory protection and protective clothing.*

i. Employee information and training.

j. Approved methods for conducting lead abatement, interim controls, and renovation.*

k. Prohibited methods for conducting lead abatement, interim controls, and renovation.

l. Interior dust abatement and cleanup.*

m. Soil and exterior dust abatement and cleanup.*

n. Clearance standards and testing, including random sampling.

o. Cleanup, waste handling, and waste disposal.

p. In the case of renovation, interior and exterior containment and cleanup methods.*

q. In the case of renovation, providing on-the-job training to other workers.*

r. In the case of renovation, procedures for using recognized test kits to determine whether paint is lead-based paint, including preparation of the required report.*

s. In the case of renovation, methods to ensure that the renovation has been properly completed, including postrenovation cleaning verification and clearance testing.*

t. In the case of renovation, record preparation and recordkeeping.

u. Recordkeeping for lead abatement.

470.4(7) To be approved for the training of lead abatement contractors who have already completed an approved lead abatement worker course, a course must be at least 16 training hours with a minimum of 4 hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Role and responsibilities of a lead abatement contractor.

b. Liability and insurance issues relating to lead abatement.

c. Interpretation of lead inspection reports.*

d. Development and implementation of an occupant protection plan and abatement report.

e. Employee information and training.

f. Clearance standards and testing, including random sampling.

g. Recordkeeping for lead abatement.

470.4(8) To be approved for the training of lead abatement workers, a course must be at least 24 training hours with a minimum of 8 hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Role and responsibilities of a lead abatement worker.

b. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

c. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint and lead-based paint activities.

d. Identification of lead-based paint and lead-based paint hazards.*

e. Approved methods for conducting lead abatement, interim controls, and renovation.*

f. Prohibited methods for conducting lead abatement, interim controls, and renovation.

g. Interior dust abatement and cleanup.*

h. Soil and exterior dust abatement and cleanup.*

i. Cleanup, waste handling, and waste disposal.

j. Respiratory protection and protective clothing.*

k. Personal hygiene.

l. In the case of renovation, interior and exterior containment and cleanup methods.*

m. In the case of renovation, providing on-the-job training to other workers.*

n. In the case of renovation, procedures for using recognized test kits to determine whether paint is lead-based paint, including preparation of the required report.*

o. In the case of renovation, methods to ensure that the renovation has been properly completed, including postrenovation cleaning verification and clearance testing.*

p. In the case of renovation, record preparation and recordkeeping.

470.4(9) To be approved for the training of sampling technicians, a course must be at least 20 training hours with a minimum of 4 hours devoted to hands-on training activities (*). The training course shall cover at least the following subjects:

a. Role and responsibilities of a sampling technician.

b. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

c. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint and lead-based paint activities.

d. Methods of conducting visual risk assessments.*

e. Paint, dust, and soil sampling methodologies.*

f. In the case of renovation, procedures for using recognized test kits to determine whether paint is lead-based paint.*

g. Clearance standards and testing.*

h. Identification of lead-based paint hazards.*

i. Sources of environmental lead contamination such as paint, surface dust and soil, and water.

j. Visual inspection to identify lead-based paint hazards.*

k. Approved methods for conducting lead abatement, interim controls, operation and maintenance activities, and renovation.

l. Prohibited methods for conducting lead abatement, interim controls, operation and maintenance activities, and renovation.

m. Methods of interim controls and lead abatement for interior dust and cleanup.

n. Methods of interim controls and lead abatement for exterior dust and soil and cleanup.

o. Preparation of the final visual assessment report.

p. Preparation of clearance testing reports for clearance testing after renovation and clearance testing after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, and rehabilitation pursuant to 24 CFR Part 35.

q. Recordkeeping.

470.4(10) To be approved for the training of project designers, a course must be at least 48 instructional training hours with a minimum of 12 hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Role and responsibilities of a lead abatement contractor.

b. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

c. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint and lead-based paint activities.

d. Liability and insurance issues relating to project design.

e. Identification of lead-based paint and lead hazards.*

f. Interpretation of lead inspection reports.*

g. Development and implementation of an occupant protection plan, lead abatement report, and renovation report.

h. Respiratory protection and protective clothing.*

i. Employee information and training.

j. Approved methods for conducting lead abatement, interim controls, and renovation.*

k. Prohibited methods for conducting lead abatement, interim controls, and renovation.

l. Interior dust abatement and cleanup.*

m. Soil and exterior dust abatement and cleanup.*

n. Clearance standards and testing, including random sampling.

o. Cleanup, waste handling, and waste disposal.

p. In the case of renovation, providing on-the-job training to other workers.*

q. In the case of renovation, procedures for using recognized test kits to determine whether paint is lead-based paint, including preparation of the required report.*

r. In the case of renovation, methods to ensure that the renovation has been properly completed, including postrenovation cleaning verification and clearance testing.*

s. In the case of renovation, record preparation and recordkeeping.

t. Recordkeeping for lead abatement.

u. Role and responsibilities of a project designer.

v. Development and implementation of an occupant protection plan for large-scale lead abatement projects.

w. Lead abatement and lead hazard reduction methods, including restricted practices for large-scale lead abatement projects.

x. Interior dust abatement/cleanup or lead hazard control and reduction methods for large-scale lead abatement projects.

y. Clearance standards and testing for large-scale lead abatement projects.

z. Integration of lead abatement methods with modernization and rehabilitation projects for large-scale lead abatement projects.

470.4(11) To be approved for the training of project designers who have already completed an approved lead abatement contractor course, a course must be at least eight instructional training hours and shall cover at least the following subjects:

a. Role and responsibilities of a project designer.

b. Development and implementation of an occupant protection plan for large-scale abatement projects.

c. Lead abatement and lead hazard reduction methods, including restricted practices for large-scale lead abatement projects.

d. Interior dust abatement/cleanup or lead hazard control and reduction methods for large-scale lead abatement projects.

e. Clearance standards and testing for large-scale lead abatement projects.

f. Integration of lead abatement methods with modernization and rehabilitation projects for large-scale lead abatement projects.

470.4(12) To be approved for the training of project designers who have already completed an approved lead abatement worker course, a course must be at least 24 instructional training hours with a minimum of 4 hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Role and responsibilities of a lead abatement contractor.

b. Liability and insurance issues relating to lead abatement.

c. Interpretation of lead inspection reports.*

d. Development and implementation of an occupant protection plan and lead abatement report.

e. Employee information and training.

f. Clearance standards and testing, including random sampling.

g. Recordkeeping.

h. Role and responsibilities of a project designer.

i. Development and implementation of an occupant protection plan for large-scale lead abatement projects.

j. Lead abatement and lead hazard reduction methods, including restricted practices for large-scale lead abatement projects.

k. Interior dust abatement/cleanup or lead hazard control and reduction methods for large-scale lead abatement projects.

l. Clearance standards and testing for large-scale lead abatement projects.

m. Integration of lead abatement methods with modernization and rehabilitation projects for large-scale lead abatement projects.

470.4(13) To be approved for the training of lead-safe renovators, a course must be at least eight instructional training hours with a minimum of two hours devoted to hands-on activities (*) and shall cover at least the following subjects:

a. Background information on lead and its adverse health effects, how children and adults are exposed to lead, and how to prevent lead exposure in children and adults.

b. Background information on federal, state, and local regulations and guidance that pertain to lead-based paint, lead-based paint activities, and renovation activities.

c. Procedures for using recognized test kits to determine whether paint is lead-based paint, including preparation of the required report.*

d. Renovation methods to minimize the creation of dust and lead-based paint hazards.*

e. Prohibited methods of renovation.

f. Interior and exterior containment and cleanup methods.*

g. Methods to ensure that the renovation has been properly completed, including postrenovation cleaning verification and clearance testing.*

h. Waste handling and disposal.

i. Providing on-the-job training to other workers.*

j. Record preparation and recordkeeping.

470.4(14) A refresher training course for sampling technicians, lead abatement contractors, lead abatement workers, and project designers must be at least eight hours of training. Pursuant to the recertification requirements of subrule 470.5(6), a refresher training course for lead inspector/risk assessors and elevated blood lead (EBL) inspector/risk assessors who completed an approved 24-hour training course must be at least 8 hours of training. Pursuant to the recertification requirements of subrule 470.5(6), a refresher training course for lead inspector/risk assessors and EBL inspector/risk assessors must be at least 16 hours of training. A refresher training course for lead-safe renovators must be at least four hours of training. All refresher training courses shall cover at least the following topics:

a. A review of the curriculum topics of the initial certification course for the appropriate discipline as listed in subrules 470.4(3) through 470.4(13).

b. An overview of current safety practices relating to lead-based paint activities in general, as well as specific information pertaining to the appropriate discipline.

c. Current laws and regulations relating to lead-based paint activities in general, as well as specific information pertaining to the appropriate discipline.

d. Current technologies relating to lead-based paint activities in general, as well as specific information pertaining to the appropriate discipline.

470.4(15) Approvals of training courses shall expire three years after the date of issuance. The training manager will submit the following at least 30 days prior to the expiration date for a course to be reapproved:

a. Sponsoring organization name, contact person, address, and telephone number.

b. A list of the courses for which reapproval is sought.

c. A description of any changes to the training staff, facility, equipment, or course materials since the approval of the training program.

d. A statement signed by the training manager stating that the training program complies at all times with rule 481—470.4(10A).

e. A nonrefundable fee of $200.

470.4(16) The department shall consider a request for approval of a training course that has been approved by a state or tribe authorized by the U.S. Environmental Protection Agency.

a. The course shall be approved if it meets the requirements of rule 481—470.4(10A).

b. If the course does not meet all of the requirements of 481—470.4(10A), the department shall inform the training provider of additional topics and training hours that are needed to meet the requirements of rule 481—470.4(10A).

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; **ARC 0595D**, IAB 9/16/26, effective 10/21/26]

481—470.5(10A) Certification, interim certification, and recertification. The department issues certifications and recertifications for a three-year time period. Applications for certification or recertification may be made electronically in a format specified by the department or using a paper application supplied by the department.

470.5(1) To become a certified lead professional, provide the following information:

a. A completed application form.

b. A certificate of completion of an approved course for the discipline in which the applicant intends to become certified.

c. If intending to become a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor, documentation of successful completion of the manufacturer's training course or equivalent for the XRF analyzer that the inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use to conduct lead inspections.

d. If intending to become a certified elevated blood lead (EBL) inspector/risk assessor, documentation of successful completion of a four-hour elevated blood lead (EBL) inspector/risk assessor course.

e. Documentation that the applicant meets the additional experience and education requirements in subrule 470.5(2) for the discipline in which the applicant intends to become certified. The following

documents will be submitted as evidence that the applicant has the education and work experience required by subrule 470.5(2):

(1) Official transcripts or diplomas as evidence of meeting the education requirements.

(2) Résumés, letters of reference, or documentation of work experience, as evidence of meeting the work experience requirements.

f. To become certified as a lead inspector/risk assessor, elevated blood lead (EBL) inspector/risk assessor, lead abatement contractor, or project designer, a certificate showing that the applicant has passed the state certification examination in the discipline in which the applicant intends to become certified.

g. A $180 nonrefundable fee.

h. A person may receive interim certification from the department as a lead inspector/risk assessor, elevated blood lead (EBL) inspector/risk assessor, lead abatement contractor, or project designer by submitting the items required by paragraphs 470.5(1)*"a"* through *"e"* and *"g"* to the department. Interim certification expires six months from the date of completion of an approved course. An applicant may upgrade an interim certification to a certification by submitting a certificate to the department showing that the applicant has passed the state certification examination as required by paragraph 470.5(1)*"f."* Interim certification is equivalent to certification.

470.5(2) To become certified as a lead professional, an applicant must meet the education and experience requirements for the appropriate discipline:

a. Lead inspector/risk assessors and elevated blood lead (EBL) inspector/risk assessors must meet one of the following requirements:

(1) Bachelor's degree and one year of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).

(2) Associate's degree and two years of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).

(3) High school diploma and three years of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).

(4) Certification as an industrial hygienist, professional engineer, registered architect, registered sanitarian, registered environmental health specialist, or registered nurse.

b. Lead abatement contractors must meet one of the following requirements:

(1) One year of experience as a certified lead abatement worker.

(2) Two years of related experience or education (e.g., lead, housing inspection, building trades, property management and maintenance).

c. No additional education or experience is mandated for lead abatement workers.

d. Sampling technicians must meet one of the following requirements:

(1) Associate's degree.

(2) High school diploma and one year of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).

(3) Certification as an industrial hygienist, professional engineer, registered architect, registered sanitarian, registered environmental health specialist, or registered nurse.

e. Project designers must meet one of the following requirements:

(1) Bachelor's degree in engineering, architecture, or a related profession, and one year of experience in building construction and design or a related field.

(2) Four years of experience in building construction and design or a related field.

f. No additional education or experience is mandated for lead-safe renovators.

470.5(3) Review of convictions.

a. Unless an applicant for licensure petitions the department for an eligibility determination pursuant to paragraph 470.5(3)*"b,"* the applicant's convictions will be reviewed when the department receives a completed certification application.

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

(2) An applicant with one or more convictions shall submit the complete criminal record for each conviction and a personal statement regarding whether each conviction directly relates to the practice of the profession in order for the certification application to be considered complete.

(3) An applicant should submit any evidence of rehabilitation that the applicant wishes to be considered by the department.

(4) The department may deny a certification if the applicant has a disqualifying offense unless the applicant demonstrates by clear and convincing evidence that the applicant is rehabilitated pursuant to Iowa Code section 272C.15.

(5) An applicant with disqualifying offenses who has been found rehabilitated must still satisfy all other requirements for certification.

(6) Application fees paid will not be refunded if the certification is denied.

b. An individual who has not yet submitted a completed certification application may petition the department for a determination of whether one or more of the individual's convictions are disqualifying offenses that would render the individual ineligible for certification. To do so, a petitioner shall submit all of the following:

(1) A completed petition for eligibility determination form;

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

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

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

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

c. A petitioner deemed ineligible or an applicant denied a certification because of a disqualifying offense may appeal the decision, in writing, within 20 days of the date of the department's written decision or in another manner and timeframe set forth in the department's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The department's rules governing contested case proceedings at 7—Chapter 2506 and 481—Chapter 10 apply unless otherwise specified in this rule. If the petitioner or applicant fails to timely appeal, the department's written decision becomes a final order.

d. If a final order determines a petitioner is ineligible, the petitioner may not submit a subsequent petition for eligibility determination or a certification application prior to the date specified in the final order. If a final order denies a certification application, the applicant may not submit a subsequent certification application or a petition for eligibility determination prior to the date specified in the final order.

470.5(4) Individuals applying for renewal as lead professionals must submit the following:

a. A completed application form.

b. A $180 nonrefundable fee.

c. A certificate showing that the applicant has successfully completed an approved refresher training course for the appropriate discipline. The refresher training course has to be completed no more than three years prior to the date of the application for recertification.

470.5(5) The department will approve the state certification examinations for the disciplines of lead inspector/risk assessor, elevated blood lead (EBL) inspector/risk assessor, lead abatement contractor, and project designer. The state certification examination shall be administered by selected community college testing centers in Iowa. A community college testing center will set the fee for administering the state certification examination to each applicant and collect the fee from each applicant.

a. An individual must achieve a score of at least 80 percent on the examination. An individual may take the state certification examination no more than three times within six months of receiving a certificate of completion from an approved course.

b. If an individual does not pass the state certification examination within six months of receiving a certificate of completion from an approved course, the individual must retake the appropriate approved course before reapplying for certification.

470.5(6) Each applicant for certification who is certified in any of the disciplines specified in this rule in another state may request reciprocal certification. The department will evaluate the requirements for certification to determine that the requirements for certification in such other state are as protective of

health and the environment as the requirements for certification in Iowa. For all disciplines except lead-safe renovator and lead abatement worker, if the department determines that the requirements for certification in such other state are as protective of health and the environment as the requirements for certification in Iowa, the applicant may be certified after passing a proctored test covering Iowa-specific lead information with a score of at least 80 percent. For a lead-safe renovator and lead abatement worker, if the department determines that the requirements for certification in such other state are as protective of health and the environment as the requirements for certification in Iowa, the applicant may be certified after signing a statement indicating that the applicant has read and understands Iowa-specific lead information provided by the department. Each applicant for certification pursuant to this subrule will submit the appropriate application accompanied by the fee for each discipline as specified in rule 481—470.5(10A).

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—470.6(10A) Work practice standards for lead professionals conducting lead-based paint activities in target housing and child-occupied facilities. All lead-based paint activities shall be performed according to the work practice standards herein. A certified individual shall perform that activity in compliance with the standards herein.

470.6(1) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct a lead-free inspection according to the following standards. A lead-free inspection will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. When conducting a lead-free inspection in a residential dwelling, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following procedures:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test paint in each room, including each exterior side.

(2) Except for components known to have been replaced after December 31, 1977, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test each testing combination in each room. On windows, the window frame, interior windowsill, window sash, and window trough will each be considered a separate testing combination. Except for walls, one sample will be taken for each testing combination in a room. Each wall in a room will be tested. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will require one of the following two types of evidence to determine that components were replaced after 1977:

1. Detailed specifications showing which components were to be replaced, restored, enclosed, or encapsulated and evidence that the work was actually completed such as receipts for building materials, city building records showing a date of remodeling, or a final inspection by the city or another inspector showing that the work was actually completed.

2. A certification under penalty of perjury per Iowa Code section 622.1 from the contractor who did the work or from the person(s) who owned the property at the time outlining all of the components that were removed and replaced.

If one of these two types of evidence is not available, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test the component.

(3) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will note any components where lead-based paint has been enclosed or encapsulated. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not make a determination that the residential dwelling is lead-free where components that are painted with lead-based paint have been enclosed or encapsulated.

(4) Paint will be tested using adequate quality control by X-ray fluorescence (XRF) or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use standards provided by the manufacturer and the NIST 1.02 standard film for calibration of the X-ray fluorescence analyzer.

3. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection, every four hours, and at the end of the inspection.

4. Prior to taking the final set of calibration readings and if recommended by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct substrate correction for all XRF readings less than 4.0 milligrams of lead per square centimeter. For each substrate that requires substrate correction, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will completely remove all paint from an area of two different testing combinations for that substrate. If possible, the areas chosen for substrate correction should have initial XRF readings of less than 2.5 milligrams of lead per square centimeter. For each testing combination, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will remove paint from an area that is at least as large as the XRF probe faceplate. On each of the two areas, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will place the NIST 1.02 standard film over the surface and take three XRF readings with the XRF used to conduct the inspection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean for these six readings and will subtract 1.02 from this arithmetic mean to obtain the substrate correction value. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will then subtract the substrate correction value from each XRF reading for the substrate requiring substrate correction to obtain the corrected XRF reading.

5. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading that did not require substrate correction and each corrected XRF reading for XRF readings that required substrate correction as positive, negative, or inconclusive, according to the performance characteristics sheet for the XRF. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not discard XRF readings unless instructed to do so by the performance characteristics sheet or the operating instructions from the manufacturer. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor believes that a reading classified as positive is in error, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect a paint sample for laboratory analysis. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will change the positive classification to negative only if the results of the laboratory analysis indicate that the surface is not painted with lead-based paint.

6. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will resolve inconclusive readings as defined by the performance characteristics sheet for the XRF by collecting paint samples for laboratory analysis. If instructed by the property owner or the person requesting the report, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume that inconclusive readings are positive, but will not assume that inconclusive readings are negative.

7. As described by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct retesting of ten surfaces, calculate the retest tolerance limit, and determine whether the inspection meets the retest tolerance limit. If the retest tolerance limit is not met, then this procedure will be repeated with ten additional surfaces. If the retest tolerance limit is not met with the 20 retested surfaces, then all results of the inspection will be considered invalid.

(5) If each testing combination in the residential dwelling is found to be free of lead-based paint, then the residential dwelling is free of lead-based paint. If any surface in the residential dwelling is found to be painted with lead-based paint, then the residential dwelling is not free of lead-based paint.

(6) If lead-based paint is identified through a lead-free inspection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct a visual inspection to determine

the presence of lead-based paint hazards and any other potential lead hazards including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated.

(7) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility where a lead-free inspection is completed. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the lead-free inspection, if different. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of each written report for no less than three years. The report will include, at least:

1. A statement that the inspection was conducted to determine whether the residential dwelling is free of lead-based paint;
2. Date of inspection;
3. Address of building;
4. Date of construction;
5. Apartment numbers (if applicable);
6. The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;
7. Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the inspection;
8. Name and certification number of the certified firm(s) conducting the inspection;
9. Name, address, and telephone number of each laboratory conducting an analysis of collected samples;
10. Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any X-ray fluorescence (XRF) device;
11. XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated at each required calibration;
12. Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component expressed in terms appropriate to the sampling method used;
13. The results of retesting of ten surfaces, calculations to determine the retest tolerance limit, and the determination of whether the inspection meets the retest tolerance limit;
14. If the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor determines that the residential dwelling is free of lead-based paint, the report will contain the following statement:

"The results of this inspection indicate that no lead in amounts greater than or equal to 1.0 mg/cm^2 in paint was found on any building components, using the inspection protocol in Chapter 7 of the Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing ((2012), U.S. Department of Housing and Urban Development). Therefore, this residential dwelling qualifies for the exemption in 24 CFR Part 35 and 40 CFR Part 745 for target housing being leased that is free of lead-based paint, as defined in the rule. However, some painted surfaces may contain levels of lead below 1.0 mg/cm^2, which could create lead dust or lead-contaminated soil hazards if the paint is turned into dust by abrasion, scraping, or sanding. This report should be kept by the owner and all future owners for the life of the residential dwelling. Per the disclosure requirements of 24 CFR Part 35 and 40 CFR Part 745, prospective buyers are entitled to all available inspection reports should the property be resold.";

15. If any lead-based paint is identified, a description of the location, type, and severity of identified lead-based paint hazards, including the classification of each tested surface as to whether it is a lead-based paint hazard, and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;
16. A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure

is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

17. Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

18. Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation, remodeling and repainting found in 481—Chapter 470; and

19. The report will contain the following statement:

"The Iowa Department of Inspections, Appeals, and Licensing may review this report for compliance purposes. It is a violation of law for anyone other than the certified lead professional signing it to alter this report. This report may be supplemented with additional information, so long as any addendum is signed by a lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor certified according to Iowa Administrative Code 481—470.3(10A) and 470.5(10A)."

b. When conducting a lead-free inspection in multifamily housing, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following procedures:

(1) A certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may randomly select residential dwellings for testing when conducting a lead-free inspection in multifamily housing. If built before 1960 or if the date of construction is unknown, the multifamily housing will contain at least 20 similarly constructed and maintained residential dwellings in order to use random selection. If built from 1960 to 1977, the multifamily housing will contain at least ten similarly constructed and maintained residential dwellings in order to use random selection. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not randomly select the residential dwellings for testing or if there are not enough residential dwellings to randomly select them for sampling, all residential dwellings will be tested. If random selection is used, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor conducting the lead-free inspection will randomly select the residential dwellings to be tested. The property owner, manager, or another interested party will not specify which residential dwellings are to be tested. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the number of residential dwellings to randomly select for testing.

Table 1

Minimum Number of Residential Dwellings to be Randomly Selected in Multifamily Housing for Lead-Free Inspection, Risk Assessment, Lead Hazard Screen, or Clearance Testing

Number of Similar Residential Dwellings, Similar Common Areas, or Similar Exteriors in Multifamily Housing	Lead-Free Inspection, Risk Assessment, or Lead Hazard Screen		Clearance Testing
	Number of Pre-1960 Residential Dwellings or Residential Dwellings of Unknown Date of Construction to Randomly Select for Testing	Number of 1960-1977 Residential Dwellings to Randomly Select for Testing	Number of Residential Dwellings to Randomly Select for Clearance Testing
1-9	All	All	All
10-13	All	10	All
14	All	11	All
15	All	12	All
16-17	All	13	All
18	All	14	All
19	All	15	All
20	All	16	All
21-26	20	16	20
27	21	17	21
28	22	18	22
29	23	18	23
30	23	19	23

Number of Similar Residential Dwellings, Similar Common Areas, or Similar Exteriors in Multifamily Housing	Lead-Free Inspection, Risk Assessment, or Lead Hazard Screen		Clearance Testing
	Number of Pre-1960 Residential Dwellings or Residential Dwellings of Unknown Date of Construction to Randomly Select for Testing	Number of 1960-1977 Residential Dwellings to Randomly Select for Testing	Number of Residential Dwellings to Randomly Select for Clearance Testing
31	24	19	24
32	25	19	25
33-34	26	19	26
35	27	19	27
36	28	19	28
37	29	19	29
38-39	30	20	30
40-48	31	21	31
49-50	31	22	31
51	32	22	32
52-53	33	22	33
54	34	22	34
55-56	35	22	35
57-58	36	22	36
59	37	23	37
60-69	38	23	38
70-73	38	24	38
74-75	39	24	39
76-77	40	24	40
78-79	41	24	41
80-88	42	24	42
89-95	42	25	42
96-97	43	25	43
98-99	44	25	44
100-109	45	25	45
110-117	45	26	45
118-119	46	26	46
120-138	47	26	47
139-157	48	26	48
158-159	49	26	49
160-177	49	27	49
178-197	50	27	50
198-218	51	27	51
219-258	52	27	52
259-279	53	27	53
280-299	53	28	53
300-379	54	28	54
380-499	55	28	55
500-776	56	28	56
777-939	57	28	57
940-1004	57	29	57
1005-1022	58	29	58
1023-1032	59	29	59
1033-1039	59	30	59
1040+	5.8%, rounded to the next highest whole number	2.9%, rounded to the next highest whole number	5.8%, rounded to the next highest whole number

(2) A certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may randomly select each type of common area in the multifamily housing, including but not limited to hallways, exterior sides of a building, and laundry rooms, for testing. Each type of common area will be counted separately. If built before 1960, the multifamily housing will contain at least 20 of a type of common area in order to use random selection. If built from 1960 to 1977, the multifamily housing will contain at least ten of a type of common area in order to use random selection. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not randomly select the common areas for testing or if there are not enough common areas to randomly select them for testing, all common areas will be tested. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the number of each type of common area to randomly select for testing.

(3) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test paint in each room of each residential dwelling selected for testing and in each common area selected for testing.

(4) Except for components known to have been replaced after December 31, 1977, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test each testing combination in each room of a residential dwelling chosen for testing and in each common area chosen for testing. On windows, the window frame, interior windowsill, window sash, and window trough will each be considered a separate testing combination. Each wall in a room or a common area will be tested. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will require one of the following two types of evidence to determine that components were replaced after 1977:

1. Detailed specifications showing which components were to be replaced, restored, enclosed, or encapsulated and evidence that the work was actually completed such as receipts for building materials, city building records showing a date of remodeling, or evidence of a final inspection by the city or another inspector showing that the work was actually completed.

2. A certification under penalty of perjury per Iowa Code section 622.1 from the contractor who did the work or from the person(s) who owned the property at the time outlining all of the components that were removed and replaced.

If one of these two types of evidence is not available, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test the component.

(5) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will note any components where lead-based paint has been enclosed or encapsulated. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not make a determination that a component or the multifamily housing is lead-free where components that are painted with lead-based paint have been enclosed or encapsulated.

(6) Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not use an X-ray fluorescence analyzer using a software version or a mode of operation that could result in inconclusive readings or that recommends substrate correction.

3. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use standards provided by the manufacturer and the NIST 1.02 standard film for calibration of the X-ray fluorescence analyzer.

4. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection, every four hours, and at the end of the inspection.

5. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading as positive or negative according to the performance characteristics sheet for the XRF. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not discard XRF readings unless instructed to do so by the performance characteristics sheet or the operating instructions from the manufacturer. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor believes that a reading classified as positive is in error, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect a paint sample for laboratory analysis. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will change the positive classification to negative only if the results of the laboratory analysis indicate that the surface is not painted with lead-based paint.

6. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will count the number of XRF readings taken for each component type. If fewer than 40 of any component type were tested, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will randomly choose additional testing combinations for the component type to reach a total of 40 XRF readings. If fewer than 40 testing combinations are available for testing, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test each testing combination.

(7) For each component type where at least 40 testing combinations have been tested, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will determine the number and percentage of each component type that is classified as positive or negative. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each component type as follows:

1. Lead-based paint is not present on a component type if all readings are classified as negative.

2. Lead-based paint is present on a component type if at least 15 percent of the readings are classified as positive.

3. Lead-based paint is present on a component type if greater than or equal to 5 percent but less than 15 percent of the XRF readings are classified as positive, unless the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor collects paint samples and obtains laboratory analyses for all positive XRF readings. If the laboratory analyses show that lead-based paint is not present on any components, then the component type is negative. If the laboratory analyses show that lead-based paint is present on any component, then the component type is positive.

4. Lead-based paint is present on a component type if greater than 0 but less than 5 percent of the XRF readings are classified as positive, unless the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor collects paint samples and obtains laboratory analyses for all positive XRF readings or randomly selects a second set of residential dwellings for testing. If the laboratory analyses show that lead-based paint is not present on any components, then the component type is negative. If the laboratory analyses show that lead-based paint is present on any component, then the component type is positive. If a second set of randomly selected residential dwellings is sampled and greater than 0 but less than 2.5 percent of the combined set of results is positive, the component type may be considered as not having lead-based paint development-wide but rather, having lead-based paint in isolated locations, with a reasonable degree of confidence. Individual components that are classified as positive should be considered lead-based painted and managed or abated appropriately.

5. If a particular component type in the sampled residential dwellings is classified as positive, that same component type in the unsampled residential dwellings is also classified as positive.

(8) If fewer than 40 of a component type are available for testing, each testing combination will be classified individually as positive or negative.

(9) If any component type or individual component is classified as positive, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not state that the multifamily housing is free of lead-based paint.

(10) As specified by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct retesting of ten surfaces selected from two residential dwellings, calculate the retest tolerance limit, and determine whether the inspection meets the retest tolerance limit. If the retest tolerance limit is not met, then this procedure will be repeated with ten additional surfaces selected from the two residential dwellings. If the retest tolerance limit is not met with the 20 retested surfaces, then all results of the inspection will be considered invalid.

(11) If lead-based paint is identified on any component or component type, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct a visual inspection to determine the presence of lead-based paint hazards and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated.

(12) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility inspected. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the inspection, if different. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of each written report for no less than three years. The inspection report will include, at least:

1. Date of each inspection;
2. Address of each building in the multifamily housing;
3. Date of construction for each building in the multifamily housing;
4. A list of the apartments and common areas in each building in the multifamily housing;
5. The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;
6. A statement that the inspection was conducted to determine that lead-based paint is not present;
7. The name of the Iowa-certified inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor who randomly selected the residential dwellings and common areas for testing;
8. The number of residential dwellings and common areas that were selected for testing, how these numbers were determined, and a list of the residential dwellings and common areas that were selected for testing;
9. Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the inspection;
10. Name and certification number of the certified firm(s) conducting the inspection;
11. Name, address, and telephone number of each laboratory conducting an analysis of collected samples;
12. Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer;
13. XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated at each required calibration;
14. Specific locations by room of each painted component tested for the presence of lead-based paint and by residential dwelling or common area and the results for each component expressed in terms appropriate to the sampling method used;
15. Component aggregations and the determination of whether lead-based paint is present by component type;
16. The results of retesting of ten surfaces, calculations to determine the retest tolerance limit, and the determination of whether the inspection meets the retest tolerance limit;
17. If the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor determines that the multifamily housing is free of lead-based paint, the report will contain the following statement:

"The results of this inspection indicate that no lead in amounts greater than or equal to 1.0 mg/cm^2 in paint was found on any building components, using the inspection protocol in Chapter 7 of the Guidelines

for the Evaluation and Control of Lead-Based Paint Hazards in Housing ((2012), U.S. Department of Housing and Urban Development). Therefore, this multifamily housing qualifies for the exemption in 24 CFR Part 35 and 40 CFR Part 745 for target housing being leased that is free of lead-based paint, as defined in the rule. However, some painted surfaces may contain levels of lead below 1.0 mg/cm^2, which could create lead dust or lead-contaminated soil hazards if the paint is turned into dust by abrasion, scraping, or sanding. This report should be kept by the owner and all future owners for the life of the multifamily housing. Per the disclosure requirements of 24 CFR Part 35 and 40 CFR Part 745, prospective buyers are entitled to all available inspection reports should the property be resold.";

18. If any lead-based paint is identified, a description of the location, type, and severity of identified lead-based paint hazards, including the classification of each tested surface as to whether it is a lead-based paint hazard, and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;

19. A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

20. Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

21. Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469 and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

22. The report will contain the statement set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

470.6(2) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct lead inspections according to the following standards. Lead inspections will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. When conducting a lead inspection in a residential dwelling or child-occupied facility, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following procedures:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test paint in each room, including each exterior side.

(2) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test each testing combination in each room. On windows, the window frame, interior windowsill, window sash, and window trough will each be considered a separate testing combination. One sample will be taken for each testing combination in a room, including the walls. If a testing combination is painted and not tested, it will be assumed to be painted with lead-based paint.

b. Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

(2) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the NIST 1.02 standard film or standards provided by the manufacturer for calibration of the X-ray fluorescence analyzer. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not state that any surface is free of lead-based paint unless the NIST 1.02 standard film is used for calibration.

(3) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection.

(4) If recommended by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct substrate correction for all XRF readings less than 4.0 milligrams of lead per square centimeter. For each substrate that requires substrate correction, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will completely remove all paint from an area of two different testing combinations for that substrate. If possible, the areas chosen for substrate correction should have initial XRF readings of less than 2.5 milligrams of lead per square centimeter. For each testing combination, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will remove paint from an area that is at least as large as the XRF probe faceplate. On each of the two areas, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will place the NIST 1.02 standard film over the surface, and take three XRF readings with the XRF used to conduct the inspection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean for these six readings and will subtract 1.02 from this arithmetic mean to obtain the substrate correction value. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will then subtract the substrate correction value from each XRF reading for the substrate requiring substrate correction to obtain the corrected XRF reading. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not conduct substrate correction where recommended by the performance characteristics sheet, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that all of the readings are positive and will not state that a surface is free of lead-based paint.

(5) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading that did not require substrate correction and each corrected XRF reading for XRF readings that required substrate correction as positive, negative, or inconclusive, according to the performance characteristics sheet for the XRF. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not discard XRF readings unless instructed to do so by the performance characteristics sheet or the operating instructions from the manufacturer. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor believes that a reading classified as positive is in error, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect a paint sample for laboratory analysis. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will change the positive classification to negative only if the results of the laboratory analysis indicate that the surface is not painted with lead-based paint. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume that all inconclusive readings are positive and classify them as such.

(6) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will resolve inconclusive readings as defined by the performance characteristics sheet for the XRF by collecting paint samples for laboratory analysis. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not resolve inconclusive readings by laboratory analysis, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the inconclusive readings are positive.

c. If lead-based paint is identified through an inspection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct a visual inspection to determine the presence of lead-based paint hazards and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated.

d. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility inspected. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the inspection, if different. A certified lead inspector/risk assessor or a

certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of each written report for no less than three years. The inspection report will include, at least:

(1) A statement that the inspection was conducted to identify lead-based paint and lead-based paint hazards in the residential dwelling;

(2) Date of each inspection;

(3) Address of building;

(4) Date of construction;

(5) Apartment numbers (if applicable);

(6) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(7) Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the inspection;

(8) The name and certification number of the certified firm(s) conducting the inspection;

(9) Name, address, and telephone number of each laboratory conducting an analysis of collected samples;

(10) Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer;

(11) XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated;

(12) Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component expressed in terms appropriate to the sampling method used;

(13) A statement that all painted or finished components that were not tested will be assumed to contain lead-based paint;

(14) A description of the location, type, and severity of identified lead-based paint hazards, including the classification of each tested surface as to whether it is a lead-based paint hazard, and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;

(15) A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

(16) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(17) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(18) The report will contain the statement as set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

470.6(3) A certified elevated blood lead (EBL) inspector/risk assessor will conduct elevated blood lead (EBL) inspections according to the following standards. Elevated blood lead (EBL) inspections will be conducted only by a certified elevated blood lead (EBL) inspector/risk assessor. This protocol may be used for children who do not meet the definition of an EBL child as defined in this chapter as long as the inspection is authorized by the department, a local board of health, or a public housing agency.

a. When conducting an elevated blood lead (EBL) inspection, the certified elevated blood lead (EBL) inspector/risk assessor will use the following procedures:

(1) The certified elevated blood lead (EBL) inspector/risk assessor will test paint in each room, including each exterior side.

(2) The certified elevated blood lead (EBL) inspector/risk assessor will test each testing combination in each room. One sample will be taken for each testing combination in a room, including walls. On windows, the window frame, interior windowsill, window sash, and window trough will each be considered

a separate testing combination. If a testing combination is painted and not tested, it will be assumed to be painted with lead-based paint.

b. Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

(1) The certified elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

(2) The certified elevated blood lead (EBL) inspector/risk assessor will use the NIST 1.02 standard film or standards provided by the manufacturer for calibration of the X-ray fluorescence analyzer. The certified elevated blood lead (EBL) inspector/risk assessor will not state that any surface is free of lead-based paint unless the NIST 1.02 standard film is used for calibration.

(3) The certified elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection.

(4) If recommended by the performance characteristics sheet, the certified elevated blood lead (EBL) inspector/risk assessor will conduct substrate correction for all XRF readings less than 4.0 milligrams of lead per square centimeter. For each substrate that requires substrate correction, the certified elevated blood lead (EBL) inspector/risk assessor will completely remove all paint from an area of two different testing combinations for that substrate. If possible, the areas chosen for substrate correction should have initial XRF readings of less than 2.5 milligrams of lead per square centimeter. For each testing combination, the certified elevated blood lead (EBL) inspector/risk assessor will remove paint from an area that is at least as large as the XRF probe faceplate. On each of the two areas, the certified elevated blood lead (EBL) inspector/risk assessor will place the NIST 1.02 standard film over the surface, and take three XRF readings with the XRF used to conduct the inspection. The certified elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean for these six readings and will subtract 1.02 from this arithmetic mean to obtain the substrate correction value. The certified elevated blood lead (EBL) inspector/risk assessor will then subtract the substrate correction value from each XRF reading for the substrate requiring substrate correction to obtain the corrected XRF reading. If the certified elevated blood lead (EBL) inspector/risk assessor does not conduct substrate correction where recommended by the performance characteristics sheet, then the certified elevated blood lead (EBL) inspector/risk assessor will assume that all of the readings are positive and will not state that a surface is free of lead-based paint.

(5) The certified elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading that did not require substrate correction and each corrected XRF reading for XRF readings that required substrate correction as positive, negative, or inconclusive, according to the performance characteristics sheet for the XRF. The certified elevated blood lead (EBL) inspector/risk assessor may assume that all inconclusive readings are positive and classify them as such.

(6) The certified elevated blood lead (EBL) inspector/risk assessor will resolve inconclusive readings as defined by the performance characteristics sheet for the XRF by collecting paint samples for laboratory analysis. If the certified elevated blood lead (EBL) inspector/risk assessor does not resolve inconclusive readings, then the certified elevated blood lead (EBL) inspector/risk assessor will assume that the inconclusive readings are positive.

c. If lead-based paint is identified through an elevated blood lead (EBL) inspection, the certified elevated blood lead (EBL) inspector/risk assessor will conduct a visual inspection to determine the presence of lead-based paint hazards and any other potential lead hazards, including bare soil in the play area or in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated.

d. No later than two weeks after the receipt of laboratory results, a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied

facility where an elevated blood lead (EBL) inspection has been conducted and will provide a copy of this report to the property owner and the occupant of the dwelling. The report will include, at least:

(1) A statement that the elevated blood lead (EBL) inspection was conducted to identify lead-based paint and lead-based paint hazards in the residential dwelling;

(2) Date of each elevated blood lead (EBL) inspection;

(3) Address of building;

(4) Date of construction;

(5) Apartment numbers (if applicable);

(6) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(7) Name, signature, and certification number of each certified elevated blood lead (EBL) inspector/risk assessor conducting the inspection;

(8) Name and certification number of the certified firm(s) conducting the inspection;

(9) Name, address, and telephone number of each laboratory conducting an analysis of collected samples;

(10) Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer;

(11) XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated;

(12) Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component expressed in terms appropriate to the sampling method used;

(13) A statement that all painted or finished components that were not tested will be assumed to contain lead-based paint;

(14) A description of the location, type, and severity of identified lead-based paint hazards, including the classification of each tested surface as to whether it is a lead-based paint hazard, and any other potential lead hazards, including bare soil in the play area or in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;

(15) A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

(16) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(17) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(18) The report will contain the statement set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

e. A certified elevated blood lead (EBL) inspector/risk assessor will maintain for no fewer than ten years a written record for each residential dwelling or child-occupied facility where an elevated blood lead (EBL) inspection has been conducted. The record will include, at least:

(1) A copy of the written report required by paragraph 470.6(3)*"d."*

(2) Blood lead test results for the elevated blood lead (EBL) child.

(3) A record of conversations held with the owners and occupants of each residential dwelling or child-occupied facility prior to, during, and after the EBL inspection.

(4) Records of follow-up visits made to each residential dwelling or child-occupied facility where lead-based paint hazards are identified and, when issued, a copy of the clearance report.

470.6(4) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct lead hazard screens according to the following standards. Lead hazard screens will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. Background information regarding the physical characteristics of the residential dwelling or child-occupied facility and occupant use patterns that may cause lead-based paint exposure to at least one child under the age of six years will be collected.

b. A visual inspection of the residential dwelling or child-occupied facility will be conducted to determine if any deteriorated paint is present and to locate at least two dust sampling locations.

c. If deteriorated paint is present, each surface with deteriorated paint that is determined to have a distinct painting history will be tested for the presence of lead. In addition, friction surfaces where there is evidence of abrasion and impact surfaces that are damaged or otherwise deteriorated from impact and that have a distinct painting history will be tested for the presence of lead.

d. In residential dwellings, a minimum of two composite or single-surface dust samples will be collected. One sample will be collected from the floors and the other from the interior windowsills in rooms, hallways, or stairwells where at least one child under the age of six years is most likely to come in contact with dust.

e. In multifamily dwellings and child-occupied facilities, single-surface or composite dust samples will also be collected from common areas where at least one child under the age of six years is likely to come in contact with dust.

f. Dust samples will be collected by wipe samples using the documented methodologies specified in guidance documents issued by the department. The minimum area for a floor wipe sample will be 0.50 square feet or 72 square inches. The minimum area for a windowsill wipe sample and for a window trough wipe sample will be 0.25 square feet or 36 square inches. Dust samples will be analyzed by a recognized laboratory to determine the level of lead.

g. Soil samples will be collected and analyzed for lead content in exterior play areas and dripline areas where bare soil is present. In addition, soil samples will be collected and analyzed for lead content from any other areas of the yard where bare soil is present. Soil and paint samples will be collected using the documented methodologies specified in guidance documents issued by the department and will be analyzed by a recognized laboratory to determine the level of lead.

h. Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

(2) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the National Institute of Standards and Technology 1.02 milligrams of lead per square centimeter standard reference material or standards provided by the manufacturer for calibration of the X-ray fluorescence analyzer.

(3) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection.

(4) If recommended by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct substrate correction for all XRF readings less than 4.0 milligrams of lead per square centimeter. For each substrate that requires substrate correction, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will completely remove all paint from an area of two different testing combinations for that substrate. If possible, the areas chosen for substrate correction should have initial XRF readings of less than 2.5 milligrams of lead per square centimeter. For each testing combination, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will remove paint from an area that is at least as large as the XRF probe faceplate. On each of the two areas, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will place the NIST 1.02 standard film over the surface, and take three XRF readings with the XRF used to conduct the inspection. The certified lead inspector/risk

assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean for these six readings and will subtract 1.02 from this arithmetic mean to obtain the substrate correction value. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will then subtract the substrate correction value from each XRF reading for the substrate requiring substrate correction to obtain the corrected XRF reading. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not conduct substrate correction where recommended by the performance characteristics sheet, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that all the readings are positive and will not state that a surface is free of lead-based paint.

(5) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading that did not require substrate correction and each corrected XRF reading for XRF readings that required substrate correction as positive, negative, or inconclusive, according to the performance characteristics sheet for the XRF. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not discard XRF readings unless instructed to do so by the performance characteristics sheet or the operating instructions from the manufacturer. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor believes that a reading classified as positive is in error, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect a paint sample for laboratory analysis. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will change the positive classification to negative only if the results of the laboratory analysis indicate that the surface is not painted with lead-based paint. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume that all inconclusive readings are positive and classify them as such.

(6) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will resolve inconclusive readings as defined by the performance characteristics sheet for the XRF by collecting paint samples for laboratory analysis. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not resolve inconclusive readings by laboratory analysis, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the inconclusive readings are positive.

i. The following standards will be used to determine whether a residential dwelling or child-occupied facility fails a lead hazard screen:

(1) A residential dwelling or child-occupied facility will fail a lead hazard screen if any deteriorated paint or paint on friction or impact surfaces is found to be lead-based paint.

(2) A residential dwelling will fail a lead hazard screen if any floor dust lead level in a single- surface or composite-surface dust sample is greater than or equal to 25 micrograms per square foot.

(3) A residential dwelling will fail a lead hazard screen if any interior windowsill dust level in a single-surface or composite-surface dust sample is greater than or equal to 125 micrograms per square foot.

(4) A residential dwelling or child-occupied facility will fail a lead hazard screen if any bare soil is found to be a soil-lead hazard.

j. When conducting a lead hazard screen in multifamily housing, a certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor may sample each residential dwelling or choose residential dwellings for sampling by random selection, targeted selection, or worst case selection.

(1) If built before 1960 or if the date of construction is unknown, the multifamily housing will contain at least 20 similarly constructed and maintained residential dwellings in order to use random selection. If built from 1960 to 1977, the multifamily housing will contain at least ten similarly constructed and maintained residential dwellings in order to use random selection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the number of residential dwellings to randomly select for testing.

(2) If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use targeted selection. If using targeted selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily

housing has fewer than five similar dwellings, all residential dwellings will be tested. Residential dwellings chosen by targeted selection will meet as many of the following criteria as possible:

1. The residential dwelling has been cited with a housing or building code violation within the past year.
2. The property owner believes that the residential dwelling is in poor condition.
3. The residential dwelling contains two or more children between the ages of six months and six years. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will give preference to residential dwellings that house the largest number of children.
4. The residential dwelling serves as a day care facility.
5. The residential dwelling has been prepared for reoccupancy within the past three months. If additional residential dwellings are needed to meet the minimum number specified in Table 2, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will select them randomly. If too many residential dwellings meet the criteria, residential dwellings will be eliminated randomly.

Table 2

Minimum Number of Residential Dwellings in Multifamily Housing for Risk Assessment or Lead Hazard Screen Through Targeted Selection

Number of Similar Residential Dwellings	Number of Residential Dwellings to Sample*
1-4	All
5-20	4 residential dwellings or 50% (whichever is greater)**
21-75	10 residential dwellings or 20% (whichever is greater)**
76-125	17
126-175	19
176-225	20
226-300	21
301-400	22
401-500	23
501+	24 + 1 residential dwelling for each additional increment of 100 residential dwellings or less

*Does not include residential dwellings housing children with elevated blood lead levels.
**For percentages, round up to determine number of residential dwellings to be sampled.

k. If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use worst case selection. If using worst case selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily housing has fewer than five similar dwellings, all residential dwellings will be tested.

l. The following standards will be used to determine whether multifamily housing fails a lead hazard screen:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean of the dust lead levels for carpeted floors, uncarpeted floors, and interior windowsills. If the arithmetic mean for carpeted floors or uncarpeted floors is greater than or equal to 25 micrograms per square foot, the multifamily housing will fail the lead hazard screen. If the arithmetic mean for interior windowsills is greater than or equal to 125 micrograms per square foot, the multifamily housing will fail the lead hazard screen. If the arithmetic mean for carpeted floors or uncarpeted floors is less than 25 micrograms per square foot, but some of the samples have dust lead levels that are greater than or equal to 25 micrograms per square foot, then the residential dwellings where these samples were taken and all other similar residential dwellings in the multifamily housing will fail the lead hazard screen. If the arithmetic mean for interior windowsills is less than 125 micrograms per square foot, but some of the samples have dust lead levels that are greater than or equal to 125 micrograms per square foot, then the residential dwellings where these samples were taken and all other similar residential dwellings in the multifamily housing will fail the lead hazard screen.

(2) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will evaluate the results of paint sampling by component and location. If all components at a given location are determined to be painted with lead-based paint or are determined to not be painted with lead-based paint, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume this condition is true for all similar residential dwellings. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not assume that the multifamily housing is free of lead-based paint. If a component at a given location is found to be painted with lead-based paint in some residential dwellings and not painted with lead-based paint in other residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the component is a lead-based paint hazard in all similar residential dwellings. If a component in a residential dwelling is determined or assumed to be lead-based paint, then the entire group of similar residential dwellings in the multifamily housing will fail the lead hazard screen.

(3) Multifamily housing will fail a lead hazard screen if any bare soil is found to be a soil-lead hazard.

m. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility where a lead hazard screen is conducted. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the lead hazard screen, if different. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of each written report for no less than three years. The report will include, at least:

(1) Date of each lead hazard screen.

(2) Address of building.

(3) Date of construction.

(4) Apartment numbers (if applicable).

(5) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility.

(6) Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the lead hazard screen.

(7) Name and certification number of the certified firm(s) conducting the lead hazard screen.

(8) Name, address, and telephone number of each recognized laboratory conducting an analysis of collected samples, including the identification number for each such laboratory recognized by EPA under Section 405(b) of the Toxic Substances Control Act (15 U.S.C. 2685(b)).

(9) Results of the visual inspection.

(10) Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer.

(11) If used, XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated.

(12) Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component tested expressed in terms appropriate to the sampling method used.

(13) All results of laboratory analysis of collected paint, dust, and soil samples. The results of dust sampling will be reported in micrograms of lead per square foot, and the results of soil sampling will be reported in parts per million of lead. Results will not be reported as “not detectable.”

(14) Any other sampling results.

(15) A statement that all painted or finished components that were not tested will be assumed to contain lead-based paint.

(16) Background information collected regarding the physical characteristics of the residential dwelling or child-occupied facility and occupant use patterns that may cause lead-based paint exposure to at least one child under the age of six years.

(17) Whether the residential dwelling or child-occupied facility passed or failed the lead hazard screen and recommendations, if warranted, for a follow-up lead inspection or risk assessment, and, as appropriate, any further actions.

(18) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745.

(19) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470.

(20) The report will contain the statement set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

470.6(5) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct risk assessments according to the following standards. Risk assessments will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. Background information regarding the physical characteristics of the residential dwelling or child-occupied facility and occupant use patterns that may cause lead-based paint exposure to at least one child under the age of six years will be collected.

b. A visual inspection for risk assessment will be undertaken to locate the existence of deteriorated paint and other potential lead hazards and to assess the extent and causes of the paint deterioration.

c. If deteriorated paint is present, each surface with deteriorated paint that is determined to have a distinct painting history will be tested for the presence of lead.

d. Friction surfaces where there is evidence of abrasion and impact surfaces that are damaged or otherwise deteriorated from impact and that have a distinct painting history will be tested for the presence of lead.

e. In residential dwellings, dust samples will be collected from the interior windowsill, window trough, and floor in all living areas where at least one child is most likely to come in contact with dust. Dust samples will be analyzed for lead concentration and may be either composite or single-surface samples.

f. In multifamily dwellings, dust samples will also be collected from interior windowsills, window troughs, and floors in common areas adjacent to the sampled residential dwellings or child-occupied facility and in other common areas where the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor determines that at least one child under the age of six years is likely to come in contact with dust. Dust samples will be analyzed for lead concentration and may be either composite or single-surface samples.

g. In child-occupied facilities, dust samples will be collected from the interior windowsill, window trough, and floor in each room, hallway, or stairwell utilized by one or more children under the age of six years and in other common areas where the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor determines that at least one child under the age of six years is likely to come in contact with dust. Dust samples will be analyzed for lead concentration and may be either composite or single-surface samples.

h. Soil samples will be collected and analyzed for lead content in exterior play areas and dripline areas where bare soil is present. In addition, soil samples will be collected and analyzed for lead content from any other areas of the yard where bare soil is present.

i. Dust samples will be collected by wipe samples using the documented methodologies specified in guidance documents issued by the department. The minimum area for a floor wipe sample will be 0.50 square feet. The minimum area for a windowsill wipe sample and for a window trough wipe sample will be 0.25 square feet. Soil and paint samples will be collected using the documented methodologies specified in guidance documents issued by the department. Dust and soil samples will be analyzed by a recognized laboratory to determine the level of lead. The results of dust sampling will be reported in micrograms of lead per square foot, and the results of soil sampling will be reported in parts per million of lead. The results will not be reported as "not detectable."

j. Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department.

(1) If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the NIST 1.02 standard film material or standards provided by the manufacturer for calibration of the X-ray fluorescence analyzer. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not state that any surface is free of lead-based paint unless the NIST 1.02 standard film is used for calibration.

(2) Subparagraphs 470.6(4)*"h"*(3) through 470.6(4)*"h"*(6) are restated as if fully set forth herein.

k. When conducting a risk assessment in multifamily housing, a certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor may sample each residential dwelling or choose residential dwellings for sampling by random selection, targeted selection, or worst case selection.

(1) If built before 1960 or if the date of construction is unknown, the multifamily housing will contain at least 20 similarly constructed and maintained residential dwellings in order to use random selection. If built from 1960 to 1977, the multifamily housing will contain at least ten similarly constructed and maintained residential dwellings in order to use random selection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the number of residential dwellings to randomly select for testing.

(2) If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use targeted selection. If using targeted selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily housing has fewer than five similar dwellings, all residential dwellings will be tested. Residential dwellings chosen by targeted selection will meet as many of the following criteria as possible. If additional residential dwellings are needed to meet the minimum number specified in Table 2, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will select them randomly. If too many residential dwellings meet the criteria, residential dwellings will be eliminated randomly. Targeted selection criteria are as follows:

1. The residential dwelling has been cited with a housing or building code violation within the past year.

2. The property owner believes that the residential dwelling is in poor condition.

3. The residential dwelling contains two or more children between the ages of six months and six years. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will give preference to residential dwellings that house the largest number of children.

4. The residential dwelling serves as a day care facility.

5. The residential dwelling has been prepared for reoccupancy within the past three months.

(3) If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use worst case selection. If using worst case selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily housing has fewer than five similar dwellings, all residential dwellings will be tested.

(4) The following standards will be used to determine the extent of lead-based paint hazards throughout multifamily housing that is sampled by random selection, targeted selection, or worst case selection:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean of the dust lead levels for carpeted floors, uncarpeted floors, interior windowsills, and window troughs. If the arithmetic mean is greater than or equal to the level defined as a dust lead hazard for the component, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will determine that a dust lead hazard has been identified on the component throughout the multifamily housing. If the arithmetic mean is less than the level defined as a dust lead

hazard for the component, but some of the individual components have dust lead levels that are greater than or equal to the level defined as a dust lead hazard, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will determine that a dust lead hazard has been identified on the individual components and on all other similar components throughout the multifamily housing.

2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will evaluate the results of paint sampling by component and location. If all components at a given location are determined to be painted with lead-based paint or are determined to not be painted with lead-based paint, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume this condition is true for all similar residential dwellings. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not assume that the multifamily housing is free of lead-based paint. If a component at a given location is found to be painted with lead-based paint in some residential dwellings and not painted with lead-based paint in other residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the component is a lead-based paint hazard in all similar residential dwellings.

l. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility where a risk assessment is conducted. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the risk assessment, if different. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of the report for no less than three years. The report will include, at least:

(1) Date of each risk assessment;

(2) Address of building;

(3) Date of construction;

(4) Apartment numbers (if applicable);

(5) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(6) Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the risk assessment;

(7) Name and certification number of the certified firm(s) conducting the risk assessment;

(8) Name, address, and telephone number of each recognized laboratory conducting an analysis of collected samples, including the identification number for each such laboratory recognized by EPA under Section 405(b) of the Toxic Substances Control Act (15 U.S.C. 2685(b));

(9) Results of the visual inspection;

(10) Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer;

(11) If used, XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated;

(12) Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component tested expressed in terms appropriate to the sampling method used;

(13) All results of laboratory analysis of collected paint, dust, and soil samples;

(14) Any other sampling results;

(15) A statement that all painted or finished components that were not tested will be assumed to contain lead-based paint;

(16) Background information collected regarding the physical characteristics of the residential dwelling or child-occupied facility and occupant use patterns that may cause lead-based paint exposure to at least one child under the age of six years;

(17) To the extent that they are used as part of the lead-based paint hazard determination, the results of any previous inspections or analyses for the presence of lead-based paint, or other assessments of lead-based paint hazards;

(18) A description of the location, type, and severity of identified lead-based paint hazards, and any other potential lead hazards, including bare soil in the play area or in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;

(19) A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

(20) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(21) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(22) The report will contain the statement set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

470.6(6) A certified lead abatement contractor or certified lead abatement worker will conduct lead abatement according to the following standards. Lead abatement will be conducted only by a certified lead abatement contractor or a certified lead abatement worker.

a. A certified lead abatement contractor will be on site during all work site preparation and during the postabatement cleanup of work areas. At all other times when lead abatement is being conducted, the certified lead abatement contractor will be on site or available by telephone or answering service, and be able to be present at the work site in no more than two hours.

b. A certified lead abatement contractor will ensure that lead abatement is conducted according to all federal, state, and local requirements.

c. A certified lead abatement contractor will notify the department in writing at least seven days prior to the commencement of lead abatement in a residential dwelling or child-occupied facility. The notification will include the following information:

(1) The address, including apartment numbers, where lead abatement will be conducted.

(2) The dates when lead abatement will be conducted.

(3) The name, address, telephone number, Iowa certification number, and signature of the contact for the certified firm that will conduct the work.

(4) The name, address, telephone number, Iowa certification number, and signature of the certified lead abatement contractor who will serve as the contact person for the project.

(5) The name, address, and telephone number of the property owner.

(6) Whether the dwelling is owner-occupied or a rental dwelling.

(7) If the dwelling is an occupied rental, the names of the occupants.

(8) The approximate year that the dwelling was built.

(9) A brief description of the lead abatement work to be done.

d. A certified lead abatement contractor will submit a revised notification to the department if any information in the original notification changes.

e. A certified lead abatement contractor will ensure that the worksite(s) is accessed only by certified lead professionals according to rules 481—470.3(10A) and 481—470.5(10A). Noncertified individuals will not be allowed access to a worksite. A worksite will remain inaccessible to noncertified individuals until it passes clearance testing.

f. A certified lead abatement contractor or a certified project designer will develop a written occupant protection plan for all lead abatement projects prior to starting lead abatement and will implement the occupant protection plan during the lead abatement project. The occupant protection plan will be unique to each residential dwelling or child-occupied facility. If the occupants will be living at the property where lead abatement is taking place, then the written occupant plan will be given to the occupants prior to the start date of the lead abatement project and will contain at least the following information:

(1) A description of the type and location of the physical barriers that will keep occupants out of the designated worksite(s).

(2) An explanation of how the contractor will ensure that the worksite(s) is not entered by the occupants.

(3) An explanation of how the contractor will ensure that the occupants have access to a kitchen, bathroom, and living area that are not in the worksite(s).

g. Approved methods will be used to conduct lead abatement, and prohibited work practices will not be used to conduct lead abatement.

(1) Signs will be posted and readable. All signs will be posted before lead abatement begins and will remain in place until dust-lead clearance has been passed.

1. To the extent practicable, all signage will be posted in the occupants' primary language.
2. The signs will clearly define the work area.
3. The signs will warn occupants and other persons not involved with the lead abatement to remain outside the work area.
4. The signs will be posted at the entrance(s) to all work areas.

(2) The work area will be effectively contained before the lead abatement begins. To be effective, containment will:

1. Isolate the work area so that no dust or debris leaves the work area while the lead abatement is being performed.
2. Be monitored and maintained so that any plastic or other impermeable materials are not torn or displaced.
3. Be installed in such a manner that it does not interfere with occupant and worker egress in an emergency.

(3) For interior lead abatement, containment will include:

1. The removal or covering of all objects from the work area, including but not limited to furniture, rugs, and window coverings. Objects that are not removed from the work area will be covered with plastic sheeting or other impermeable material with all seams and edges taped or otherwise sealed.
2. Closing and covering all duct openings in the work area. Ducts will be covered with plastic sheeting or other impermeable material that is taped down.
3. Closing windows and doors in the work area. Doors will be covered with plastic sheeting or other impermeable material. Doors used as an entrance to the work area will be covered with plastic sheeting or other impermeable material in a manner that allows workers to pass through while confining dust and debris to the work area.
4. Covering the floor surface, including installed carpet, with taped-down plastic sheeting or other impermeable material in the work area six feet beyond the perimeter of the surfaces undergoing lead abatement or a sufficient distance to contain the dust, whichever is greater.
5. Ensuring that all personnel, tools, and other items, including the exteriors of containers of waste, are free of dust and debris before leaving or being removed from the work area.

(4) For exterior lead abatement, containment will include:

1. Closing all doors and windows within 20 feet of the lead abatement. On multistory buildings, all doors and windows within 20 feet of the lead abatement on the same story as the lead abatement will be closed, and all doors and windows on all stories below the lead abatement that are the same horizontal distance from the lead abatement will be closed.
2. Ensuring that doors within the work areas that will be used while the lead abatement is being performed are covered with plastic sheeting or other impermeable material in a manner that allows workers to pass through while confining dust and debris to the work area.
3. Covering the ground with plastic sheeting or other disposable impermeable material extending ten feet beyond the perimeter of surfaces undergoing lead abatement or a sufficient distance to collect falling paint debris, whichever is greater, unless the property line prevents ten feet of such ground cover. Exterior ground cover will include anchors or weights to ensure that the covering remains effective even during weather conditions such as high wind.
4. Vertical containment. In certain situations, such as where other buildings are in close proximity to the work area, when conditions are windy, or where the work area abuts a property line, the certified lead abatement contractor or certified lead abatement worker will erect a system of vertical containment

designed to prevent dust and debris from migrating to adjacent property or contaminating the ground, other buildings, or any object beyond the work area.

(5) The following are prohibited work practices:

1. Open-flame burning or torching of lead-based paint.

2. Machine sanding or grinding or abrasive blasting or sandblasting of lead-based paint unless used with high-efficiency particulate air (HEPA) exhaust control that removes particles of 0.3 microns or larger from the air at 99.97 percent or greater efficiency.

3. Uncontained water blasting of lead-based paint.

4. Dry scraping or dry sanding of lead-based paint except in conjunction with the use of a heat gun or around electrical outlets.

5. Operating a heat gun at a temperature at or above 1,100 degrees Fahrenheit.

(6) All waste generated during lead abatement will be contained to prevent the release of dust and debris before the waste is removed from the work area for storage or disposal. Any chutes used to remove waste from the work area will be covered.

1. At the conclusion of each workday and at the conclusion of the lead abatement, waste that has been collected from lead abatement activities will be stored under containment, in an enclosure, or behind a barrier that prevents release of dust and debris out of the work area and prevents access to dust and debris.

2. All waste from lead abatement will be contained during transportation so that no dust or debris is released.

(7) The work area will be cleaned so that no dust, debris, or residue remains after lead abatement. Cleaning will include:

1. The collection of all paint chips and debris and, without dispersing the paint chips and debris, the sealing of the materials in heavy-duty bags.

2. The removal of the protective sheeting used as required in this subrule. The sheeting will be misted, then the sheeting will be folded dirty side inward. All sheeting will be taped shut or otherwise sealed inside heavy-duty bags. Sheeting used to separate work areas from non-work areas will remain in place until after the cleaning and removal of other sheeting. All sheeting will be disposed of as waste.

3. For interior lead abatement, all objects and surfaces in the work area and within two feet of the work area will be cleaned from high to low in the following manner:

- Walls will either be vacuumed with a HEPA vacuum or wiped with a wet cloth, beginning at the ceiling and working toward the floor.
- All remaining surfaces including objects and fixtures will be thoroughly vacuumed with a HEPA vacuum. For carpeted floors and rugs, the HEPA vacuum must be equipped with a beater bar.
- All remaining surfaces, except for carpeted or upholstered surfaces, will also be wiped with a damp cloth. Uncarpeted floors will be thoroughly mopped using a method that keeps the wash water separate from the rinse water, such as the two-bucket mopping method, or using a wet mopping system.

h. Soil abatement will be conducted using one of the following methods:

(1) If soil is removed, soil that is a soil-lead hazard will be replaced by soil with a lead concentration as close to the local background as practicable, but less than 400 parts per million. The soil that is removed will not be used as topsoil at another residential property or child-occupied facility.

(2) If soil is not removed, the soil that is a soil-lead hazard will be remediated to meet the definition of "permanently covered soil."

i. If lead-based paint is removed from a surface, the surface will be repainted or refinished prior to postabatement clearance dust sampling. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will visually verify that lead-based paint was removed from a surface prior to repainting or refinishing.

j. If components painted with lead-based paint are removed, the replacement components will be installed prior to postabatement clearance testing.

k. Postabatement clearance procedures will be conducted by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor. If the abatement is conducted in response to an elevated blood lead (EBL) inspection, clearance will be conducted by a certified elevated blood lead (EBL) inspector/risk assessor. Postabatement clearance testing will be performed by persons or entities

independent of those performing lead abatement, unless the designated party uses qualified in-house employees to conduct postabatement clearance testing. An in-house employee will not conduct both lead abatement and the postabatement clearance testing for this work. Postabatement clearance testing will be conducted using the following procedures:

(1) Following a lead abatement, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will review the report of the lead inspection, risk assessment, or visual assessment done prior to the lead abatement project and the lead abatement specifications to determine the lead-based paint hazards that were to be abated by the lead abatement project. The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will perform a visual inspection to determine if all lead-based paint hazards that were to be abated have been abated and to determine if deteriorated paint surfaces or visible amounts of dust, debris, or residue are still present in the rooms where lead abatement was conducted. If lead-based paint hazards that were to be abated by the project or deteriorated paint surfaces or visible amounts of dust, debris, or residue are present in the rooms where lead abatement was conducted, these conditions must be eliminated prior to the continuation of the clearance procedures. However, elimination of deteriorated paint is not required if it has been determined through paint testing or a lead-based paint inspection that the deteriorated paint is not lead-based paint. Following an exterior lead abatement, a visual inspection will be conducted to determine if all lead-based paint hazards that were to be abated have been abated and to determine if any visible dust or debris remains on any horizontal surfaces in the outdoor living areas close to the abated surface. In addition, a visual inspection will be conducted to determine the presence of paint chips on the dripline or next to the foundation below any exterior surface that was abated. If lead-based paint hazards that were to be abated by the project are still present, these conditions must be eliminated prior to the continuation of the clearance procedures. If visible dust, debris, or paint chips are present, they must be removed from the site and properly disposed of according to all applicable federal, state, and local standards.

(2) Following the visual inspection and any required postabatement cleanup, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will conduct clearance sampling for lead in dust. Clearance sampling may be conducted by employing single-surface sampling or composite dust sampling. Interior dust-lead testing will be performed for all projects that include window replacement.

(3) Dust samples will be collected a minimum of one hour after the completion of final postabatement cleanup activities.

(4) Dust samples will be collected by wipe samples using the documented methodologies specified in guidance documents issued by the department. The minimum area for a floor wipe sample will be 0.50 square feet or 72 square inches. The minimum area for a windowsill wipe sample and for a window trough wipe sample will be 0.25 square feet or 36 square inches. Dust samples will be analyzed by a recognized laboratory to determine the level of lead.

(5) The following postabatement clearance activities will be conducted as appropriate based upon the extent or manner of lead abatement activities conducted in the residential dwelling or child-occupied facility:

1. After conducting a lead abatement with containment between abated and unabated areas, three dust samples will be taken from each of no fewer than four rooms, hallways, or stairwells within the containment area. Dust samples will be taken from one interior windowsill and from one window trough (if available), and one dust sample will be taken from the floor of each of no fewer than four rooms, hallways, or stairwells within the containment area. In addition, one dust sample will be taken from the floor outside of each individual containment area. If there are fewer than four rooms, hallways, or stairwells within the containment area, then all rooms, hallways, and stairwells will be sampled.

2. After conducting a lead abatement with no containment between abated and unabated areas, three dust samples will be taken from each of no fewer than four rooms, hallways, or stairwells in the residential dwelling or child-occupied facility. Dust samples will be taken from one interior windowsill and from one window trough (if available), and one dust sample will be taken from the floor of each room, hallway, or stairwell selected. If there are fewer than four rooms, hallways, or stairwells in the residential dwelling or child-occupied facility, then all rooms, hallways, and stairwells will be sampled.

3. The certified lead abatement contractors and certified lead abatement workers who abate or clean the dwellings will not have any knowledge of which rooms or surfaces will be selected for the dust samples.

(6) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will compare the residual lead level as determined by the laboratory analysis from each single-surface dust sample with applicable single-surface clearance levels for lead in dust on floors, interior windowsills, and window troughs. If the residual lead level in a single-surface dust sample is greater than or equal to the applicable clearance level for a floor, interior windowsill, or window trough, then the failed component in each room with a failed single-surface dust sample and that type of component in each room that was not tested will be recleaned. Additional clearance samples will be taken from the failed component in each room where it failed and from enough additional rooms that were not previously tested so that four rooms are sampled. If four rooms are not available, then each available room will be retested. The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will evaluate the results of this testing to determine if the recleaned components meet the clearance level. The components will be recleaned and retested until the clearance level is met.

(7) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will compare the residual lead level as determined by the laboratory analysis from each composite dust sample with applicable single-surface clearance levels for lead in dust on floors, interior windowsills, and window troughs divided by half the number of subsamples in the composite sample. If the residual lead level in a composite dust sample is greater than or equal to the applicable clearance level divided by half the number of subsamples in the composite sample, then all the components represented by the failed composite dust sample will be recleaned and retested until clearance levels are met.

l. In multifamily housing consisting of at least 20 similarly constructed and maintained residential dwellings, random selection for the purpose of clearance testing may be conducted if the following conditions are met:

(1) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will randomly select the residential dwellings that will be sampled. The certified lead abatement contractors and certified lead abatement workers who abate or clean the dwellings do not know which residential dwellings will be selected for the random selection or which rooms or surfaces will be selected for the dust samples.

(2) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the minimum number of residential dwellings selected for dust sampling. This will provide a 95 percent level of confidence that no more than 5 percent or 50 of the residential dwellings (whichever is smaller) in the randomly sampled population are greater than or equal to the appropriate clearance levels.

(3) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will sample the randomly selected residential dwellings and evaluate them for clearance according to the procedures found in paragraphs 470.6(6)*"i"* through *"k."*

m. No later than three weeks after the property passes clearance, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a report to the lead abatement contractor that contains the items required by subparagraphs 470.6(6)*"n"*(7) through 470.6(6)*"n"*(9).

n. The certified lead abatement contractor or a certified project designer will prepare a lead abatement report containing the following information:

(1) A copy of the original and any revised lead abatement notifications.

(2) Starting and completion dates of the lead abatement project.

(3) The name, address, and telephone number of the property owner(s).

(4) The name, address, and signature of the certified lead abatement contractor and of the certified firm contact for the firm conducting the lead abatement.

(5) Whether or not containment was used and, if containment was used, the locations of the containment.

(6) The occupant protection plan required by paragraph 470.6(6)*"f."*

(7) The name, address, and signature of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting clearance sampling, the date on which the clearance testing was conducted, the results of the visual inspection for the presence of lead hazards that were not abated as specified, deteriorated paint and visible dust, debris, residue, or paint chips in the interior rooms and exterior areas where lead abatement was conducted, and the results of all postabatement clearance testing and all soil analyses, if applicable. The results of dust sampling will be reported in micrograms of lead per square foot by location of sample, and the results of soil sampling will be reported in parts per million of lead. The results will not be reported as "not detectable." If random selection was used to select the residential dwellings that were sampled, the report will state that random selection was used, the number of residential dwellings that were sampled, and how this number was determined.

(8) A statement that the lead abatement was or was not done as specified and that the rooms and exterior areas where lead abatement was conducted did or did not pass the visual clearance and the clearance dust testing. If the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the clearance testing cannot verify that all lead-based paint hazards have been abated, the report will contain the following statement:

"The purpose of this clearance report is to verify that the lead abatement project was done according to the project specifications. This residential dwelling may still contain hazardous lead-based paint, soil-lead hazards, or dust-lead hazards in the rooms or exterior areas that were not included in the lead abatement project."

(9) The name, address, and telephone number of each recognized laboratory conducting an analysis of clearance samples and soil samples, including the identification number for each such laboratory recognized by EPA under Section 405(b) of the Toxic Substances Control Act (15 U.S.C. 2685(b)).

(10) A detailed written description of the lead abatement project, including lead abatement methods used, locations of rooms and components where lead abatement occurred, reasons for selecting particular lead abatement methods, and any suggested monitoring of encapsulants or enclosures.

(11) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745.

(12) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470.

(13) If applicable, a copy of the written consent or waiver required by subrule 470.6(12).

o. The lead abatement report will be completed no later than 30 days after the lead abatement project passes clearance testing.

p. The certified lead abatement contractor will maintain all reports and plans required in this subrule for a minimum of three years.

q. The certified lead abatement contractor will provide a copy of all reports required by this subrule to the building owner and to the person who contracted for the lead abatement, if different.

470.6(7) A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will conduct visual risk assessments according to the following standards. Provided that all of the following standards are met, a certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician may remotely conduct a visual risk assessment using technology that allows for adequate visual evaluation of the painted surfaces. Visual risk assessments will be conducted only by a certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician.

a. Background information regarding the physical characteristics of the residential dwelling or child-occupied facility and occupant use patterns that may cause lead-based paint exposure to at least one child under the age of six years will be collected.

b. A visual inspection for risk assessment will be undertaken to locate the existence of deteriorated paint and other potential lead-based paint hazards and to assess the extent and causes of the paint deterioration. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will assess each component in each room, including each exterior side. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk

assessor, or a certified sampling technician will identify the following conditions as potential lead-based paint hazards:

(1) All interior and exterior surfaces with deteriorated paint.

(2) Horizontal hard surfaces, including but not limited to floors and windowsills, that are not smooth or cleanable.

(3) Dust-generating conditions, including but not limited to conditions causing rubbing, binding, or crushing of surfaces known or presumed to be coated with lead-based paint.

(4) Bare soil in the play area and dripline of the home.

c. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will prepare a written report for each residential dwelling or child-occupied facility where a visual risk assessment is conducted. No later than three weeks after completing the visual risk assessment, the certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will send a copy of the report to the property owner and to the person requesting the visual risk assessment, if different. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will maintain a copy of the report for no less than three years. The report will include, at least:

(1) Date of each visual risk assessment;

(2) Address of building;

(3) Date of construction;

(4) Apartment numbers (if applicable);

(5) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(6) Name, signature, and certification number of each certified sampling technician, certified lead inspector/risk assessor, or certified elevated blood lead (EBL) inspector/risk assessor conducting the visual risk assessment;

(7) Name and certification number of the certified firm(s) conducting the visual risk assessment;

(8) A statement that all painted or finished components will be assumed to contain lead-based paint;

(9) Specific locations of painted or finished components identified as likely to contain lead-based paint and likely to be lead-based paint hazards;

(10) Specific locations of bare soil in the play area and the dripline of a home;

(11) If a remote visual risk assessment is conducted, a description of the methodologies used;

(12) Information for the owner and occupants on how to reduce lead hazards in the residential dwelling or child-occupied facility;

(13) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(14) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469, and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(15) The following statement:

"The Iowa Department of Inspections, Appeals, and Licensing may review this report for compliance purposes. It is a violation of law for anyone other than the certified lead professional signing it to alter this report. This report may be supplemented with additional information, so long as any addendum is signed by a sampling technician, lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor certified according to Iowa Administrative Code 481—470.3(10A) and 470.5(10A)."

470.6(8) A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will conduct clearance testing according to the following standards. Clearance testing following lead abatement will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor. Clearance testing after renovation and clearance testing after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, and rehabilitation pursuant to 24 CFR Part 35 will be conducted only by certified sampling technicians, certified lead inspector/risk assessors, or certified elevated blood lead (EBL) inspector/risk assessors. If the abatement, renovation, or interim controls, paint stabilization,

standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35 is conducted in response to an elevated blood lead (EBL) inspection, clearance will be conducted by a certified elevated blood lead (EBL) inspector/risk assessor.

a. Clearance testing following lead abatement will be conducted according to paragraphs 470.6(6)*"i"* through *"m."*

b. Clearance testing after renovation and clearance testing after interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35 will be conducted according to the following standards:

(1) A certified sampling technician will perform clearance testing only for a single-family property or for individual residential dwellings and associated common areas in multifamily housing. A certified sampling technician will not perform clearance testing using random selection of residential dwellings or common areas in multifamily housing.

(2) A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will review the report of the lead inspection, risk assessment, or visual assessment done prior to interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation conducted pursuant to 24 CFR Part 35 and the project specifications to determine the lead-based paint hazards that were to be controlled by the project. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will perform a visual inspection to determine if all lead-based paint hazards that were to be controlled by the project have been controlled and to determine if deteriorated paint surfaces or visible amounts of dust, debris, or residue are still present in the rooms where interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation were conducted pursuant to 24 CFR Part 35. If lead-based paint hazards that were to be controlled by the project, deteriorated paint surfaces or visible amounts of dust, debris, or residue are present in these rooms, these conditions must be eliminated prior to the continuation of the clearance testing. However, elimination of deteriorated paint is not required if it has been determined through a lead-based paint inspection that the deteriorated paint is not lead-based paint. If exterior painted surfaces have been disturbed by the interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation conducted pursuant to 24 CFR Part 35, the visual inspection will include an assessment to determine if all exterior lead-based paint hazards that were to be controlled by the project have been controlled and to determine if any visible dust or debris remains on any horizontal surfaces in the outdoor living areas close to the affected exterior painted surfaces. In addition, a visual inspection will be conducted to determine if paint chips are present on the dripline or next to the foundation below any exterior painted surface that was treated. If lead-based paint hazards that were to be controlled by the project are still present, these conditions must be eliminated prior to the continuation of the clearance procedures. If visible dust, debris, or paint chips are present, they must be removed from the site and properly disposed of according to all applicable federal, state, and local standards.

(3) Following the visual inspection and any required cleanup, clearance sampling for lead in dust will be conducted. Clearance sampling may be conducted by employing single-surface sampling or composite dust sampling.

(4) Dust samples will be collected a minimum of one hour after the completion of final cleanup activities.

(5) Dust samples will be collected by wipe samples using the documented methodologies specified in guidance documents issued by the department. The minimum area for a floor wipe sample will be 0.50 square feet or 72 square inches. The minimum area for a windowsill wipe sample and for a window trough wipe sample will be 0.25 square feet or 36 square inches. Dust samples will be analyzed by a recognized laboratory to determine the level of lead.

(6) The following clearance activities will be conducted as appropriate based upon the extent or manner of renovation or of interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation conducted pursuant to 24 CFR Part 35 in the residential dwelling or child-occupied facility:

1. After conducting renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35, with containment between treated and untreated areas, three dust samples will be taken from each of no fewer than four rooms, hallways, or stairwells within the containment area. Dust samples will be taken from one interior windowsill and from one window trough (if available), and one dust sample will be taken from the floor of each of no fewer than four rooms, hallways, or stairwells within the containment area. In addition, one dust sample will be taken from the floor outside of each individual containment area. If there are fewer than four rooms, hallways, or stairwells within the containment area, then all rooms, hallways, and stairwells will be sampled. Interior dust-lead testing will be performed for all projects that include window replacement.

2. After conducting renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35, with no containment between treated and untreated areas, three dust samples will be taken from each of no fewer than four rooms, hallways, or stairwells in the residential dwelling or child-occupied facility. Dust samples will be taken from one interior windowsill and window trough (if available), and one dust sample will be taken from the floor of each room, hallway, or stairwell selected. If there are fewer than four rooms, hallways, or stairwells in the residential dwelling or child-occupied facility, then all rooms, hallways, and stairwells will be sampled. Interior dust-lead testing will be performed for all projects that include window replacement.

(7) The contractors conducting the work or cleaning the dwellings will not know which rooms or surfaces will be selected for the dust samples.

(8) The certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will compare the residual lead level as determined by the laboratory analysis from each single-surface dust sample with applicable single-surface clearance levels for lead in dust on floors, interior windowsills, and window troughs. If the residual lead level in a single-surface dust sample is greater than or equal to the applicable clearance level for a floor, interior windowsill, or window trough, then the failed component in each room with a failed single-surface dust sample and that type of component in each room that was not tested will be recleaned. Additional clearance samples will be taken from the failed component in each room where it failed and from enough additional rooms that were not previously tested so that four rooms are sampled. If four rooms are not available, then each available room will be retested. The certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will evaluate the results of this testing to determine if the recleaned components meet the clearance level. The components will be recleaned and retested until the clearance level is met.

(9) The certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will compare the residual lead level as determined by the laboratory analysis from each composite dust sample with applicable single-surface clearance levels for lead in dust on floors, interior windowsills, and window troughs divided by half the number of subsamples in the composite sample. If the residual lead level in a composite dust sample is greater than or equal to the applicable clearance level divided by half the number of subsamples in the composite sample, then all the components represented by the failed composite dust sample will be recleaned and retested until clearance levels are met.

c. In multifamily housing consisting of at least 20 similarly constructed and maintained residential dwellings, random selection for the purpose of clearance testing may be conducted if the following conditions are met:

(1) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will randomly select the dwellings that will be sampled. The contractors and the workers who conducted the lead abatement, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation do not know which residential dwellings will be selected for the random selection.

(2) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the minimum number of dwellings selected for dust sampling. This will provide a 95 percent level of confidence that no more than 5 percent or 50 of the residential dwellings

(whichever is smaller) in the randomly sampled population are greater than or equal to the appropriate clearance levels.

(3) The certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will sample the randomly selected residential dwellings and evaluate them for clearance according to the procedures found in paragraphs 470.6(6)*"h"* through *"j."*

(4) The clearance testing is conducted by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

d. A clearance report will be prepared that provides documentation of the lead abatement, renovation, or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation conducted pursuant to 24 CFR Part 35 as well as the clearance testing. When lead abatement is performed, the report will be a lead abatement report in accordance with paragraph 470.6(6)*"n."* When renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35 is performed, the certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will prepare a written report for each residential dwelling or child-occupied facility where clearance testing is conducted. No later than 30 days after the property passes clearance, the certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician will send a copy of the report to the property owner and to the person requesting the clearance testing, if different. The clearance report will include the following information:

(1) The address of the residential property and, if only part of a multifamily property is affected, the specific dwelling units and common areas affected.

(2) The following information regarding the clearance testing:

1. The date(s) of the clearance testing.

2. The name, address, and signature of each certified lead professional performing the clearance examination, including the certification number.

3. The name and certification number of the certified firm(s) conducting the clearance testing.

4. Whether or not containment was used and, if containment was used, the locations of the containment.

5. If random selection was used to select the residential dwellings that were sampled, the report will state that random selection was used, the number of residential dwellings that were sampled, and how this number was determined.

6. The results of the visual inspection for the presence of deteriorated paint and visible dust, debris, residue, or paint chips in the rooms where renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation was conducted pursuant to 24 CFR Part 35.

7. All of the results of the analysis of dust samples, in micrograms per square foot, by location of sample. The results will not be reported as "not detectable."

8. A statement that the renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation conducted pursuant to 24 CFR Part 35 was or was not done as specified and that the rooms and exterior areas where these activities were conducted did or did not pass the visual clearance and the clearance dust testing. If the certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician conducting the clearance testing cannot verify that all lead-based paint hazards have been controlled, the report will contain the following statement:

"The purpose of this clearance report is to verify that this lead hazard control project was done according to the project specifications. This residential dwelling may still contain hazardous lead-based paint, soil-lead hazards, or dust-lead hazards in the rooms or exterior areas that were not included in the lead hazard control project."

9. The name, address, and telephone number of each recognized laboratory conducting an analysis of the dust samples, including the identification number for each such laboratory recognized by EPA under Section 405(b) of the Toxic Substances Control Act (15 U.S.C. 2685(b)).

(3) The following information on the renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation pursuant to 24 CFR Part 35 for which clearance testing was performed:

1. The start and completion dates of the renovation, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation.

2. The name and address of each firm or organization conducting the renovation, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation and the name of each supervisor assigned.

3. A detailed written description of the renovation, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation, including the methods used, locations of exterior surfaces, interior rooms, common areas, and components where the hazard reduction activity occurred.

4. If interim control of soil hazards was conducted, a detailed description of the location(s) of the interim controls and the method(s) used.

5. Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745.

6. Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470.

7. The report will contain the statement set forth in subparagraph 470.6(7)*"c"*(15).

e. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor or a certified sampling technician will maintain a copy of the clearance testing information included in the lead abatement report specified in paragraph 470.6(6)*"m"* for no fewer than three years. A certified lead inspector/risk assessor, a certified elevated blood lead (EBL) inspector/risk assessor, or a certified sampling technician will maintain a copy of the clearance testing report specified in paragraph 470.6(8)*"d"* for no fewer than three years.

f. Clearance testing will be performed by persons or entities independent of those performing lead abatement, renovation, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation, unless the designated party uses qualified in-house employees to conduct clearance testing. An in-house employee will not conduct both lead abatement, renovation, interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, or rehabilitation and the clearance examination for this work.

470.6(9) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct paint testing pursuant to 24 CFR Part 35 according to the following standards. Paint testing pursuant to 24 CFR Part 35 will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. When conducting paint testing in a residential dwelling or child-occupied facility, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following procedures:

(1) The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will test paint on each deteriorated paint surface and on each painted surface that will be disturbed or replaced. On windows, the window frame, interior windowsill, window sash, and window trough will each be tested.

(2) Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If testing by laboratory analysis, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect paint samples using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use an X-ray fluorescence analyzer that has a performance characteristics sheet and will use the X-ray fluorescence analyzer according to the performance characteristics sheet.

2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the NIST 1.02 standard film or standards provided by the manufacturer for calibration of the X-ray fluorescence analyzer. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not state that any surface is free of lead-based paint unless the NIST 1.02 standard film is used for calibration.

3. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will take calibration readings consisting of an average of three readings at the beginning of the inspection.

4. If recommended by the performance characteristics sheet, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct substrate correction for all XRF readings less than 4.0 milligrams of lead per square centimeter. For each substrate that requires substrate correction, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will completely remove all paint from an area of two different testing combinations for that substrate. If possible, the areas chosen for substrate correction should have initial XRF readings of less than 2.5 milligrams of lead per square centimeter. For each testing combination, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will remove paint from an area that is at least as large as the XRF probe faceplate. On each of the two areas, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will place the NIST 1.02 standard film over the surface, and take three XRF readings with the XRF used to conduct the inspection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean for these six readings and will subtract 1.02 from this arithmetic mean to obtain the substrate correction value. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will then subtract the substrate correction value from each XRF reading for the substrate requiring substrate correction to obtain the corrected XRF reading. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not conduct substrate correction where recommended by the performance characteristics sheet, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that all of the readings are positive and will not state that a surface is free of lead-based paint.

5. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will classify each XRF reading that did not require substrate correction and each corrected XRF reading for XRF readings that required substrate correction as positive, negative, or inconclusive, according to the performance characteristics sheet for the XRF. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not discard XRF readings unless instructed to do so by the performance characteristics sheet or the operating instructions from the manufacturer. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor believes that a reading classified as positive is in error, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will collect a paint sample for laboratory analysis. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will change the positive classification to negative only if the results of the laboratory analysis indicate that the surface is not painted with lead-based paint. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume that all inconclusive readings are positive and classify them as such.

6. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will resolve inconclusive readings as defined by the performance characteristics sheet for the XRF by collecting paint samples for laboratory analysis. If the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor does not resolve inconclusive readings by laboratory analysis, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the inconclusive readings are positive.

b. If lead-based paint is identified through paint testing, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will conduct a visual inspection to determine the presence of lead-based paint hazards and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated.

c. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility where paint testing is conducted. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the inspection, if different. A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of each written report for no less than three years. The report will include, at least:

(1) A statement that the inspection was conducted to determine whether lead-based paint is present on deteriorated paint surfaces and on painted surfaces that will be disturbed or replaced;

(2) Date of the testing;

(3) Address of building;

(4) Date of construction;

(5) Apartment numbers (if applicable);

(6) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(7) Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the paint testing;

(8) Name and certification number of the certified firm(s) conducting the paint testing;

(9) Name, address, and telephone number of each laboratory conducting an analysis of collected samples;

(10) Each testing method and sampling procedure employed for paint analysis, including quality control data and, if used, the manufacturer, serial number, software, and operating mode of any XRF analyzer;

(11) XRF readings taken for calibration and calculations to demonstrate that the XRF is properly calibrated;

(12) Specific locations by room of each painted component tested for the presence of lead-based paint and the results for each component expressed in terms appropriate to the sampling method used;

(13) A statement that all painted or finished components that were not tested will be assumed to contain lead-based paint;

(14) A description of the location, type, and severity of identified lead-based paint hazards, including the classification of each tested surface as to whether it is a lead-based paint hazard, and any other potential lead hazards, including bare soil in the dripline of a home where lead-based paint is identified on exterior components or lead-based paint previously existed on exterior components, but has been removed, enclosed, or encapsulated;

(15) A description of interim controls and lead abatement options for each identified lead-based paint hazard and a suggested prioritization for addressing each hazard. If the use of an encapsulant or enclosure is recommended, the report will recommend a maintenance and monitoring schedule for the encapsulant or enclosure;

(16) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(17) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(18) The report will contain the statement set forth in numbered paragraph 470.6(1)*"a"*(7)"19."

470.6(10) A certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor will conduct reevaluations according to the following standards. Reevaluations will be conducted only by a certified lead inspector/risk assessor or a certified elevated blood lead (EBL) inspector/risk assessor.

a. All available information regarding lead-based paint for the property being reevaluated will be reviewed, including but not limited to reports of any lead-based paint activities conducted in a residential dwelling, multifamily dwelling, or child-occupied facility.

b. A visual inspection of the property will be undertaken to locate the existence of deteriorated paint; bare soil; recommended lead abatement, interim controls, or standard treatments that were not implemented; and failed interim controls, standard treatments, encapsulation, or enclosure.

c. Deteriorated paint for which the lead content is unknown will be tested for the presence of lead.

d. Soil samples will be collected and analyzed from bare soil for which the lead content is unknown. Soil samples will be collected using the documented methodologies specified in guidance documents issued by the department and will be analyzed by a recognized laboratory to determine the level of lead.

e. If any lead-based paint hazards, recommended lead abatement, interim controls, or standard treatments that were not implemented, or failed interim controls, standard treatments, encapsulation, or enclosure is identified, then the reevaluation is failed. These conditions will be controlled through lead abatement or interim controls before the reevaluation can continue. Clearance testing will be conducted following control of the conditions through lead abatement or interim controls.

f. If there are no lead-based paint hazards present and all of the recommended lead abatement or interim controls were implemented and have not failed, then single-surface or composite dust samples will be collected. The reevaluation is passed if all of the dust samples taken are below the clearance level.

g. In residential dwellings, single-surface or composite dust samples will be collected from floors and interior windowsills in at least four rooms, hallways, or stairwells where at least one child under the age of six years is most likely to come in contact with dust.

h. In multifamily dwellings, single-surface or composite dust samples will also be collected from common areas where at least one child under the age of six years is likely to come in contact with dust.

i. In child-occupied facilities, single-surface or composite dust samples will be collected from the floor and interior windowsill in at least four rooms, hallways, or stairwells utilized by one or more children under the age of six years and in other common areas where the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor determines that at least one child under the age of six years is likely to come in contact with dust.

j. Dust samples will be collected by wipe samples using the documented methodologies specified in guidance documents issued by the department. The minimum area for a floor wipe sample will be 0.50 square feet or 72 square inches. The minimum area for a windowsill wipe sample and for a window trough wipe sample will be 0.25 square feet or 36 square inches. Dust samples will be analyzed by a recognized laboratory to determine the level of lead.

k. Paint will be tested using adequate quality control by X-ray fluorescence or by laboratory analysis using a recognized laboratory to determine the presence of lead-based paint on a surface. If tested by laboratory analysis, the paint will be sampled using the documented methodologies specified in guidance documents issued by the department. If testing by X-ray fluorescence, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use the following methodologies: numbered paragraphs 470.6(9)*"a"*(2)"1" through "6" are restated as if fully set forth herein.

l. When conducting reevaluation in multifamily housing, a certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor may sample each residential dwelling or choose residential dwellings for sampling by random selection, targeted selection, or worst case selection.

(1) If built before 1960 or if the date of construction is unknown, the multifamily housing will contain at least 20 similarly constructed and maintained residential dwellings in order to use random selection. If built from 1960 to 1977, the multifamily housing will contain at least ten similarly constructed and maintained residential dwellings in order to use random selection. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 1 to determine the number of residential dwellings to randomly select for testing.

(2) If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use targeted selection. If using targeted selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily housing has fewer than 5 similar dwellings, all residential dwellings will be tested. Residential dwellings chosen by targeted selection will meet as many of the following criteria as possible. If additional residential dwellings are needed to meet the minimum number specified in Table 2, the certified lead inspector/risk

assessor or elevated blood lead (EBL) inspector/risk assessor will select them randomly. If too many residential dwellings meet the criteria, residential dwellings will be eliminated randomly. Targeted selection criteria are as follows:

1. The residential dwelling has been cited with a housing or building code violation within the past year.
2. The property owner believes that the residential dwelling is in poor condition.
3. The residential dwelling contains two or more children between the ages of six months and six years. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will give preference to residential dwellings that house the largest number of children.
4. The residential dwelling serves as a child-occupied facility.
5. The residential dwelling has been prepared for reoccupancy within the past three months.

(3) If the multifamily housing contains five or more similar residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may use worst case selection. If using worst case selection, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will use Table 2 to determine the number of residential dwellings to test. If the multifamily housing has fewer than five similar dwellings, all residential dwellings will be tested.

(4) The following standards will be used to determine the extent of lead-based paint hazards throughout multifamily housing that is sampled by random selection, targeted selection, or worst case selection:

1. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will calculate the arithmetic mean of the dust-lead levels for carpeted floors, uncarpeted floors, interior windowsills, and window troughs. If the arithmetic mean is greater than or equal to the level defined as a dust-lead hazard for the component, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will determine that a dust-lead hazard has been identified on the component throughout the multifamily housing. If the arithmetic mean is less than the level defined as a dust-lead hazard for the component, but some of the individual components have dust-lead levels that are greater than or equal to the level defined as a dust-lead hazard, then the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will determine that a dust-lead hazard has been identified on the individual components and on all other similar components throughout the multifamily housing.
2. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will evaluate the results of paint sampling by component and location. If all components at a given location are determined to be painted with lead-based paint or are determined not to be painted with lead-based paint, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor may assume this condition is true for all similar residential dwellings. The certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will not assume that the multifamily housing is free of lead-based paint. If a component at a given location is found to be painted with lead-based paint in some residential dwellings and not painted with lead-based paint in other residential dwellings, the certified lead inspector/risk assessor or elevated blood lead (EBL) inspector/risk assessor will assume that the component is a lead-based paint hazard in all similar residential dwellings.

m. If reevaluation is conducted, the first reevaluation will be conducted no later than two years from completion of lead abatement, interim controls, or standard treatments. Subsequent reevaluation will be conducted at intervals of two years, plus or minus 60 days. To be exempt from additional reevaluation, a residential dwelling or child-occupied facility will have at least two consecutive passing reevaluations conducted at such two-year intervals. If, however, a reevaluation fails, at least two more consecutive reevaluations conducted at such two-year intervals will be conducted.

n. A certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will prepare a written report for each residential dwelling or child-occupied facility where a reevaluation is conducted. No later than three weeks after the receipt of laboratory results, the certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will send a copy of the report to the property owner and to the person requesting the reevaluation, if different. A certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will maintain a copy of the report for no less than three years. The report will include, at least:

(1) Date of each reevaluation;

(2) Address of building;

(3) Date of construction;

(4) Apartment numbers (if applicable);

(5) The name, address, and telephone number of the owner or owners of each residential dwelling or child-occupied facility;

(6) Name, signature, and certification number of each certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor conducting the reevaluation;

(7) Name and certification number of the certified firm(s) conducting the reevaluation;

(8) All of the information gathered for the review as outlined in 470.6(10)*"a"*;

(9) Results of the visual inspection including details of any newly identified lead-based paint hazards, the status of past lead hazard control measures, and repair options for any lead-based paint hazards identified during the reevaluation;

(10) An indication of whether or not the property passed or failed the reevaluation;

(11) An indication of when the next reevaluation, if any, should occur;

(12) The results of any environmental samples taken, including all XRF readings, all laboratory analyses and clearance testing results, if necessary;

(13) Name, address, and telephone number of each recognized laboratory conducting an analysis of collected samples, including the identification number for each such laboratory recognized by EPA under Section 405(b) of the Toxic Substances Control Act (15 U.S.C. 2685(b));

(14) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745;

(15) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation found in 481—Chapter 470; and

(16) The report will contain the statement set forth in subparagraph 470.6(7)*"c"*(15).

470.6(11) All renovations performed in target housing and child-occupied facilities, except for emergency renovations and minor repair and maintenance activities, will be performed according to the work practice standards in this subrule. Renovation activities conducted in housing or on surfaces determined to be free of lead-based paint by a certified lead inspector/risk assessor or certified elevated blood lead (EBL) inspector/risk assessor will be exempt from all work practice standards except recordkeeping. All renovations will be performed by a certified firm under the supervision of a certified lead abatement contractor or a certified lead abatement worker or will be performed by a certified lead-safe renovator in accordance with the requirements below.

a. A firm will assign at least one certified lead abatement contractor, a certified lead abatement worker, or a certified lead-safe renovator to each individual renovation project. The certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator assigned to each individual renovation project will ensure the following:

(1) A certified lead abatement contractor, a certified lead abatement worker, or a certified lead-safe renovator will be on site during all worksite preparation and during the cleanup of work areas. At all other times when renovation is being conducted, a certified lead abatement contractor, a certified lead abatement worker, or a certified lead-safe renovator will be on site or available by telephone or answering service and be able to be present at the worksite in no more than two hours.

(2) Signs are posted and readable. All signs will be posted before the renovation begins and will remain in place until the postrenovation cleaning verification has been completed.

1. To the extent practicable, all signage will be posted in the occupants' primary language.

2. The signs will clearly define the work area.

3. The signs will warn occupants and other persons not involved with the renovation activity to remain outside the work area.

4. The signs will be posted at the entrance(s) to all work areas.

(3) The work area will be effectively contained before the renovation is begun. To be effective, containment will:

1. Isolate the work area so that no dust or debris leaves the work area while the renovation is being performed.

2. Be monitored and maintained so that any plastic or other impermeable materials are not torn or displaced.

3. Be installed in such a manner that it does not interfere with occupant and worker egress in an emergency.

(4) For interior renovations, containment will include:

1. The removal or covering of all objects from the work area. Objects that are not removed from the work area will be covered with plastic sheeting or other impermeable material with all seams and edges taped or otherwise sealed.

2. Closing and covering all duct openings in the work area. Ducts will be covered with plastic sheeting or other impermeable material that is taped down.

3. Closing windows and doors in the work area. Doors will be covered with plastic sheeting or other impermeable material. Doors used as an entrance to the work area will be covered with plastic sheeting or other impermeable material in a manner that allows workers to pass through while confining dust and debris to the work area.

4. Covering the floor surface, including installed carpet, with taped-down plastic sheeting or other impermeable material in the work area six feet beyond the perimeter of the surfaces undergoing renovation or a sufficient distance to contain the dust, whichever is greater.

5. Ensuring that all personnel, tools, and other items, including the exteriors of containers of waste, are free of dust and debris before leaving or being removed from the work area.

(5) For exterior renovations, containment will include:

1. Closing all doors and windows within 20 feet of the renovation. On multistory buildings, all doors and windows within 20 feet of the renovation on the same story as the renovation will be closed, and all doors and windows on all stories below the renovation that are the same horizontal distance from the renovation will be closed.

2. Ensuring that doors within the work areas that will be used while the renovation is being performed are covered with plastic sheeting or other impermeable material in a manner that allows workers to pass through while confining dust and debris to the work area.

3. Covering the ground with plastic sheeting or other disposable impermeable material extending ten feet beyond the perimeter of surfaces undergoing renovation or a sufficient distance to collect falling paint debris, whichever is greater, unless the property line prevents ten feet of such ground cover. Exterior ground cover will include anchors or weights to ensure the covering remains effective even during weather conditions such as high wind.

4. Vertical containment. In certain situations, such as where other buildings are in close proximity to the work area, when conditions are windy, or where the work area abuts a property line, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will erect a system of vertical containment designed to prevent dust and debris from migrating to adjacent property or contaminating the ground, other buildings, or any object beyond the work area.

(6) Prohibited practices are not used during the renovation. Prohibited practices include:

1. Open-flame burning or torching of paint.

2. Machine sanding or grinding or abrasive blasting or sandblasting of paint unless used with high-efficiency particulate air (HEPA) exhaust control that removes particles of 0.3 microns or larger from the air at 99.97 percent or greater efficiency.

3. Uncontained water blasting of paint.

4. Dry scraping or dry sanding of paint except in conjunction with the use of a heat gun or around electrical outlets.

5. Operating a heat gun at a temperature at or above 1,100 degrees Fahrenheit.

(7) All workers who are not certified lead abatement contractors, certified lead abatement workers, or certified lead-safe renovators must have on-the-job training as required by paragraph 470.6(11)*"d."* However, on-the-job training does not meet the training requirement for work conducted pursuant to 24 CFR 35.1340.

(8) If desired, perform all testing with recognized test kits in accordance with paragraph 470.6(11)*"e."*

(9) Perform the postrenovation cleaning verification as outlined in paragraph 470.6(11)*"b."*

(10) All waste generated during renovation activities is contained to prevent the release of dust and debris before the waste is removed from the work area for storage or disposal. Any chutes used to remove waste from the work area will be covered.

1. At the conclusion of each workday and at the conclusion of the renovation, waste that has been collected from renovation activities will be stored under containment, in an enclosure, or behind a barrier that prevents release of dust and debris out of the work area and prevents access to dust and debris.

2. All waste from renovation activities will be contained during transportation so that no dust or debris is released.

(11) The work area will be cleaned so that no dust, debris, or residue remains after the renovation. Cleaning will include:

1. The collection of all paint chips and debris and, without dispersing the paint chips and debris, the sealing of the materials in heavy-duty bags.

2. The removal of the protective sheeting used as required in this subrule. The sheeting will be misted, then the sheeting will be folded dirty side inward. All sheeting will be taped shut or otherwise sealed inside heavy-duty bags. Sheeting used to separate work areas from non-work areas will remain in place until after the cleaning and removal of other sheeting. All sheeting will be disposed of as waste.

3. For interior renovations, all objects and surfaces in the work area and within two feet of the work area will be cleaned from high to low in the following manner:

- Walls will either be vacuumed with a HEPA vacuum or wiped with a wet cloth, beginning at the ceiling and working toward the floor.
- All remaining surfaces including objects and fixtures will be thoroughly vacuumed with a HEPA vacuum. For carpeted floors and rugs, the HEPA vacuum must be equipped with a beater bar.
- All remaining surfaces, except for carpeted or upholstered surfaces, will also be wiped with a damp cloth. Uncarpeted floors will be thoroughly mopped using a method that keeps the wash water separate from the rinse water, such as the two-bucket mopping method, or using a wet mopping system.

b. Postrenovation cleaning verification. A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will use the following procedure for conducting postrenovation cleaning verification. In lieu of postrenovation cleaning verification, clearance testing as outlined in subrule 470.6(8) can be performed. If the work is done in response to an elevated blood lead (EBL) inspection, clearance testing will be performed by a certified elevated blood lead (EBL) inspector/risk assessor in lieu of postrenovation cleaning verification. Warning signs may be removed after all of the work areas in a renovation project have been adequately cleaned and verified or passed clearance testing.

(1) For interior renovations, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will perform a visual inspection to determine whether dust, debris, or residue is still present. If dust, debris, or residue is still present, these conditions will be removed by recleaning, and another visual inspection will be performed. Following a successful visual inspection, a certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will:

1. Verify that each windowsill and window trough in the work area has been adequately cleaned, using the following procedure:

- Wipe the windowsill and window trough with a wet disposable cleaning cloth that is damp to the touch. If the cloth matches or is lighter than the cleaning verification card, the windowsill has been adequately cleaned.
- If the cloth does not match and is darker than the cleaning verification card, reclean the windowsill or window trough as directed in subparagraph 470.6(11)*"a"*(11). Then wipe the windowsill or window trough again, using a new cloth or the same cloth folded in such a way that an unused surface is exposed. If the cloth matches or is lighter than the cleaning verification card, that windowsill has been adequately cleaned.
- If the cloth does not match and is darker than the cleaning verification card, wait for one hour or until the surface has dried completely, whichever is longer.

● After waiting for the windowsill or window trough to dry, wipe the windowsill or window trough with a dry disposable cleaning cloth. After this wipe, that windowsill or window trough has been adequately cleaned.

2. Verify that uncarpeted floors and countertops in the work area have been adequately cleaned, using the following procedure. If the surface within the work area is greater than 40 square feet, the surface within the work area will be divided into roughly equal sections that are each less than 40 square feet.

● Wipe uncarpeted floors and countertops within the work area with a wet disposable cleaning cloth. Floors will be wiped using an application device with a long handle and a head to which the cloth is attached. The cloth will remain damp at all times while it is being used to wipe the surface for postrenovation cleaning verification. Wipe each such section separately with a new wet disposable cleaning cloth. If the cloth used to wipe each section of the surface within the work area matches or is lighter than the cleaning verification card, the surface has been adequately cleaned.

● If the cloth does not match and is darker than the cleaning verification card, reclean the surface as in subparagraph 470.6(11)*"a"*(11). Then wipe the floor or countertop again, using a new cloth. If the cloth matches or is lighter than the cleaning verification card, that surface has been adequately cleaned.

● If the cloth does not match and is darker than the cleaning verification card, wait for one hour or until the surface has dried completely, whichever is longer.

● After waiting for the surface to dry, wipe each section of the surface that has not yet achieved the postrenovation cleaning verification with a dry disposable cleaning cloth. After this wipe, that surface has been adequately cleaned.

(2) For exterior renovations, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will perform a visual inspection to determine whether dust, debris, or residue is still present on surfaces in and below the work area, including windowsills and the ground. If dust, debris, or residue is present, these conditions must be eliminated and another visual inspection will be performed. When the area passes the visual inspection, the exterior has been adequately cleaned.

(3) A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will only use cleaning verification cards that are approved by the U.S. EPA and have not expired.

c. Clearance testing. Postrenovation cleaning verification is not required if the contract between the renovation firm and the person contracting for the renovation or another federal, state, territorial, tribal, or local law or regulation requires the renovation firm to perform clearance testing at the conclusion of a renovation covered by this chapter.

(1) The dust samples will be collected by a certified lead inspector/risk assessor, certified elevated blood lead (EBL) inspector/risk assessor, or certified sampling technician. If the work is done in response to an elevated blood lead (EBL) inspection, the dust samples will be collected by a certified elevated blood lead (EBL) inspector/risk assessor.

(2) The firm conducting the renovation is required to reclean the work area until the dust clearance sample results are below the clearance standards in subrule 470.6(8).

d. On-the-job training. The certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator assigned to the renovation project will ensure that each noncertified individual conducting renovation activities has been or is currently being trained on how to safely conduct renovation activities. However, on-the-job training does not meet the training requirement for work conducted pursuant to 24 CFR Part 35.

(1) All on-the-job training will be conducted by a certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator.

(2) Each noncertified individual will be trained by a certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator who is employed by the same certified firm. On-the-job training does not meet the requirement for work conducted pursuant to 24 CFR Part 35.

(3) On-the-job training will be specific for the type of work the noncertified individual is performing and must include at least the following topics:

1. An overview of the requirements described in this chapter.
2. An overview of the health effects of lead poisoning.
3. Methods to prevent taking lead dust home from the worksite.

4. How and why to properly set up a work area for lead-safe renovations.
5. How and where to properly post signage.
6. Personal protection.
7. How and why to properly set up containment.
8. How and why to minimize dust and debris.
9. Proper cleaning techniques and timelines for cleaning in renovation activities.
10. How to properly handle and control waste generated from renovation activities.
11. An overview of the postrenovation cleaning verification and clearance testing.
12. An overview of the prerenovation notification requirements found in 481—Chapter 469.
13. Prohibited work practices.

e. Recognized test kits. A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator may use recognized test kits to determine whether surfaces to be affected by renovation activities are painted with lead-based paint. The result from each individual test performed applies only to the individual surface tested. Surfaces that are determined by proper use of a recognized test kit to be free of lead-based paint are exempt from the requirements of paragraphs 470.6(11)*"a"* through *"d."* Results obtained from recognized test kits are only valid if the testing was performed according to the manufacturer's directions. A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will not discard a valid result from a recognized test kit.

f. A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will complete a written report when conducting a renovation. The report will include the results of any testing performed with a recognized test kit, information regarding the work practices used in the renovation and, if applicable, a copy of the clearance testing report. When the final invoice for the renovation is delivered or within 30 days after the renovation activity is complete, whichever is earlier, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will send a copy of the report to the owner of the building. If the renovation took place within a residential dwelling, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will send a copy of the report to an adult occupant of the residential dwelling and to the person requesting the renovation, if different from the owner. If the renovation took place within a child-occupied facility, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will send a copy of the report to an adult representative of the child-occupied facility and to the person requesting the renovation, if different from the owner. If the renovation took place within common areas of multifamily target housing, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will post in areas where it is likely to be seen by the occupants of all of the affected units the report required by this paragraph or instructions on how interested occupants can obtain a copy of this report at no charge. If the renovation took place within a child-occupied facility, the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will post in areas where it is likely to be seen by the parents or guardians of children frequenting the child-occupied facility the report required by this paragraph or instructions on how interested parents or guardians of children frequenting the child-occupied facility can obtain a copy of this report at no charge. A certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator will maintain a copy of the report for no less than three years. The report will include, at least:

(1) The date(s) of the renovation.

(2) Address of the building, including apartment numbers, if applicable.

(3) The name, address, and telephone number of the owner(s) of the address(es) where the renovation took place.

(4) The name, address, signature, certification number, and telephone number of the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator who performed the renovation.

(5) The name and certification number of the certified firm performing the renovation.

(6) If testing was performed with a recognized test kit, the location of each test. The location will be specific to the room and component.

(7) The results of testing. The results will be classified as either positive for lead-based paint or negative for lead-based paint.

(8) The name and manufacturer of the recognized test kit(s) used, the expiration date, and the EPA approval number.

(9) The work practices used in the renovation, including the location(s) where each work practice was used. The location will be specific to the room and component.

(10) If applicable, a copy of the clearance report.

(11) Information regarding the owner's obligations to disclose known lead-based paint and lead-based paint hazards upon sale or lease of residential property as required by Subpart H of 24 CFR Part 35 and Subpart I of 40 CFR Part 745.

(12) Information regarding Iowa's prerenovation notification requirements found in 481—Chapter 469; and information regarding Iowa's regulations for renovation, remodeling and repainting found in 481—Chapter 470.

g. Recordkeeping. Records will be kept for each renovation project that involves target housing or child-occupied facilities. The records for each renovation will include:

(1) The name and certification number of the certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator responsible for the renovation.

(2) The name and certification number of the certified firm that performed the renovation.

(3) The address(es) of the property where the renovation activity was performed.

(4) The name, address, and telephone number of the property owner where the renovation activity was performed.

(5) Renovations considered emergency pursuant to rule 481—470.2(10A) will contain a description of the circumstances explaining why the renovations were immediately required and which work practice standards were not followed as a result.

(6) Any reports or documentation completed by a certified lead professional concerning the renovation project, including documentation from certified lead inspector/risk assessors or certified elevated blood lead (EBL) lead inspector/risk assessors regarding housing, components, or surfaces that have been determined to be free of lead-based paint and clearance reports from clearance testing performed in lieu of postrenovation cleaning verification.

(7) Documentation that each noncertified individual working on the renovation project had, or was receiving, the appropriate on-the-job training outlined in paragraph 470.6(11)*"d."* The documentation will include the names of all of the noncertified individuals who worked on the renovation. However, on-the-job training does not meet the training requirement for work conducted pursuant to 24 CFR 35.1340.

(8) Documentation that the certified lead-safe renovator followed the work practices for renovation activities outlined in this subrule. This will include documentation that the following work practices were followed:

1. Signs were posted at the entrance to the work area.
2. The work area was contained.
3. All objects in the work area were covered or removed.
4. All HVAC ducts in the work area were closed and covered.
5. All windows in the work area were closed, and all windows within 20 feet of exterior work areas were closed.
6. All doors not used to enter the work area were closed and sealed, and all doors within 20 feet of exterior work areas were closed and sealed.
7. All doors used as an entrance to the work area had containment in place to prevent the spread of dust and debris.
8. All floors in the work area were covered for a sufficient distance to contain the dust and debris from the renovation.
9. Adequate ground cover was in place to contain the dust and debris for exterior renovations.
10. Adequate vertical containment was in place to contain the dust and debris for exterior renovations.
11. All waste generated during the renovations was contained throughout the renovation and the transportation to disposal.

(9) Documentation that the renovation work area was cleaned and passed the postrenovation cleaning verification procedures outlined in paragraph 470.6(11)*"b,"* including the expiration date of the cleaning verification cards used.

(10) Documentation regarding the use of any recognized test kits outlined in paragraph 470.6(11)*"e."* The documentation will include a copy of the written report required by paragraph 470.6(11)*"f."*

h. Emergency renovations.

(1) Renovation activities that are deemed to be an emergency are exempt from the certification requirements and all of the work practice standards, except for the cleaning requirements, postrenovation cleaning verification, and the written report required by paragraph 470.6(11)*"f."* All postrenovation cleaning will take place under the direction of a certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator. The postrenovation cleaning verification after an emergency renovation will be performed by a certified lead abatement contractor, certified lead abatement worker, or certified lead-safe renovator.

(2) Emergency renovations that are required as a result of an elevated blood lead (EBL) inspection are initially exempt from the certification requirements. The work practice standards found in paragraph 470.6(11)*"a"* will apply. All individuals who perform emergency renovations in response to an elevated blood lead (EBL) inspection are required to obtain certification as a lead-safe renovator, lead abatement contractor, or lead abatement worker within six months from the date the elevated blood lead (EBL) inspection report was issued. Renovations and interim controls performed in response to an elevated blood lead (EBL) inspection are required to pass clearance testing that is performed by a certified elevated blood lead (EBL) inspector/risk assessor.

470.6(12) A person may be certified as a lead inspector/risk assessor, sampling technician, or elevated blood lead (EBL) inspector/risk assessor and as a lead abatement contractor or lead abatement worker. Except as specified by paragraphs 470.6(6)*"k"* and 470.6(8)*"f,"* a person who is certified both as a lead inspector/risk assessor, sampling technician, or elevated blood lead (EBL) inspector/risk assessor and as a lead abatement contractor or lead abatement worker will not provide both lead inspection or visual risk assessment and lead abatement services at the same site unless a written consent or waiver, following full disclosure by the person, is obtained from the owner or manager of the site.

470.6(13) Any paint chip, dust, or soil samples collected pursuant to the work practice standards contained in subrules 470.6(1) through 470.6(6) and 470.6(9) will be collected by persons certified as a lead inspector/risk assessor or an elevated blood lead (EBL) inspector/risk assessor. Any paint chip, dust, or soil samples collected pursuant to the work practice standards contained in subrule 470.6(8) for clearance testing following lead abatement will be collected by persons certified as a lead inspector/risk assessor or an elevated blood lead (EBL) inspector/risk assessor. Any dust or soil samples collected pursuant to the work practice standards contained in subrule 470.6(8) for clearance testing after renovation or interim controls, paint stabilization, standard treatments, ongoing lead-based paint maintenance, and rehabilitation pursuant to 24 CFR Part 35 will be collected only by certified sampling technicians, certified lead inspector/risk assessors, or certified elevated blood lead (EBL) inspector/risk assessors. Any paint chip, dust, or soil samples collected pursuant to the work practice standards contained in rule 481—470.6(10A) will be analyzed by a recognized laboratory.

470.6(14) Composite dust sampling will be conducted only in the situations specified in subrules 470.6(4) through 470.6(6) and 470.6(8). If composite sampling is conducted, it will meet the following requirements:

a. Composite dust samples will consist of at least two subsamples.

b. Every component that is being tested will be included in the sampling.

c. Composite dust samples will not consist of subsamples from more than one type of component.

d. The results of composite dust samples will be evaluated by comparing the residual lead level as determined by the laboratory analysis from each composite dust sample with applicable single-surface dust-lead hazard or clearance levels for lead in dust on floors, interior windowsills, and window troughs divided by half the number of subsamples in the composite sample.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—470.7(10A) Firms. All firms that perform or offer to perform lead-based paint activities must be certified by the department. Firms will employ only appropriately certified employees to conduct lead-based paint activities, and the firm and its employees will follow the work practice standards in rule 481—470.6(10A) for conducting lead-based paint activities. A firm must employ at least one certified individual in order to receive or maintain firm certification.

470.7(1) A firm wishing to be certified will apply to the department electronically in a format specified by the department or may apply using a paper application supplied by the department. The firm will submit:

a. A completed application.

b. Documentation that the firm will employ only appropriately certified lead professionals to perform lead-based paint activities. In addition, the firm will document that the agency and its employees or contractors will follow the work practice standards in rule 481—470.6(10A) for conducting lead-based paint activities.

c. The certified firm will maintain all records required by rule 481—470.6(10A), with the exception of elevated blood lead (EBL) inspection reports, for three years. Certified firms that are also certified as elevated blood lead (EBL) inspection agencies will maintain elevated blood lead (EBL) inspection reports for at least ten years.

470.7(2) Firms must be recertified every three years. To be recertified, the firm will submit the following:

a. A completed application.

b. Documentation that the firm will employ only appropriately certified lead professionals to perform lead-based paint activities. In addition, the firm will document that the firm and its employees or contractors will follow the work practice standards in rule 481—470.6(10A) for conducting lead-based paint activities.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—470.8 Reserved.

481—470.9(10A) Compliance inspections.

470.9(1) The department may enter premises or facilities where violations of the provisions regarding lead-based paint activities may occur for the purpose of conducting compliance inspections.

470.9(2) The department may enter premises or facilities where training programs conduct business.

470.9(3) The department may take samples and review records as part of the lead-based paint activities compliance inspection process.

470.9(4) The department may review all reports involving lead-based paint activities.

470.9(5) The department may issue subpoenas pursuant to Iowa Code chapter 10A for the purposes of determining compliance.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—470.10(10A) Denial, suspension, or revocation of certification; denial, suspension, revocation, or modification of course approval; and imposition of penalties.

470.10(1) When the department finds that the applicant, certified lead professional, or certified firm has committed any of the following acts, the department may deny an application for certification, may suspend or revoke a certification, may prohibit specific work practices, may require a project conducted by persons or firms that are not certified or a project where prohibited work practices are being used to be halted, may require the cleanup of lead hazards created by the use of prohibited work practices, may impose a civil penalty, may place on probation, may require additional education, may require reexamination of the state certification examination, may issue a warning, or may impose other sanctions allowed by law as may be appropriate.

a. Failure or refusal to comply with any requirements of this chapter.

b. Failure or refusal to establish, maintain, provide, copy, or permit access to records or reports as required by rules 481—470.3(10A) through 481—470.7(10A).

c. Failure or refusal to permit entry or inspection as described in subrules 470.9(1) through 470.9(3).

d. Obtaining or attempting to obtain certification through fraudulent representation.

e. Failure to obtain certification from the department and performing work requiring certification.

f. Fraudulently obtaining certification and engaging in any lead-based paint activities requiring certification.

g. Conducting any part of a lead-based paint activity that requires certification without being certified or with a certification that has lapsed.

h. Obtained documentation of training through fraudulent means.

i. Gained admission to an accredited training program through misrepresentation of admission requirements.

j. Obtained certification through misrepresentation of certification requirements or related documents pertaining to education, training, professional registration, or experience.

k. Performed work requiring certification at a job site without having proof of current certification.

l. Permitted the duplication or use of the individual's or firm's own certificate by another.

m. Failed to follow the standards of conduct required by rule 481—470.6(10A).

n. Failed to comply with federal, state, or local lead-based paint statutes and regulations, including the requirements of this chapter.

o. Knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of lead professional activities or engaged in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

p. Used untruthful or improbable statements in advertisements. This includes, but is not limited to, an action by a lead professional making information or intention known to the public that is false, deceptive, misleading, or promoted through fraud or misrepresentation.

q. Falsified reports and records required by this chapter.

r. Accepted any fee by fraud or misrepresentation.

s. Negligence by the firm or individual in the practice of lead professional activities. This includes a failure to exercise due care, including negligent delegation of duties or supervision of employees or other individuals, whether or not injury results; or any conduct, practice, or conditions that impair the ability of the firm or individual to safely and skillfully practice the profession.

t. Revocation, suspension, or other disciplinary action taken by a certification or licensing authority of this state, another state, territory, or country; or failure by the firm or individual to report such action in writing within 30 days of the final action by such certification or licensing authority. A stay by an appellate court will not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, the report will be expunged from the records of the board.

u. Failed to comply with the terms of a department order or the terms of a settlement agreement or consent order.

v. Representation by a firm or individual that the firm or individual is certified when the certification has been suspended or revoked or has not been renewed.

w. Failed to respond within 20 days of receipt of communication from the department that was sent by registered or certified mail.

x. Engaged in any conduct that subverts or attempts to subvert a department investigation.

y. Failed to comply with a subpoena issued by the department or failure to cooperate with a department investigation.

z. Failed to pay costs assessed in any disciplinary action.

aa. Been convicted of a felony or misdemeanor related to lead professional activities or the conviction of any felony or misdemeanor that would affect the ability of the firm or individual to perform lead professional activities. A copy of the record of conviction or plea of guilty is conclusive evidence.

ab. Unethical conduct. This includes, but is not limited to, the following:

(1) Verbally or physically abusing a client or coworker.

(2) Improper sexual conduct with or making suggestive, lewd, lascivious, or improper remarks or advances to a client or coworker.

(3) Engaging in a professional conflict of interest.

(4) Mental or physical inability reasonably related to and adversely affecting the ability of the firm or individual to practice in a safe and competent manner.

(5) Being adjudged mentally incompetent by a court of competent jurisdiction.

(6) Habitual intoxication or addiction to drugs.

1. The inability of a lead professional to practice with reasonable skill and safety by reason of the excessive use of alcohol on a continuing basis.

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

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

(7) Registration on a state sex offender registry.

470.10(2) The department may deny, suspend, revoke, or modify the approval for a course, or may place on probation, or impose other sanctions allowed by law as may be appropriate, or may impose a civil penalty or impose other sanctions allowed by law as may be appropriate when it finds that the training program, training manager, or other person with supervisory authority over the course has committed any of the following acts:

a. Misrepresented the contents of a training course to the department or to the student population.

b. Failed to submit required information or notifications in a timely manner.

c. Failed to maintain required records.

d. Falsified approval records, instructor qualifications, or other information or documentation related to course approval.

e. Failed to comply with the training standards and requirements in rule 481—470.4(10A).

f. Made false or misleading statements to the department in its application for approval or reapproval that the department relied upon in approving the application.

g. Failed to comply with federal, state, or local lead-based paint statutes and regulations, including the requirements of this chapter.

h. Knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of conducting a training program or engaged in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

i. Used untruthful or improbable statements in advertisements. This includes, but is not limited to, an action by a training program making information or intention known to the public that is false, deceptive, misleading, or promoted through fraud or misrepresentation.

j. Falsified reports and records required by this chapter.

k. Accepted any fee by fraud or misrepresentation.

l. Revocation, suspension, or other disciplinary action taken by a certification or licensing authority of this state, another state, territory, or country; or failure by the firm or individual to report such action in writing within 30 days of the final action by such certification or licensing authority. A stay by an appellate court will not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, the report will be expunged from the records of the board.

m. Failed to comply with the terms of a department order or the terms of a settlement agreement or consent order.

n. Failed to respond within 20 days of receipt of communication from the department that was sent by registered or certified mail.

o. Engaged in any conduct that subverts or attempts to subvert a department investigation.

p. Failed to comply with a subpoena issued by the department or failure to cooperate with a department investigation.

q. Failed to pay costs assessed in any disciplinary action.

470.10(3) Reinstatement.

a. Any individual, training program, or firm that has been revoked, denied, or suspended may apply to the department in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the certification is permanently revoked.

b. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the certification was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

470.10(4) Complaints and other requests for action under this rule. Complaints regarding a certified lead professional, a certified elevated blood lead (EBL) inspection agency, a certified firm, or an approved course may be submitted to the department. The complainant should provide:

a. The name of the certified lead professional, certified elevated blood lead (EBL) inspection agency, or certified firm and the specific details of the action(s) by the certified lead professional, certified elevated blood lead (EBL) inspection agency, or certified firm that did not comply with the rules; or

b. The name of the lead professional or firm that conducted lead professional activities without the appropriate certification or approval as required by the rules; or

c. The name of the sponsoring person or organization of an approved course and the specific way(s) that an approved course did not comply with the rules; or

d. The name of the sponsoring person or organization that provided a course without the approval required by these rules.

470.10(5) Civil penalties.

a. Before instituting any proceeding to impose a civil penalty under Iowa Code section 10A.902, the department will serve a written notice of violation upon the person charged. The notice of violation will specify the date or dates, facts, and the nature of the alleged act or omission with which the person is charged and will identify specifically the particular provision or provisions of the law, rule, regulation, certification, approval, or cease and desist order involved in the alleged violation and will state the amount of each proposed penalty. The notice of violation will also advise the person charged that the civil penalty may be paid in the amount specified therein, or the proposed imposition of the civil penalty may be protested in its entirety or in part, by a written answer, either denying the violation or showing extenuating circumstances. The notice of violation will advise the person charged that upon failure to pay a civil penalty subsequently determined by the department, if any, unless compromised, remitted, or mitigated, the fee may be collected by civil action.

b. Within 20 days of the date of a notice of violation or other time specified in the notice, the person charged may either pay the penalty in the amount proposed or answer the notice of violation or request a contested case hearing. The answer to the notice of violation shall state any facts, explanations, and arguments denying the charges of violation, or demonstrating any extenuating circumstances, error in the notice of violation, or other reason why the penalty should not be imposed and may request remission or mitigation of the penalty.

c. If the person charged with violation fails to answer within the time specified in paragraph 470.10(5)*"b,"* an order may be issued imposing the civil penalty in the amount set forth in the notice of violation described in paragraph 470.10(5)*"a."* If the person charged with violation files an answer to the notice of violation, the department, upon consideration of the answer, will issue an order dismissing the proceeding or imposing, mitigating, or remitting the civil penalty. The person charged may, within 20 days of the date of the order or other time specified in the order, request a contested case hearing. If the person charged with violation timely requests a contested case hearing, it will be initiated and held in accordance with 7—Chapter 2506 and 481—Chapter 10.

470.10(6) Public notification.

a. The public will be notified of the suspension, revocation, modification, or reinstatement of course approval through appropriate mechanisms.

b. The department will maintain a list of courses for which the approval has been suspended, revoked, modified, or reinstated.

c. The public will be notified of the suspension or revocation of the certification of a lead professional or firm.

d. The department will maintain a list of lead professionals and firms for which certification has been suspended or revoked.

[**ARC 8908C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—470.11(10A) Waivers. Rules in this chapter are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

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481—470.12(10A) References to federal law. Unless otherwise specified, all references in this chapter to the United States Code or to the Code of Federal Regulations are to those provisions in effect on July 1, 2026.

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These rules are intended to implement Iowa Code sections 10A.902, 272C.4 and 272C.12.

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◊ Two or more ARCs

CHAPTERS 471 to 474
Reserved

CHAPTER 475
ASBESTOS REMOVAL AND ENCAPSULATION

[Prior to 10/18/00, see 875—Chs 81 and 82]
[Prior to 7/9/25, see Labor Services Division[875] Ch 155]

Chapter rescission date pursuant to Iowa Code section 17A.7: 2/26/30

481—475.1(88B) Definitions.

"Business entity" means a partnership, firm, association, corporation, sole proprietorship, or other business concern. A business entity that uses its own employees in removing or encapsulating asbestos for the purpose of renovating, maintaining or repairing its own facilities is not included.

"Contractor/supervisor" means a person who supervises workers on asbestos projects or a person who enters into contracts to perform asbestos projects and personally completes the work.

"Department" means the department of inspections, appeals, and licensing.

"Director" means the director of the department or the director's designee.

"Friable asbestos material" means any material containing more than 1 percent asbestos by weight and that can be crumbled, pulverized, or reduced to powder by hand pressure when dry.

"Inspector" means a person who inspects for asbestos-containing building materials in a school or a public or commercial building.

"License" means an authorization issued by the department permitting an individual to be employed as a worker, contractor/supervisor, inspector, management planner, or project designer.

"Management planner" means a person who prepares asbestos management plans for a school building.

"Permit" means an authorization issued by the department permitting a business entity to remove or encapsulate asbestos.

"Project designer" means a person who designs asbestos response or maintenance projects for a school or a public or commercial building.

"Worker" means a person who performs response or maintenance activities on one or more asbestos projects.

"Working days" means Monday through Friday including holidays that fall on Monday through Friday. The first working day shall be the date of actual delivery or the postmark date, whichever is earlier. However, documents with Saturday or Sunday postmark dates will be treated as though postmarked on the following Monday.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.2(88B) Permit application procedures.

475.2(1) *Application.* To apply for or to renew a permit, a business entity shall complete and submit the form provided by the department. All requested applicable information and attachments must be provided. A $500 nonrefundable application fee shall accompany each permit application.

475.2(2) *Action on application.* A new permit is valid for one year from the date of issuance. A renewal permit is valid for one year from the expiration date of the applicant's prior permit. A permit may be denied for the reasons set forth in rule 481—475.8(17A,88B,252J,272D) or if the application package is incomplete. Within 60 days of receiving a completed application package for a new permit, the department will issue a permit or deny the application. Within 30 days of receiving a completed application package for a permit renewal, the department will issue a permit or deny the application. Applications received after expiration of a prior permit will be considered applications for new permits rather than renewals.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.3(88B) Other asbestos regulations. Regulation of encapsulation, removal and abatement procedures are found in 481—Chapters 210 and 211 and 567—Chapter 23. Nothing in this chapter provides an exemption, waiver, or variance from any otherwise applicable regulation or statute.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.4(88B) Asbestos project records. The permittee shall keep a record of each asbestos project it performs and make the record available to the department at any reasonable time. Records required by this rule shall be kept for at least six years. These records include:

475.4(1) The name, address, and license number of the individual who supervised the asbestos project and of each employee or agent who worked on the project.

475.4(2) The location and a description of the project and the amount of asbestos material that was removed.

475.4(3) The start and completion dates of each instance of removal or encapsulation.

475.4(4) A summary of the procedures that were used to comply with all applicable standards.

475.4(5) The name and address of each asbestos disposal site where the asbestos-containing waste was deposited.

475.4(6) A receipt from the asbestos disposal site indicating the amount of asbestos and disposal date.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.5(88B) Ten-day notices.

475.5(1) *General.* Permittees shall notify the department at least ten working days before an asbestos project begins. A project begins when site preparations for asbestos abatement, encapsulation, or removal begin; when asbestos abatement, encapsulation, or removal begins; or when any demolition begins, whichever is soonest. Legible electronic transmissions of ten-day notices in the proper format will be accepted. If work on the asbestos-removal project does not commence within 30 calendar days of the original start date identified in the ten-day notice given by permittees to the department, a revised ten-day notice shall be submitted to the department.

475.5(2) *Emergency.* When there is an immediate danger to life, health or property, the permittee may file the notice within five days after beginning the project. An explanation of the emergency must be included.

475.5(3) *Format.* The notice shall be submitted online or be on an 8½″ by 11″ sheet of paper and contain the following information:

a. The name, address, and telephone number of a contact person for the permittee performing the project.

b. The name, address, and telephone number of the project.

c. A description of the structure and work to be performed, including type and quantity of asbestos-containing material.

d. The scheduled dates of the project's start and end.

e. Designation of the asbestos disposal site.

f. The signature and printed name of the person who completed the form.

g. The shift or work schedule on which the project will be performed.

475.5(4) *Disaster emergency proclamations.* For structures that are both located in an area that is subject to a disaster emergency proclamation pursuant to Iowa Code section 29C.6 and damaged by circumstances related to those that caused the disaster emergency proclamation, the permittee shall file the notice described by this rule as early as possible, but not later than the working day following the initiation of the project. A description of the disaster and the disaster emergency proclamation shall be included in the notice.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.6(88B) License application procedures.

475.6(1) *Application form.* Except as noted in this subrule, the applicant must complete and submit the entire form provided by the department with the necessary attachments. Respirator fit tests and medical examinations must have occurred within the past 12 months. Only worker and contractor/supervisor license applicants must submit the respiratory protection and physician's or physician associate's certification forms.

475.6(2) *Training.* A certificate of appropriate training as established by the U.S. Environmental Protection Agency must accompany all applications. Applicants for a license must be trained by training providers other than themselves. Applicants who completed initial training under a prior set of applicable

rules will not be required to take another initial training course if they complete all annual refresher courses.

475.6(3) *Photograph.* A photograph clearly showing the applicant's face shall accompany all license applications.

475.6(4) *Worker licenses.* All persons seeking a license as an asbestos abatement worker shall complete an initial four-day training course and thereafter complete an annual one-day asbestos abatement worker refresher training course. A nonrefundable fee of $20 shall accompany the application.

475.6(5) *Contractor/supervisor licenses.* All persons seeking a license as an asbestos abatement contractor/supervisor shall complete an initial five-day training course and thereafter complete an annual one-day asbestos abatement contractor/supervisor refresher training course. A nonrefundable fee of $50 shall accompany the application.

475.6(6) *Inspector licenses.* All persons seeking a license as an asbestos inspector shall complete an initial three-day training course and thereafter complete an annual one-half-day asbestos inspector refresher training course. A nonrefundable fee of $20 shall accompany the application.

475.6(7) *Management planner licenses.* All persons seeking a license as an asbestos management planner shall complete an initial three-day inspector training course and an initial two-day management planning training course. Thereafter, an annual one-half-day asbestos inspector refresher training course plus an additional one-half-day course on management planning are required. A nonrefundable fee of $20 shall accompany the application.

475.6(8) *Abatement project designer licenses.* All persons seeking a license as an asbestos abatement project designer shall complete an initial three-day abatement project designer training course. Thereafter, an annual one-day asbestos abatement project designer refresher training course is required. A nonrefundable fee of $50 shall accompany the application.

475.6(9) *Action on application.* Within 30 days of receiving a completed application, the department will issue a license or deny the application. If a license is issued, it will expire one year from the date the training was completed. An application may be denied for the reasons set forth in rule 481—475.8(17A,88B,252J,272D) or if the application package is incomplete.

475.6(10) *License on job site.* While conducting asbestos work that requires a license, the license or a legible copy of the license shall be in the licensee's possession at the work site. However, if the department's website reflects that a license has been issued to a particular person, that person may perform work consistent with the type of license issued without the license or a copy of the license for up to 14 days from the issuance date.

475.6(11) *Disaster emergency proclamations.* For work on structures that are both located in an area that is subject to a disaster emergency proclamation pursuant to Iowa Code section 29C.6 and damaged by circumstances related to those that caused the disaster emergency proclamation, the director deems an individual to be licensed and authorized for asbestos abatement if all of the criteria in either paragraph 475.6(11)*"a"* or *"b"* are met:

a. The individual contractor, supervisor, or worker makes the following immediately available on the work site:

(1) A copy of a certificate for training that was provided within the past 12 months as established by the U.S. Environmental Protection Agency and that pertains to the work being performed;

(2) A copy of a physician's or physician associate's statement indicating that a licensed physician or physician associate has examined the individual within the past 12 months and approved the individual to work while wearing a respirator;

(3) For a worker wearing or intending to wear a tight-fitting respirator, documentation of a respirator fit test within the past 12 months;

(4) A valid, current asbestos license issued by another state that pertains to the type of work being performed; and

(5) A photo identification card; or

b. The individual working as a project designer, inspector, or management planner makes the following immediately available on the work site:

(1) A copy of a certificate for training as established by the U.S. Environmental Protection Agency and that pertains to the work being performed;

(2) A valid, current asbestos license issued by another state that pertains to the type of work being performed; and

(3) A photo identification card.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 6/10/26]

481—475.7(88B) Duplicate permits and licenses. Duplicate original permits and licenses are available from the department for a $10 fee.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.8(17A,88B,252J,272D) Denial, suspension and revocation.

475.8(1) *Grounds.* In addition to the grounds in Iowa Code section 88B.8, the department may deny an application or suspend or revoke a permit or license when an investigation reasonably determines any of the following:

a. The department received a certificate of noncompliance from the centralized collection unit of the department of revenue or the child support recovery unit of the department of health and human services.

b. Penalties or other debts are owed by the applicant to the department and are 30 days or more in arrears.

475.8(2) *Relinquishing license or permit.* A licensee or permittee must return the original license or permit to the department when a revocation or suspension becomes final.

475.8(3) *Suspension period.* Unless ordered otherwise, a suspension lasts for 12 months.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25]

481—475.9(17A,88B) Contested cases.

475.9(1) *Scope.* This rule applies to civil penalty assessments and to denials, revocations and suspensions of asbestos licenses and permits.

475.9(2) *Procedures.* The director shall serve a notice of intended action by restricted certified mail, return receipt requested, or by other service as permitted by Iowa Code section 17A.18. A notice of contest must be received by the director within 20 days after service of the notice of intended action. If a notice of contest is not timely filed, the action stated in the notice of intended action shall automatically be effective. Hearing procedures for asbestos contested cases are set forth in 7—Chapter 2506. However, if a contested case is based on receipt by the department of a certificate of noncompliance, procedures outlined in Iowa Code chapter 252J or 272D apply.

[**ARC 8834C**, IAB 1/22/25, effective 2/26/25; Editorial change: IAC Supplement 7/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 17A, 88B, 252J, and 272D.

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[1] Effective date of Ch 81 delayed seventy days by the Administrative Rules Review Committee.
Exception: See rule 82.11(88B).
Effective date of Ch 82 delayed seventy days by the Administrative Rules Review Committee, IAB 6/5/85.
Effective date (5/15/85) of 82.3(1)*"a"*(11) delayed by the Administrative Rules Review Committee until the expiration of forty-five calendar days into the 1986 session of the General Assembly pursuant to Iowa Code section 17A.8(9), IAB 7/31/85.

CHAPTER 476
BACKFLOW PREVENTION ASSEMBLY TESTER REGISTRATION
[Prior to 4/2/25, see Public Health Department[641] Ch 26]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—476.1(135K) Definitions.

"ABPA" means the American Backflow Prevention Association.

"Administrative authority" means an individual, board, department, or agency employed by a city, county or other political subdivision of the state and authorized by local ordinance to administer and enforce the provisions of the plumbing code.

"Approved continuing education course" means a department-approved course designed to supplement or refresh the knowledge of a registered tester and to meet the requirements of subparagraph 476.5(2)*"a"*(2).

"Approved training course" means a department-approved course designed to train individuals to test and repair backflow prevention assemblies.

"ASSE" means ASSE International.

"AWWA" means the American Water Works Association.

"Backflow prevention assembly," for the purposes of this chapter, means a device or means to prevent backflow into a potable water system for which a method of testing the device in-line has been published by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California or by ASSE.

NOTE: The following assemblies are included under this definition. This is not intended to be an exclusive list. If new devices and test methods are introduced that meet the definition, they are included under the rules.

Backflow Prevention Assembly	Product Standards
Double Check Valve Assembly	ASSE 1015-2021, AWWA C510-07
Double Check Detector Assembly	ASSE 1048-2021
Pressure Vacuum Breaker	ASSE 1020-2021
Reduced Pressure Principle Backflow Preventer	ASSE 1013-2021, AWWA 511-07
Reduced Pressure Detector Assembly	ASSE 1047-2021
Spill Resistant Pressure Vacuum Breaker	ASSE 1056-2013-R2021

"Certified" means certified as a backflow prevention assembly tester under the requirements of ABPA, ASSE, or another third-party certification agency.

"Department" means the same as defined in Iowa Code section 135K.1(3).

"Proctor" means an individual designated by a third-party certification agency to conduct certification examinations of backflow prevention assembly testers.

"Registered backflow prevention assembly tester" or *"registered tester"* means the same as defined in Iowa Code section 135K.1(4).

"Third-party certification agency" means ABPA, ASSE or another agency approved by the department to certify the knowledge and skills of backflow prevention assembly testers.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.2(135K) Registration. No person shall test or repair a backflow prevention assembly unless the person is a registered backflow prevention assembly tester.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.3(135K) Returned checks. Any person who submits a check to the department that is returned for insufficient funds will incur a $15 fee.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.4(135K) Backflow prevention assembly tester training.

476.4(1) *Tester training.*

a. A person or organization that plans to conduct or sponsor a backflow prevention assembly tester training course in Iowa shall apply to the department for approval of the course at least 15 days before the first time the course is held, using an application form provided by the department and submitting a $200 nonrefundable fee.

b. The department will review the application and respond to the applicant within ten business days after receipt.

c. The person or organization responsible for the course content shall submit to the department any changes in the information set forth in paragraph 476.4(1)*"a"* every five years, no later than 30 calendar days before the end of the fifth year.

d. The course sponsor shall notify the department at least 15 days before an approved training course begins. The notification will include:

(1) Sponsoring organization name and website, contact person, mailing address, email address, and telephone number.

(2) Course dates and times.

(3) Course location, including street address.

(4) A $50 nonrefundable fee.

e. A training course shall:

(1) Be at least 32 instructional hours and cover the following minimum subjects:

1. Backflow definitions, causes and examples.

2. Description of backflow prevention assemblies, their proper application and installation, and their operational characteristics.

3. Description and operational characteristics of test equipment.

4. Techniques for testing backflow prevention assemblies.

5. Troubleshooting of backflow prevention assemblies.

6. Recordkeeping and the responsibilities of regulatory agencies and the registered tester.

(2) Conclude with a written examination of at least 100 questions and a practical examination of testing techniques on all types of testable backflow prevention assemblies. The time for testing is in addition to the instructional hours. A score of at least 70 percent on the written examination and demonstration of proficiency in testing and troubleshooting procedures constitutes successful completion of the course. Approved third-party certification agency testing may be substituted for the course test.

f. The lead course instructor shall have documentation of successfully completing an approved training course or be certified, and have at least three years of experience in cross connection control.

g. The testing laboratory for a training course shall be equipped with the following:

(1) Examples of each of the backflow prevention assemblies from at least three different manufacturers. If fewer than three manufacturers make a type of backflow prevention assembly, at least one example of that type of backflow prevention assembly.

(2) At least one double check valve assembly and one reduced pressure principle assembly larger than two inches.

(3) At least one test station per three students.

476.4(2) *Continuing education training.*

a. A person or organization that plans to conduct or sponsor a continuing education course for registered testers in Iowa shall apply to the department for approval of the course at least 15 days before the course is scheduled to begin, using an application form provided by the department and submitted with a $50 nonrefundable fee.

b. The department will review the application and respond to the applicant within ten business days after receipt.

c. A continuing education course will address cross connection control theory and practice; backflow prevention devices and methods; backflow prevention assembly installation, testing, troubleshooting and repair; codes and rules affecting cross connection control; safety issues related to installation and testing of backflow prevention assemblies; or related subjects approved by the department.

476.4(3) *Third-party certification agencies.*

a. Third-party certification agencies seeking approval in Iowa shall submit a written request to the department, on agency letterhead and signed by an authorized representative of the agency, that includes at least the following:

(1) Agency name and website, contact person, mailing address, email address, and telephone number.

(2) A description of the written examination, whether it is open- or closed-book, and information about the arrangements for administration of the examination.

(3) A copy of the testing procedures that are the basis for the practical examination.

(4) A description of the procedures for the practical examination and the criteria for evaluating performance.

(5) Proctor qualifications and training.

(6) Procedures and criteria for renewing the certification. The renewal of certification will be completed at least every five years and include knowledge and skills testing.

(7) A history of the development and implementation of the program, as applicable.

(8) A list of other jurisdictions where the certification is allowed and regulatory contacts in those jurisdictions.

(9) A nonrefundable fee of $200.

b. A third-party certification agency will not certify an individual who was trained by the agency. An individual proctor will not certify individuals who have taken a course at which the proctor was an instructor.

c. A third-party certification agency shall submit to the department any changes to the information set forth in paragraph 476.4(3)*"a"* every five years, no later than 30 days before the end of the fifth year.

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481—476.5(135K) Registration.

476.5(1) *Initial registration.*

a. A person who has successfully completed an approved training course may register with the department within one year of course completion. A person who is certified may register with the department. The applicant must submit:

(1) A completed application form provided by the department.

(2) Documentation of successful completion of an approved training course or certification.

(3) A nonrefundable fee of $72.

b. A person who has completed a course of training in another state may be registered in Iowa. The person will submit:

(1) A completed Iowa application form provided by the department.

(2) Documentation that:

1. The person has successfully completed a training course meeting the hour and subject requirements for an approved training course (if the person completed the training course more than 12 months before the date of the application, provide documentation that the person has attended an average of at least 2.5 hours of continuing education training per year since completing the course), or

2. The person is certified, or

3. The person is registered as a backflow prevention assembly tester in a jurisdiction that has similar or greater requirements for training and continuing education than Iowa.

(3) A nonrefundable fee of $72.

c. Registration expires two years after it is issued.

476.5(2) *Renewal registration.*

a. Registered testers may renew 60 days prior to registration expiration and include:

(1) A completed registration renewal application form provided by the department.

(2) Documentation that the registered tester has completed at least five hours of approved continuing education courses during the registration period or documentation that the registered tester is certified.

(3) A nonrefundable fee of $72.

Registration renewal applications received after expiration will incur a $10 penalty per month, to a maximum $50 penalty.

b. If a registration has lapsed greater than 24 months, the person applying for renewal shall demonstrate that one of the following is true:

(1) The person has successfully completed an approved training course within the 12 months before applying for registration renewal, or

(2) The person is certified, or

(3) The person is registered as a backflow prevention assembly tester in a jurisdiction that has similar or greater requirements for training and continuing education than does the state of Iowa.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.6(135K) Standards of conduct.

476.6(1) A registered tester shall comply with these rules and any ordinances, rules and policies of the administrative authority in jurisdictions where the registered tester tests or repairs a backflow prevention assembly.

476.6(2) A registered tester shall maintain a record for each backflow prevention assembly tested for at least five years after the date on which the assembly was tested. Registered testers will complete an administrative authority's test report form if required by ordinance. Records may be reviewed during normal business hours by an authorized representative of the department or administrative authority of the jurisdiction in which the assembly is located. The assembly record will include at least:

a. The name, address and telephone number of the assembly owner.

b. The location of the facility in which the assembly is located.

c. The location of the assembly within the facility.

d. The type, brand, model, size, and serial number of the assembly.

e. The date and time of the test.

f. Results of the test.

g. Any assembly repairs or maintenance.

476.6(3) To field test a backflow prevention assembly, a registered tester shall use a differential pressure gauge, the accuracy of which is verified no less than every 13 months with results traceable to the National Institute of Standards and Technology (NIST). Any differential pressure gauge with an error of more than plus or minus 0.2 psi cannot be used to test a backflow prevention assembly. Methods of testing that use other types of equipment, including dual pressure gauges, water columns, or single pressure gauges, are not acceptable. For every test report record retained in accordance with subrule 476.6(2), the prior most recent accuracy verification for the differential pressure gauge shall be retained and made available to an authorized representative of the department or administrative authority of the jurisdiction in which the assembly is located.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.7(135K) Penalty. In addition to other sanctions provided herein, a person who violates a provision of this chapter is guilty of a simple misdemeanor pursuant to Iowa Code section 135K.5.

[**ARC 7833C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—476.8(135K) Denial, probation, suspension or revocation.

476.8(1) *Denial, probation, suspension or revocation of registration.* The department may deny an application for registration or renewal, place a registration on probation, suspend or revoke a registration, or order a registered tester not to test or repair backflow prevention assemblies when the department finds that the applicant or registered tester has committed any of the following acts:

a. Negligence or incompetence in the testing of a backflow prevention assembly, including failure to report improper application or installation of a backflow prevention assembly to the facility owner and the administrative authority.

b. Knowingly submitting a false report of a test of a backflow prevention assembly to the owner of the facility, the local administrative authority, or the department.

c. Fraud in obtaining registration or renewal including, but not limited to:

(1) Intentionally submitting false information on an application for registration or renewal;

(2) Submitting a false or forged certificate or other record of training or certification.

d. Falsification of the assembly records set forth in subrule 476.6(2).

e. Failure to comply with these rules or the ordinances of an administrative authority in whose jurisdiction the registered tester tests a backflow prevention assembly.

f. Failure to pay registration, renewal or late fees.

g. Habitual intoxication or addiction to drugs.

h. Violating a statute of this state or another jurisdiction relating to backflow prevention assembly testing, including but not limited to crimes involving dishonesty, fraud, theft, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.

i. Suspension, revocation, or other disciplinary action pertaining to backflow prevention assembly testing in another jurisdiction. A copy of the record or order of suspension, revocation or disciplinary action is conclusive evidence.

j. Knowingly making misleading, deceptive, untrue, or fraudulent representations regarding the testing of backflow prevention assemblies, or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established. Acts that may constitute unethical conduct include:

(1) Verbally or physically abusing a client or coworker.

(2) Improper sexual contact with, sexual harassment of, or improper sexual advances upon a client or coworker. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

k. Failing to cooperate with an investigation or engaging in conduct attempting to subvert an investigation.

l. Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.

m. Knowingly aiding, assisting or advising a person to unlawfully practice as a backflow prevention assembly tester.

n. Representing oneself as a registered backflow prevention assembly tester when one's registration has been suspended, revoked, lapsed, or placed on inactive status.

o. Acceptance of any fee by fraud or misrepresentation.

p. Failure to appropriately respond to written communication from the department sent by registered or certified mail.

476.8(2) *Denial or revocation of training course approval.* The department may deny or revoke the approval for a training course or a continuing education course when it finds:

a. The lead instructor for a training course is not qualified in accordance with paragraph 476.4(1)*"f."*

b. The training course did not comply with paragraph 476.4(1)*"e."*

c. The training course testing laboratory did not comply with paragraph 476.4(1)*"g."*

d. The organization or person applying for approval of a training or continuing education course intentionally submitted false information to the department in support of such approval.

e. The organization or person conducting or sponsoring training has falsified training or continuing education records, including issuance of a certificate or other record of training to a person who did not successfully complete a training course or who did not attend continuing education training.

f. The organization or person responsible for a training or continuing education course has permitted physical or verbal abuse or sexual harassment of a student or instructor. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

g. The organization or person responsible for training courses and continuing education courses consistently fails to notify the department of such courses in a timely fashion as set forth in paragraphs 476.4(1)*"d"* and 476.4(2)*"a,"* or fails to pay its fees.

h. Failure to comply with these rules.

476.8(3) *Denial or revocation of approval as a third-party certification agency.* The department may deny or revoke the approval for a third-party certification agency when it finds:

a. The application for approval contains material misinformation regarding the conduct and standards of the certification program or its acceptance in other jurisdictions.

b. Failure to adhere to the standards and procedures stated in the application for approval in the process of certifying or renewing the certification of testers.

c. Violations of paragraph 476.4(3)*"b"* or other failure to comply with these rules.

476.8(4) *Complaints.* Complaints regarding a registered tester, an approved training course, or a third-party certification agency may be sent to the department. The complainant should provide as much pertinent and specific information as to a potential violation as they are able to.

476.8(5) *Appeals.* Notice of denial, probation, suspension or revocation of registration; denial, probation or revocation of course approval; or denial, probation or revocation of third-party certification agency approval will be sent to the affected individual or organization by certified mail, return receipt requested, or by personal service. The affected individual or organization may appeal the denial, probation, suspension or revocation by requesting a contested case hearing within 20 days of receipt of the department's order. The notice of denial, probation, suspension or revocation is deemed to be suspended during the appeal. Prior to or at the contested case hearing, the department may rescind the notice upon satisfaction that the reason for the denial, probation, suspension or revocation has been or will be removed. 7—Chapter 2506 and 481—Chapter 10 are applicable to contested case appeals.

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CHAPTERS 477 to 480
Reserved

CHAPTER 481
GENERAL RULES FOR MIGRATORY LABOR CAMPS
[Prior to 7/29/87, Health Department[470] Ch 81]
[Prior to 4/2/25, see Public Health Department[641] Ch 81]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/26/30

481—481.1(138) Shelters.

481.1(1) *Heating season.* The season requiring artificial heating as provided in Iowa Code section 138.13 is designated as the period between September 15 and June 1.

481.1(2) *Minimum floor space requirements.* The following floor space requirements shall be provided:

a. At least 50 square feet per occupant for sleeping purposes only in family units and dormitory accommodations.

b. At least 40 square feet per occupant for sleeping purposes only in accommodations using double bunk beds.

481.1(3) *Inspection.* The migrant shelter facilities shall be made available for inspection by the department at any reasonable time.

481.1(4) *Register.* A register of all occupants shall be maintained and provided to the department upon request.

481.1(5) *Separate rooms.* Housing used for families with one or more children six years of age or older shall have a separate room or partition made of rigid materials and installed to provide a reasonably private sleeping area for the husband and wife.

481.1(6) *Storage.* Arrangements for hanging clothing and storing personal effects for each person or family will be provided.

[**ARC 8909C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—481.2(138) Water supply.

481.2(1) *General.* The following standards apply to the water supply:

a. The water supply will be of a safe bacterial and chemical quality.

b. Where a public water supply is available, such water will be used in the camp. If a private water source under pressure is provided, the water system will be capable of delivering at least 35 gallons per person per day to the camp site.

c. Cistern supplies consisting of roof or other surface runoff water will not be used for drinking or culinary purposes.

d. The adequacy of a well as a source of water for drinking or culinary purposes will be determined by inspection and bacteriological examination. Defects found by inspection or contaminated samples will be sufficient grounds for requiring repair, chlorination or condemnation of the well.

e. Water containing 45 or more parts per million of nitrates will not be used for drinking or preparation of formula for infants under one year of age. When the supply contains nitrates in the quantity above, water for infant feeding will be obtained from another source that has been tested and found to be bacterially satisfactory and contains less than 45 parts per million of nitrates. A water supply containing 45 or more parts per million of nitrates will be placarded or posted stating the water will not be used for infant feeding.

f. Hand-pump bases will be of the solid one-piece type bolted, including suitable gaskets, secured to the well casing by thread or weld connection. Handpumps secured to the platform by bolts cast in the concrete will be provided with a rubber or neoprene gasket between the pump base and the platform to ensure a watertight joint.

g. The pump head will be of a type designed to prevent external water or other contaminating material from entering the water chamber.

h. The pump spout will be of the closed, downward-directed type.

481.2(2) *Existing pump pits.* Existing pump pits may be approved if the construction conforms to the following minimum standards:

a. Walls, floor and top of pit are of watertight concrete or masonry construction or equivalent. The well casing extends at least 6 inches above the pit floor.

b. A positive seal is provided for the annular opening between the casing wall and the drop pipe.

c. A positive drain is provided by either a watertight sump and automatic sump pump discharging with at least a 6-inch free fall above the ground surface or an independent drain line discharging to the ground surface above any possible flood level. Pit drains discharging to any other drain or sewer are prohibited.

481.2(3) *Water supply systems.* The water supply system shall be installed so as to prevent backflow of contaminated water from appliances, fixtures, drains and sewers and have no cross-connections with any nonpotable supply or any other water supply that does not comply with these rules.

481.2(4) *Water tanks.* All water to be hauled for a camp will be obtained from an approved source. All equipment used for hauling or storage of potable water will be thoroughly cleaned and disinfected with a solution containing at least 200 parts per million of chlorine immediately before use. No equipment, tanks or reservoirs used for hauling or storing potable water can be used for any other purpose.

[**ARC 8909C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—481.3(138) Waste disposal.

481.3(1) *Solid waste disposal.* Solid waste shall be disposed of in a sanitary disposal project pursuant to Iowa Code chapter 455B, or, if disposed of on the premises, buried so as to create no health hazard or nuisance.

481.3(2) *Liquid waste.* Liquid waste shall be disposed of as follows:

a. Existing wastewater disposal systems located and constructed so as not to create a nuisance or condition of pollution.

b. Water-carriage toilets discharged to a septic tank and solid absorption system or other type of disposal system located, designed and constructed in accordance with the specifications set forth in 567—Chapter 69.

c. A leaching pit or other type disposal system provided to receive the wastes from sinks, laundries, showers and tubs when no septic tank and absorption system is available located and constructed in accordance with the specifications set forth in 567—Chapter 69.

[**ARC 8909C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—481.4(138) Bathing facilities.

481.4(1) Showers shall be supplied with hot and cold water under pressure and be sufficiently enclosed to provide privacy for the user. An adjacent, enclosed dry area will be provided for dressing. No duckboards, mats or other such accessories will be permitted.

481.4(2) Automatic water-heating equipment, or storage tanks with hand-fired heating coils, shall be equipped with combination pressure and temperature relief valves or separate pressure and temperature relief valves, located in the top one-eighth or not more than three inches above the top of the tank served. Pressure relief valves may be located adjacent to the tank. Gas-fired or other combustion-type water heaters shall be vented to the outside atmosphere.

[**ARC 8909C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—481.5(138) Central dining facilities. When central dining facilities are provided by a concessionaire, operator or the manager of a camp, the size of the kitchen and dining hall will be commensurate with the capacity of the housing and separate from the sleeping quarters.

[**ARC 8909C**, IAB 2/19/25, effective 3/26/25; Editorial change: IAC Supplement 4/2/25]

481—481.6(138) Safety and fire.

481.6(1) *Fire exits.* Fire exits shall consist of:

a. Shelters of one-story construction housing less than ten persons: two means of escape, one of which may be a readily accessible window with an openable space of at least 24 by 24 inches.

b. Sleeping quarters designed for ten or more persons, central dining facilities and common assembly rooms: at least two doors remotely separated so as to provide alternate means of escape.

c. Floors, above the first floor, used for sleeping quarters or common assembly rooms: a stairway and a permanent affixed exterior ladder or a second stairway.

481.6(2) *Shelter spacing.* There shall be at least ten feet of space in all directions between shelters.

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These rules are intended to implement Iowa Code section 138.18.

[Filed 8/31/71]

[Filed emergency 7/10/87—published 7/29/87, effective 7/10/87]

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[Editorial change: IAC Supplement 4/2/25]

CHAPTERS 482 to 484
Reserved

CHAPTER 485
SWIMMING POOLS, SPAS, AND SPRAY PADS
[Prior to 2/4/26, see Public Health Department[641] Ch 15]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/24/30

481—485.1(135I) Applicability.

485.1(1) These rules apply to spray pads, swimming pools, and spas as provided by Iowa Code section 135I.2. Spray pads, swimming pools, and spas must also comply with other applicable federal, state or local laws, rules, or ordinances.

485.1(2) A homeowners' association or housing cooperative shall notify the department in writing if its bylaws are amended as provided in Iowa Code section 135I.2. The inspector designated by the association or cooperative shall be a certified operator as defined in subrule 485.3(1). A report of the inspection shall be filed with the association or cooperative secretary and be available to the department or any association or cooperative member on request.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.2 Reserved.

481—485.3(135I) Definitions.

485.3(1) *Definitions.* The definitions set forth in Iowa Code section 135I.1 are incorporated herein by reference. Additionally:

"Air break" is a piping arrangement in which a drain from a fixture, appliance or device discharges indirectly into a receptacle at a point below the flood-level rim of the receptacle.

"Air gap" means the unobstructed vertical distance through the free atmosphere between the lowest opening from an inlet pipe and the flood-level rim of a receptacle.

"Board of health" means a county, city, or district board of health.

"Body feed" means the continuous addition of controlled amounts of filtering aid during the operation of a diatomaceous earth filter to maintain a permeable filter cake.

"Certified operator" means a person who has:

1. Successfully completed the Certified Pool/Spa Operator® course sanctioned by PHTA, the Aquatic Facility Operator course sanctioned by NRPA, the Professional Pool & Spa Operator course sanctioned by the PHTA, or the Licensed Aquatic Facility Technician course sanctioned by the American Swimming Pool and Spa Association; and
2. Been recertified as required by the sanctioning organization; and
3. Obtained the continuing education required by subrule 485.11(2).

"Combined chlorine" means nitrogen-chlorine compounds formed by the reaction of a chlorine disinfectant chemical with ammonia and organic nitrogen compounds as measured with a DPD test kit.

"Construction" means the installation of a new swimming pool facility or modifications to an existing facility that change the total recirculated water volume or the total water surface area by 20 percent or more.

"Deck" means a walkway immediately adjacent to a swimming pool.

"Decorative fountain" means a basin with water sprays or jets that does not serve primarily as a wading or swimming pool and whose drain is not directly connected to any type of suction device for removing or recirculating the water.

"Deep water" means water that is more than 5 ft deep.

"Engineering plans" means plans and specifications certified in accordance with the rules of the examining board by an engineer or architect licensed to practice in the state of Iowa.

"Equalizer" means an arrangement including a pipe from an opening below the water level in a swimming pool or spa to the body of a skimmer and a normally closed valve at the skimmer body.

"Facility" means a building, fenced enclosure, or lot where there is at least one spray pad, swimming pool, or spa subject to regulation under Iowa Code chapter 135I and these rules.

"Field fabricated," when applied to a sump or a cover/grate for a fully submerged outlet, means constructed on site with conventional building materials or of a size and shape different from readily available commercial sumps or cover/grates.

"Fill and drain wading pool" means a wading pool having no recirculation system.

"Filter" means a mechanical device for removing suspended particles from the swimming pool water and refers to the complete mechanism including all component parts.

"Flow rating," when applied to the cover/grate for a fully submerged outlet, means the maximum flow rate in gpm through the cover/grate that will not cause body or hair entrapment as determined by the test methods in the ASME/ANSI standard.

"Fountain" means a water fountain that is not established primarily for swimming or wading, but where swimming or wading is allowed, and that has a drain that is connected to a mechanical suction device for removing or recirculating the water.

"Free chlorine" means the concentration of hypochlorous acid and hypochlorite ion in the swimming pool water as measured with a DPD test kit or as measured by another method approved by the department.

"Fully submerged outlet" means an outlet that is completely under water when the water is at the normal operating level.

"Gravity outlet" means an outlet that directly connects to a tank or other structure that is at atmospheric pressure.

"Hose bib" means a water outlet that is threaded to permit the attachment of a hose.

"Hydrostatic relief valve" means a relief valve installed in the bottom of the swimming pool and designed to operate automatically when the swimming pool is empty, relieving the groundwater pressure around the structure by allowing the groundwater into the swimming pool tank.

"Inlet" means a fitting or opening through which recirculation water enters the swimming pool or spa.

"Inspection agency" means the department or a city, county or district board of health that has executed with the department pursuant to the authority of Iowa Code chapters 28E and 135I an agreement to inspect swimming pool/spa facilities and enforce these rules. Within its geographic area, the city, county or district board of health is the "local inspection agency."

"Leisure river" means a closed-path channel with a river-like flow of water. A leisure river may include water features and play devices.

"Lifeguard" means an individual who holds current lifeguard certification by one of the following organizations and current certification in first aid and infant, child and adult CPR, including compressions, rescue breathing, and two-person CPR:

1. American Red Cross.
2. YMCA.
3. Boy Scouts of America.
4. Ellis & Associates.
5. Starfish Aquatics Institute.
6. National Aquatic Safety Company (NASCO).

"Main drain" means the outlet(s) at the deepest part of a swimming pool or spa.

"Multisection water recreation pool" means a swimming pool with three or more distinct use areas.

"Outlet" means an opening through which water leaves the swimming pool or spa.

"Outlet system" means an arrangement of components associated with one or more connected fully submerged outlets including the cover/grate(s), the sump(s), the piping, and the pump(s) if one or more pumps are directly connected to the outlet(s).

"Perimeter overflow gutter" means a weir and trough around the perimeter of a swimming pool that is used to skim the surface of the water and return the water to the treatment system.

"Plunge pool" means a pool designed to serve as a landing area for a water slide.

"Recirculation system" means the pump(s), piping, inlets, outlets, filtration system, chemical feed systems and accessories provided to convey and treat the spray pad, swimming pool, or spa water to meet the water quality standards in these rules.

"Reconstruction" means the replacement or modification of a spray pad, swimming pool, or spa shell or deck, a spray pad, swimming pool, or spa recirculation system, a perimeter overflow gutter or skimmer,

or a bathhouse associated with a public spray pad, swimming pool, or spa. "Reconstruction" does not include the replacement of equipment or piping previously approved by the department, provided that the type and size of the equipment are not revised, nor does it include normal maintenance or repair.

"Residential swimming pool" means any swimming pool that is used, or intended to be used, in connection with a single-family residence and that is available only to the family of the householder and the householder's private guests. A residential swimming pool used for private swimming lessons for over 207 hours in a calendar month, or the number of hours prescribed by local ordinance applicable to such use of a residential swimming pool, whichever is greater, is considered a public swimming pool and is subject to all the requirements of this chapter. A residential swimming pool used for any other commercial purposes for more than 60 hours in a calendar month is considered a public swimming pool and is subject to all the requirements of this chapter.

"Shallow water" means those areas of a swimming pool where the water is 5 ft deep or less.

"Skimmer" means a manufactured device designed to be directly connected to the recirculation pump suction and used to skim the swimming pool over a self-adjusting weir.

"Spa" means a structure, chamber, or tank, with a bench and a means of agitation, that is designed for recreational or therapeutic use and is not drained, cleaned, and refilled after each individual use. A swimming pool with a bench equipped with agitation is not considered a spa provided that the water temperature is maintained at 90°F or less.

"Speed slide" means a water slide that is designed to enter users into a plunge pool or other deceleration arrangement at a speed of 30 ft per second or more.

"Suction outlet" means an outlet that is directly connected to the inlet side of a circulation pump.

"Superchlorination" means the addition of a chlorine disinfectant compound to a spray pad, swimming pool, or spa to a concentration at least 10 ppm chlorine concentration.

"Swimming pool slide" means any device used to enter a swimming pool by sliding down an inclined plane or through a tube similar to a playground slide that has a slide path of 20 ft or less in length and a water flow down the slide of 20 gpm or less. A slide exceeding either of these criteria is a water slide.

"Total bromine" means the concentration of hypobromous acid, hypobromite ion and nitrogen-bromine compounds in the swimming pool water as measured with a DPD test kit.

"Tri-chlor" means trichloro-s-triazinetrione. Tri-chlor is a form of chlorine that includes cyanuric acid in its formulation.

"Unblockable," when applied to a cover/grate for a fully submerged outlet, means a size and shape that cannot be fully covered by an 18-inch by 23-inch mat with 4-inch-diameter rounded corners and the differential pressure generated by the flow through the uncovered open area is not enough to cause body entrapment.

"Wading pool" means a swimming pool that is no more than 24 inches deep at any point.

"Water slide" means a recreational ride that is a sloped trough-like or tubular structure using water as a lubricant and as a method of regulating rider velocity and that terminates in a plunge pool, swimming pool, or in a specially designed deceleration structure.

"Wave pool" means a swimming pool of special shape and design that is provided with wave-generating equipment.

"Zero-depth pool" means a swimming pool in which the pool floor intersects the water surface along at least one side of the pool.

485.3(2) *Abbreviations.*

"AFO" means aquatic facility operator.

"AGA" means American Gas Association.

"ANSI" means American National Standards Institute.

"ASME" means American Society of Mechanical Engineers.

"ASME/ANSI standard" means ASME/ANSI A112.19.8a-2008, "Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs."

"ASTM" means ASTM International (formerly American Society of Testing and Materials).

"AWWA" means American Water Works Association.

"BTU" means British thermal unit.

"CO_2" means carbon dioxide.
"CPO®" means certified swimming pool/spa operator.
"CPR" means cardiopulmonary resuscitation.
"DPD" means diethyl-p-phenylene diamine.
"feet" means feet of water (feet × 0.43 = psi) when used in discussing pump requirements.
"ft" means foot or feet (distance).
"ft^2" means square foot or square feet.
"gal" means gallon(s).
"GFCI" means ground fault circuit interrupter.
"gpm" means gal per minute.
"in Hg" means inches of mercury (in Hg × 0.49 = psi).
"in^2" means square inch(es).
"LAFT" means licensed aquatic facility technician.
"mg/L" means milligram(s) per liter.
"mV" means millivolts.
"NRPA" means National Recreation and Park Association.
"NSF" means NSF International (formerly National Sanitation Foundation).
"ORP" means oxidation-reduction potential.
"PHTA" means the Pool & Hot Tub Alliance.
"ppm" means parts per million; mg/L and ppm are equivalent terms.
"PPSO" means professional pool and spa operator.
"psi" means pounds per square inch.
"SDS" means safety data sheets.
"sec" means second (time).
"Standard 50" means NSF/ANSI Standard 50-2016a (2017), "Circulation System Components for Swimming Pools, Spas, or Hot Tubs."
"TDH" means total dynamic head.
"UL" means Underwriters Laboratories.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

SWIMMING POOLS

481—485.4(135I) Swimming pool operations. Swimming pools shall be operated in a safe, sanitary manner and shall meet the following operational standards.

485.4(1) *Filtration and recirculation.*

a. Filtration. A swimming pool shall have a filtration system in good working condition that provides water clarity in compliance with the water quality standards of subrule 485.4(2).

b. Recirculation. The recirculation system of a swimming pool shall meet the following requirements:

(1) During the operating season, pumps, filters, disinfectant feeders, flow indicators, gauges, and all related components of the swimming pool water recirculation system shall be operated continuously except for backwashing or servicing.

(2) The recirculation system has an operating pressure gauge located in front of the filter if it is a pressure filter system. A vacuum filter system has a vacuum gauge located between the filter and the pump.

(3) The recirculation system has inlets adequate in design, number, location, and spacing to ensure effective distribution of treated water and maintenance of uniform disinfectant residual throughout the swimming pool.

(4) Swimming pools have a means for skimming the pool water surface.

1. Each skimmer has an easily removable basket or screen upstream from any valve. Self-adjusting weirs shall be in place to provide skimming action.

2. Gutter or skimmer drainage is sufficient to minimize flooding and prevent backflow of skimmed water into the swimming pool.

c. Wastewater. Backwash water from a swimming pool shall be discharged through an air break or an air gap.

d. Water supply. The water supplied to a swimming pool shall be from a water supply meeting the requirements of the department of natural resources for drinking water and meet the following criteria:

(1) Water supplied to a swimming pool is discharged to the pool system through an air gap or a reduced-pressure principle backflow device meeting AWWA C-511-97, "Reduced-Pressure Principle Backflow-Prevention Assembly."

(2) Each hose bib at a facility is equipped with an atmospheric vacuum breaker or a hose connection backflow preventer.

e. Water heaters. Swimming pool water heaters shall meet the following criteria:

(1) Electric water heaters bear the seal of UL.

(2) Gas-fired water heaters are equipped with a pressure relief valve.

(3) Fuel-burning water heaters are vented to the outside in accordance with the state plumbing code.

(4) Each indoor swimming pool equipment room with fuel-burning water heating equipment has one or more openings to the outside of the room for the provision of combustion air.

485.4(2) *Water quality and testing.*

a. Disinfection.

(1) Swimming pool water shall have a free chlorine residual of at least 1.0 ppm and no greater than 8.0 ppm, or a total bromine residual of at least 2.0 ppm and no greater than 18 ppm when the swimming pool is open for use.

(2) The swimming pool shall be closed if the free chlorine is measured to be less than 0.6 ppm or the total bromine is measured to be less than 1.0 ppm or if a free chlorine measurement exceeds 8.0 ppm or if the total bromine measurement exceeds 18 ppm.

(3) The swimming pool water shall have an ORP of at least 700 mV, but no greater than 880 mV, and be closed if the ORP is less than 650 mV or greater than 880 mV.

(4) The swimming pool shall be closed if the cyanuric acid concentration in the swimming pool water exceeds 80 ppm. The swimming pool may be reopened when the cyanuric acid concentration is 40 ppm or less.

(5) No cyanuric acid in any form shall be added to an indoor swimming pool.

b. pH level. The pH of swimming pool water shall be 7.2 to 7.8. An inspection agency may require that a swimming pool be closed if the pH is less than 6.8 or greater than 8.2.

c. Water clarity. A swimming pool shall be closed if the swimming pool is less than 8 ft deep and the grate openings on the main drain are not clearly visible from the deck or the swimming pool is 8 ft deep or deeper and the main drain is not clearly visible from the deck.

d. Bacteria detection.

(1) If coliform bacteria are detected in a sample taken in accordance with subparagraph 485.4(2)*"e"* (5), the swimming pool shall be superchlorinated and a check sample taken when the disinfectant residual is within the requirements of paragraph 485.4(2)*"a."* If coliform bacteria are detected in the check sample, the swimming pool shall be closed. The swimming pool may reopen when no coliform bacteria are detected in a swimming pool water sample taken when the pool water meets the requirements of paragraphs 485.4(2)*"a," "b"* and *"c."*

(2) The facility management shall notify the local inspection agency of the positive bacteriological result within one business day after the facility management has become aware of the result.

e. Test frequency. The results of the tests required below shall be recorded in the swimming pool records.

(1) The disinfectant residual in the swimming pool water shall be tested or the ORP of the swimming pool water checked each day within one-half hour of the swimming pool opening time and at intervals not to exceed four hours thereafter until the swimming pool closing time. For swimming pools at condominiums, apartments, housing cooperatives, or homeowners associations with 25 or fewer living units, testing must be performed at least once each day that the swimming pool is available for use.

The operator may make visual readings of ORP on site from an automatic controller in lieu of manual testing, but the swimming pool water shall be tested manually for disinfectant residual at least twice per

day. Both ORP and disinfectant residual shall be recorded when manual testing is done. The operator shall specify in the swimming pool records which results are from the manual tests.

(2) The pH of the swimming pool water shall be tested each day within one-half hour of the swimming pool opening time and at intervals not to exceed four hours thereafter until the swimming pool closing time. For swimming pools at condominiums, apartments, housing cooperatives, or homeowners associations with 25 or fewer living units, testing for pH must be performed at least once each day that the swimming pool is available for use.

The operator may make visual readings of pH on site from an automatic controller in lieu of manual testing, but the swimming pool water shall be tested manually for pH at least twice per day. The operator shall specify in the swimming pool records which results are from the manual tests.

(3) If a chlorine chemical is used for disinfection, the swimming pool water shall be tested for combined chlorine at least once in each week that the swimming pool is open for use.

(4) If cyanuric acid or a stabilized chlorine is used at a swimming pool, the swimming pool water shall be tested for cyanuric acid at least once in each week that the swimming pool is open for use.

(5) At least once in each month that a swimming pool is open for use, the facility management shall have a sample of the swimming pool water analyzed for total coliform by submitting the sample to a laboratory certified by the department of natural resources for the determination of coliform bacteria in drinking water.

f. Test equipment. Each facility shall have functional water testing equipment for free chlorine and combined chlorine, or total bromine; pH; total alkalinity; calcium hardness; and cyanuric acid (if cyanuric acid or a stabilized chlorine is used at the facility) that meets the following criteria:

(1) The test equipment provides for the direct measurement of free chlorine and combined chlorine from 0 to 10 ppm in increments of 0.2 ppm or less over the full range, or total bromine from 0 to 20 ppm in increments of 0.5 ppm or less over the full range.

(2) The test equipment provides for the measurement of swimming pool water pH from 7.0 to 8.0 with at least five increments in that range.

(3) A controller used in lieu of manual disinfectant residual testing has a numerical analog or digital display with an ORP scale with a range of at least 600 to 900 mV with increments of 20 mV or less.

(4) A controller used in lieu of manual pH testing has a numerical analog or digital display with a pH range at least equal to the range required in subparagraph 485.4(2)*"f"*(2) with increments of 0.2 or less over the full range.

g. Operator availability. A person knowledgeable in testing water and in operating the water treatment equipment shall be available whenever a swimming pool is open for use.

485.4(3) *Chemical feed equipment and cleaning.*

a. Chemical feed equipment.

(1) Equipment for continuous feed of chlorine, a chlorine compound or a bromine compound to the swimming pool water shall be provided and be operational. The equipment shall be adjustable in at least five increments over its feed capacity and, where applicable, the chemical feeder listed by NSF or another listing agency for compliance with Standard 50.

(2) Equipment for the continuous feed of a chemical for pH adjustment of the swimming pool water shall be provided and be operational for each swimming pool and, where applicable, the chemical feeder listed by NSF or another listing agency for compliance with Standard 50.

b. Cleaning.

(1) The inspection agency may require that a swimming pool be drained and scrubbed with a disinfecting agent prior to further usage.

(2) A vacuum system shall be provided to remove dirt from the bottom of the swimming pool.

485.4(4) *Safety.*

a. Chemical safety. Swimming pool chemical safety shall meet the following criteria:

(1) When chemical additions are made from the deck, the swimming pool is closed from use for at least one-half hour. The operator tests the swimming pool water as appropriate before allowing use of the swimming pool. The chemical addition and the test results are recorded in the swimming pool records.

(2) Swimming pool treatment chemicals shall be stored and handled in accordance with the manufacturer's recommendations.

(3) SDS for the chemicals used at the pool are at the facility in a location known and readily accessible to the facility staff.

(4) Chemical storage containers are clearly labeled.

(5) A chemical hazard warning sign is placed at the entrance of a room where chemicals are used or stored or where bulk containers are located.

b. Stairs, ladders, recessed steps, and ramps. Swimming pool stairs, ladders, recessed steps, and ramps shall meet the following criteria:

(1) Ladders or recessed steps are provided in the deep portion of a swimming pool. Stairs, ladders, recessed steps, or ramps are provided in the shallow portion if the vertical distance from the bottom of the swimming pool to the deck is more than 2 ft.

(2) Ladders, ladder rungs and ramps are securely anchored.

(3) The distance between the swimming pool wall to the vertical rail of a ladder is no greater than 6 inches and no less than 3 inches. The lower end of each ladder rail is securely covered with a smooth nonmetallic cap and within 1 inch of the swimming pool wall.

(4) Stairs, ladder rungs, ramps and recessed steps are slip-resistant.

(5) If a swimming pool is over 30 ft wide, recessed steps, ladders, ramps, or stairs are installed on each side. If a stairway centered on the shallow end wall of the swimming pool is within 30 ft of each side of the swimming pool, that end of the swimming pool is considered in compliance with this subparagraph.

(6) Each set of recessed steps are equipped with a securely anchored grab rail on each side of the recessed steps.

(7) Each set of stairs and each ramp are equipped with a securely anchored handrail(s).

(8) When stairs are provided for entry into a swimming pool, a slip-resistant stripe at least 1 inch wide of a color contrasting with the step surface and with the swimming pool floor is marked at the top front edge of each tread.

c. Diving areas. Swimming pool diving areas shall meet the following criteria:

(1) No diving is permitted in areas where the water is 5 ft deep or less except for purposes of competition or training. The diving is supervised by a lifeguard, swim instructor or swim coach.

(2) Starting blocks are only used for competition or training purposes under the supervision of a lifeguard, swim instructor, or swim coach. Starting blocks and starting block installation meet the requirements of the competition governing body (National Collegiate Athletic Association, USA Swimming, or National Federation of State High School Associations). When the swimming pool is open for general use, the starting blocks are secured from use by removal, covering, or signage and active supervision.

(3) Diving boards are permitted only if the diving area dimensions conform to the minimum requirements indicated below in Figure 1 and Tables 1 and 2.

(4) There is a completely unobstructed clear distance of 13 ft above the diving board, measured from the center of the front end of the board, and extending at least 8 ft behind, 8 ft to each side, and 16 ft ahead of the measuring point.

(5) Diving boards and platforms over 3 meters in height are prohibited, except where used only for competition or training purposes under the supervision of a diving coach and diving area dimensions conform to minimum requirements of World Aquatics (FINA).

(6) Diving boards and platforms have a slip-resistant surface.

(7) Where the top of a diving board or platform is more than 18 inches above the deck, stairs or a ladder are provided for access to the diving board or platform.

(8) Handrails are provided at all steps and ladders leading to diving boards that are more than 32 inches above the deck.

(9) A platform or diving board that is 32 inches or more above the swimming pool deck has a guardrail on both sides. The guardrails are at least 36 inches high and extend to the edge of the deck.

(10) Supports, platforms, and steps for diving boards are of substantial construction and of sufficient structural strength to safely carry the maximum anticipated load.

NOTE: The information contained in Figure 1 and Tables 1 and 2 is for swimming pools constructed prior to March 14, 1990. Swimming pools constructed after March 14, 1990, shall comply with paragraph 485.5(13)*"a."*

When determining distances set out in Tables 1 and 2, measurements shall be taken from the top center of the front edge of the diving board. The reference water level shall be the midpoint of the skimmer opening for a skimmer pool or a stainless steel gutter system with surge weirs. The reference water level for a gutter pool shall be the top of the gutter weir.

Figure 1

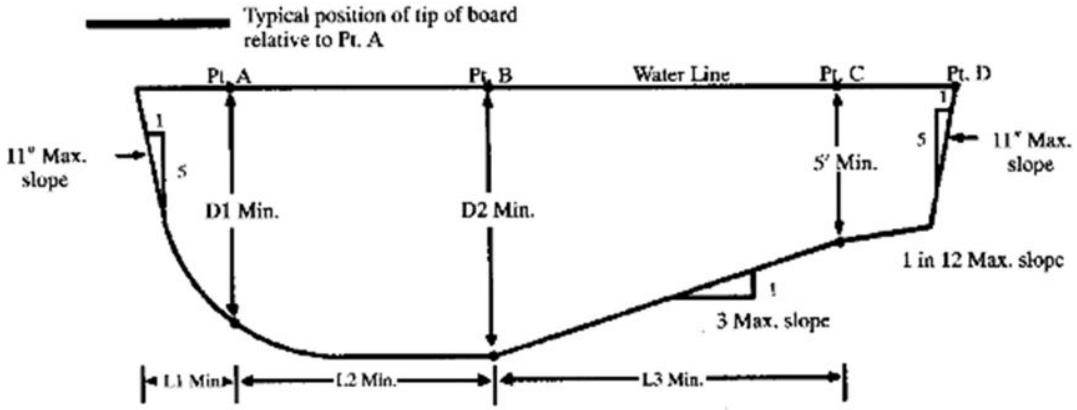


Table 1

		Minimum Dimensions				
Diving Board Height Above Water	Maximum Diving Board Length	D1	D2	L1	L2	L3
Deck level to 2/3 meter	10 ft	7 ft	8.5 ft	2.5 ft	8 ft	10.5 ft
Greater than 2/3 meter to 3/4 meter	12 ft	7.5 ft	9 ft	3 ft	9 ft	12 ft
Greater than 3/4 meter to 1 meter	16 ft	8.5 ft	10 ft	4 ft	10 ft	15 ft
Greater than 1 meter to 3 meters	16 ft	11 ft	12 ft	6 ft	10.5 ft	21 ft

Table 2

	Minimum Distance		
Diving Board Height Above Water	To Pool Side	To 1-Meter Diving Board	To 3-Meter Diving Board
Deck level to 1 meter	9 ft	8 ft	10 ft
Greater than 1 meter	11 ft	10 ft	10 ft

d. Lifeguards.

(1) Except for wading pools and spray pads, lifeguards are required at municipal and school swimming pools of any size and other swimming pools having a water surface area of 1,500 ft^2 or larger. Swimming pools operated by apartments, condominiums, country clubs, neighborhoods, manufactured home communities, or mobile home parks are exempt from lifeguard requirements.

(2) For open recreation swimming, there shall be at least one lifeguard guarding the pool at all times for up to 30 swimmers in the water; at least two lifeguards on duty for over 30 swimmers in the water and up to 125 swimmers in the water; and an additional lifeguard for each additional 125 swimmers in the water or fraction thereof.

NOTE: This is the minimum lifeguard coverage. It is the responsibility of the management of each facility to evaluate the facility configuration, the features of the facility, the patrons, and the type of use and to determine the facility-specific requirements for supervision by lifeguards.

(3) For a structured swimming program, such as lap swim, competitive swimming, water exercise classes, swim lessons and physical education classes, a lifeguard is not required provided the program is supervised by an instructor, teacher, or coach who is a lifeguard or who has current certification from the American Red Cross in basic water rescue, first aid, and infant, child and adult CPR, or equivalent training approved by the department. An instructor, teacher or coach may be responsible for a maximum of 30 persons within a structured activity. If more than 30 persons are involved in a structured activity, a second qualified supervisor must be present.

(4) Each water slide shall have one slide attendant trained in the operation of the slide stationed at the top of the slide and one lifeguard at the bottom of the slide.

If two or three water slides start at the same platform and the distance between the centerlines of any two start structures is 10 ft or less, one attendant may supervise the top of the slides. If two or three water slides terminate within the same landing area, one lifeguard may supervise the landing area.

e. Lifeguard chairs. For outdoor swimming pools where lifeguards are required by rule, elevated lifeguard chairs shall be provided as follows: at least one chair for a swimming pool with a water surface area of 2,000 to 4,000 ft^2 inclusive; at least two chairs if the area is 4,001 to 6,000 ft^2; and at least three chairs if the area is 6,001 ft^2 or more. Swimming pools are not required to have more than three lifeguard chairs. This requirement does not apply to wave pools, leisure rivers, spray pads, or wading pools.

f. Emergency equipment and facilities. Emergency equipment and facilities at swimming pools shall meet the following criteria:

(1) Except for wading pools, a minimum of 1 unit of lifesaving equipment is provided for each 1,500 ft^2 of water surface area or fraction thereof. The area of a swimming pool where the water is 2 ft deep or less may be subtracted from the total area for this requirement. A swimming pool is not required to have more than 10 units of lifesaving equipment.

(2) A unit of lifesaving equipment consists of one of the following:

1. A U.S. Coast Guard-recognized ring buoy fitted with a ¼-inch diameter line with a length of at least one-half the width of the pool, but no more than 60 ft; or
2. A life pole, or a "shepherd's crook" of at least 8 ft in length and having blunted ends; or
3. A rescue buoy made of lightweight, hard, buoyant plastic with molded handgrips along each side and provided with a 4- to 6-ft tow rope and shoulder strap, or
4. A rescue tube made of a soft, strong foam material 3 inches by 6 inches by 40 inches with a molded strap providing a ring at one end and a hook at the other. Attached to the end with the ring shall be a 6-ft-long towline with a shoulder strap.

NOTE: Rescue equipment identified in numbered paragraphs 485.4(4)*"f"*(2)"3" and "4" above shall be used only at swimming pools where lifeguards are employed. If a facility employs lifeguards, the lifeguards shall be provided with the minimum equipment required by their training including but not limited to rescue tubes and personal CPR masks.

(3) Lifesaving equipment is mounted in conspicuous places around the swimming pool deck during normal operations.

(4) A swimming pool facility has a first-aid kit which contains, at a minimum, the following:

1. Band-Aids.
2. Sterile 4″ × 4″ bandage compress.
3. Self-adhering gauze bandage.
4. Disposable gloves.
5. Chemical cold compress.

Where lifeguards are not provided, the first-aid kit is prominently mounted in the swimming pool enclosure or a sign stating its location is posted near the swimming pool. The first-aid kit is accessible when the swimming pool is open.

(5) A standard spine board with straps and a head immobilizer is provided at each swimming pool where lifeguards are required by rule.

(6) Except for wading pools and spray pads, each swimming pool where lifeguards are not provided has a designated emergency telephone or equivalent emergency communication system available to users of swimming pools when the swimming pool is open. When the telephone is not within the confines of the swimming pool enclosure, the location of the emergency telephone is posted in at least one conspicuous place within the swimming pool enclosure. Instructions for emergency use of the telephone are posted near the telephone.

At each swimming pool where lifeguards are employed, a telephone is available to the swimming pool staff for emergency purposes.

g. Water level. Water level in swimming pools shall be maintained at the skimming level.

h. Fully submerged outlets. Swimming pools and fully submerged outlets shall meet the following criteria:

(1) Each outlet, including the main drain(s), is designed to prevent user entrapment. A swimming pool is closed if the cover/grate of a fully submerged outlet is missing or broken.

(2) Each fully submerged outlet shall have a cover/grate that has been tested for compliance with the requirements of the ASME/ANSI standard by a testing agency that is certified for compliance by an engineer licensed in Iowa.

1. The cover/grate for an outlet system with a single fully submerged outlet has a flow rating of at least 100 percent of the maximum system flow rate. The combined flow rating for the cover/grates for an outlet system with more than one fully submerged outlet is at least 200 percent of the maximum system flow rate.

The maximum system flow rate for a main drain system is at least the design filter flow rate but may include play feature and water slide flow. The maximum system flow rate for other fully submerged outlets is the design flow rate of the pump(s) directly connected to the outlet system.

2. Fully submerged outlet cover/grates are not removable without the use of tools.

3. Purchase records and product information that demonstrate compliance are maintained by the facility for at least five years from the time the cover/grate is purchased. If a field fabricated cover/grate is certified for compliance to the ASME/ANSI standard by an engineer licensed in Iowa, a copy of the certification letter is kept at the facility for at least five years from the certification date.

(3) A swimming pool with a single fully submerged outlet that is not unblockable and that is directly connected to a pump is closed if the outlet does not have a cover/grate that complies with the ASME/ANSI standard.

If a swimming pool has two or more fully submerged outlets on a single surface that are all less than 3 ft apart on center, are not unblockable, and are directly connected to a pump, the swimming pool is considered to have a single fully submerged outlet.

(4) A swimming pool with a single fully submerged outlet that is not unblockable and that is directly connected to a pump is closed if the outlet system is not equipped with a safety vacuum release system that is listed for compliance with ASME/ANSI A112.19.17-2002 or ASTM F2387-04 (2012).

1. Purchase records and product information that demonstrate compliance are maintained by the facility for at least five years from the time the SVRS is purchased or another approved system is installed.

2. An SVRS is installed in accordance with the manufacturer's instructions.

3. An SVRS is tested for proper function at the frequency recommended by the manufacturer but at least once in each month the swimming pool is operated. The date and result of each test is recorded.

(5) In lieu of compliance with subparagraphs 485.4(4)*"h"*(2), (3) and (4) above, a fully submerged outlet in a swimming pool may be disabled with the approval of the department, except that an equalizer in a skimmer may be plugged without department approval if the management of the swimming pool submits to the department information, including but not necessarily limited to:

1. The area and volume of the pool;

2. The functional areas of the pool and the depths in those areas;

3. Detailed information about the inlet system, including the location of the inlets, the depth of the inlets, and the type of inlet fitting;

4. Detailed information about the overflow system, gutter or skimmer, number of skimmers, and pipe sizes;

5. Pump information and flow rates for the outlet system;

6. Filter type, number of filters, the size of the filter(s), and whether multiple filters are backwashed together or separately.

If the department approves the application to disable the outlet, the outlet valve is closed and the valve secured by removing the handle, by locking the handle closed, or by another method approved by the department. The outlet may be physically disconnected from the pump system.

i. Surface finish and float lines. Surface finish and float lines shall meet the following criteria:

(1) The bottom and sides of a swimming pool are white or a light color. This does not prohibit painting or marking racing lines, stairs or turn targets with contrasting colors.

(2) The swimming pool walls and floor have a smooth surface to facilitate cleaning.

(3) The boundary between shallow and deep water (5 ft) is marked by a float line with floats spaced no more than 5 ft apart. The float line is installed on the shallow side of the boundary within 12 inches of the boundary. When the slope of the floor of a swimming pool exceeds 1 ft vertical to 12 ft horizontal at a depth of less than 5 ft, the float line is placed on the shallow side of the slope change within 12 inches of the slope change in lieu of a float line at the 5 ft depth.

(4) A wave pool is equipped with a float line with floats spaced no more than 5 ft apart. The float line shall be located at least 6 ft from the deep-end wall. Users are not permitted between the float line and the deep-end wall.

(5) The landing area for a swimming pool slide or a water slide that terminates in a swimming pool is delineated by a float line.

A float line is not required when the landing area is in deep water provided the distance between the slide and any diving board(s) meets the requirements for diving board spacing. The distance between the side of the slide at the slide's terminus and the swimming pool wall is in accordance with the manufacturer's recommendations, but shall be at least 8 ft.

A float line is not required for a slide that is designed for toddlers and young children and that terminates in water that is 2 ft deep or less. The landing area is designated by a brightly colored pad securely fastened to the floor of the swimming pool or by painting the floor at the end of the slide.

j. Depth marking. Depth marking shall meet the following criteria:

(1) Depth markers are painted or otherwise marked on the deck within 3 ft of the edge of the swimming pool. The depth of a wave pool is also marked on the side walls of the wave pool, above the maximum static water level, where the depth is 3 ft or more, and on the deep-end wall of the wave pool. Depth markers are not required at the zero-depth end of a wading pool, wave pool, or a zero-depth swimming pool. Depth markers are not required at a plunge pool on the flume discharge end or on the exit end if stairs are used for exit.

(2) Depth markers are located at 1-ft depth intervals but not more than 25 ft apart measured between the centers of the depth markers around the area of a swimming pool that has a water depth of 5 ft or less.

(3) Depth markers are located not more than 25 ft apart measured between the centers of the depth markers around the deep end of the swimming pool. The words "Deep Water" may be used in place of numerals.

(4) In lieu of subparagraph 485.4(4)*"j"*(2) above, the maximum depth of a wading pool may be posted at each entrance to a wading pool enclosure and at one conspicuous location inside the wading pool enclosure in letters or numbers at least 3 inches high.

(5) The depth of a leisure river is posted at the entrance(s) to the leisure river in characters at least 3 inches high. The depth of the leisure river is marked on the side wall of the leisure river above the static water level at intervals not to exceed 50 ft on center. The depth of the leisure river is marked on the deck in the areas where users are permitted. The depth markers are within 3 ft of the edge of the leisure river at intervals not to exceed 25 ft on center. The depth markers at a leisure river constructed before May 4, 2005, are not required to be changed until the deck or channel structure is replaced or repaired.

(6) "No Diving" or equivalent wording or graphics are marked on the swimming pool deck within 3 ft of the edge of the swimming pool where the water is shallow and at other pool areas determined by management. The markers are 25 ft apart or less, center to center, around the perimeter of the area. This marking is not required for wading pools or at the zero-depth end of a wave pool or of a zero-depth

swimming pool. "No Diving" or equivalent wording or graphics are marked on the deck of a leisure river in areas where users are permitted. The "No Diving" markers are within 3 ft of the edge of the leisure river at intervals not to exceed 25 ft on center. The "No Diving" markers at a leisure river constructed before May 4, 2005, are not required to be changed until the deck or channel structure is replaced or repaired.

(7) Letters, numbers, and graphics marked on the deck are slip-resistant, of a color contrasting with the deck and at least 4 inches in height.

k. Deck safety. Deck safety shall meet the following criteria:

(1) Decks are maintained slip-resistant, and free of litter, obstructions and tripping hazards.

(2) Glass objects, other than eyeglasses and safety glass doors and partitions, are not permitted on the deck.

l. Enclosure. Swimming pool enclosure shall meet the following criteria:

(1) Except for a circulated wading pool that is drained when not in use, or a spray pad, a swimming pool is enclosed by a fence, wall, building, or combination thereof not less than 4 ft high. The enclosure is constructed of durable materials.

(2) A fence, wall, or other means of enclosure has no openings that would allow the passage of a 4-inch sphere and are not easily climbable by toddlers. The distance between the ground and the top of the lowest horizontal support accessible from outside the facility, or between the two lowest horizontal supports accessible from outside the facility, is at least 45 inches. A horizontal support is considered accessible if it is on the exterior of the fence relative to the swimming pool, or if the gap between the vertical members of the fence is greater than 1¾ inches.

(3) At least one gate or door with an opening of at least 36 inches in width is provided for emergency purposes. When closed, gates and doors comply with the requirements of subparagraph 485.4(4)*"l"*(2). Gates and doors are lockable. Except where lifeguard or structured program supervision is provided whenever the swimming pool is open, gates and doors are self-closing and self-latching.

(4) If a wading pool is within 50 ft of a swimming pool, the wading pool has a barrier at least 36 inches high separating it from the swimming pool. A barrier installed after May 4, 2005, has no openings that would allow the passage of a 4-inch sphere and is not easily climbable by toddlers. The barrier has at least one 36-inch-wide gate or door. Gates and doors are lockable. Except where lifeguard supervision is provided, gates and doors are self-closing and self-latching.

The department may approve alternate management of the area between the wading pool and swimming pool at a facility where lifeguards are provided whenever the pools are open. The alternate management plan will be in writing and shall be at the facility when the pools are open.

(5) An indoor swimming pool is enclosed by a barrier at least 3 ft high if there are sleeping rooms, hallways, apartments, condominiums, or permanent recreation areas that are used by children and that open directly into the swimming pool area. No opening in the barrier permits the passage of a 4-inch sphere. The barrier is not easily climbable by toddlers. There is at least one 36-inch-wide gate or door through the barrier. Gates and doors are lockable. Except where lifeguard supervision is provided whenever the pool is open, gates and doors are self-closing and self-latching.

(6) A wave pool has a continuous barrier along the full length of each side of the wave pool. The barrier is at least 42 inches high and is installed no more than 3 ft from the side of the wave pool. Wave pool users are not permitted in this area.

m. Electrical. Electrical systems and components shall meet the following criteria:

(1) Each electrical outlet in the deck, shower room, and pool water treatment equipment areas is equipped with a properly installed GFCI at the outlet or at the breaker serving the outlet. Electrical outlets energized through an ORP/pH controller are not required to have a separate GFCI if the controller is equipped with a GFCI or is energized through a GFCI breaker. GFCI receptacles and breakers are tested at least once in each month that the swimming pool is in operation. Testing dates and results are recorded in the pool records.

(2) Lighting.

1. Artificial lighting is provided at a swimming pool that is to be used at night or that does not have adequate natural lighting so that all portions of the swimming pool, including the bottom and main drain, may be clearly seen.

2. Underwater lights and fixtures are designed for their intended use. When the underwater lights operate at more than 15 volts, the underwater light circuit is equipped with a GFCI. When an underwater light needs to be repaired, the electricity is shut off until repairs are completed.

3. For outdoor swimming pools, no electrical wiring, except for overhead illumination, extends over a swimming pool.

n. Chlorine gas and carbon dioxide. Swimming pool facilities shall meet the following criteria:

(1) Chlorine gas feed equipment and full and empty chlorine cylinders are housed in a room or building used exclusively for that purpose during the pool operation season. Chlorine gas installations constructed prior to March 14, 1990, that are housed within chain-link fence or similar enclosure may be used provided that the chlorine cylinders are protected from direct sunlight and the applicable requirements below are met.

1. A chlorine gas room or building has an airtight exhaust system that takes its suction near the floor and discharges out of doors in a direction to minimize the exposure to swimming pool patrons. The system provides one air change every four minutes.

2. An air intake is provided near the ceiling.

3. The exhaust fan is operated from a switch in a nearby location outside the chlorine room or building. The switch is clearly labeled "Chlorine Exhaust Fan."

4. The discharge from the exhaust system is outside the pool enclosure.

5. Artificial lighting is provided in the chlorine room or building.

6. The door of a chlorine room or building is secured in an open position whenever the room is occupied.

7. A plastic bottle of commercial strength ammonia solution for leak detection is provided.

8. Rooms or buildings where chlorine is stored or used are placarded in accordance with 481—Chapter 221.

(2) CO_2 cylinders.

1. Chlorine gas and CO_2 cylinders are individually anchored with safety chains or straps.

2. Storage space is provided so that chlorine cylinders are not subject to direct sunlight.

3. The chlorinator is designed to prevent the backflow of water or moisture into the chlorine gas cylinder.

4. An automatic shutoff is provided to shut off the gas chlorinator and the pH control chemical pump when the recirculation pump stops.

o. Water slides. Water slides shall meet the following criteria:

(1) Water slide support structures are free of obvious structural defects.

(2) The internal surface of a flume is smooth and continuous for its entire length.

(3) The flume has no sharp edges within reach of a user while the user is in the proper sliding position.

p. Projections or obstructions. There shall be no underwater or overhead projections or obstructions that would endanger swimmer safety or interfere with proper swimming pool operation.

485.4(5) *Showers, dressing rooms, and sanitary facilities.* Swimming pool users shall have access to showers, dressing rooms, and sanitary facilities that are clean and free of debris. If a bathhouse is provided, the following shall be met:

a. Floors have a slip-resistant surface.

b. Floors provide adequate drainage to prevent standing water.

c. Olefin or other approved carpeting may be used in locker room or dressing room areas provided there is an adequate drip area between the carpeting and the shower room, toilet facilities, swimming pool, or other area where water can accumulate.

d. All lavatories, showers, and sanitary facilities are functional.

e. Soap is available at each lavatory and at each indoor shower fixture.

485.4(6) *Management, notifications, and records.*

a. Certified operator required. Each facility shall employ a certified operator. One certified operator may be responsible for a maximum of three facilities. Condominium associations, apartments, housing cooperatives, and homeowners associations with 25 or fewer living units are exempt from this requirement.

b. Pool rules sign. A legible pool rules sign shall be posted conspicuously at a minimum of two locations within the swimming pool enclosure. The sign shall include the following stipulations:

(1) No diving in the shallow end of the swimming pool and in other areas marked "No Diving."

(2) No rough play in or around the swimming pool.

(3) No running on the deck.

c. Other rules. Management may adopt and post such other rules as it deems necessary to provide for user safety and the proper operation of the facility.

d. "No Lifeguard" signs. Where lifeguards are not provided whenever the pool is open, a sign shall be posted at each entry to a swimming pool, stating that lifeguards are not on duty and children under the age of 12 must be accompanied by an adult, or at each entry to a wading pool, stating that lifeguards are not on duty and children must be accompanied by an adult.

e. Water slide rules. Rules and restrictions for the use of a water slide shall be posted near the slide and address the following as applicable:

(1) Use limits.

(2) Attire.

(3) Riding restrictions.

(4) Water depth at exit.

(5) Special rules to accommodate unique aspects of the attraction.

(6) Special warnings about the relative degree of difficulty.

f. Operational records. The operator of a swimming pool shall have the swimming pool operational records for the previous 12 months at the facility and make these records available when requested by a swimming pool inspector. These records shall contain a day-by-day account of swimming pool operation, including:

(1) ORP and pH readings, results of pH, free chlorine or total bromine residual, cyanuric acid, combined chlorine, and any other chemical test results.

(2) Results of microbiological analyses.

(3) Reports of complaints, accidents, injuries, and illness.

(4) Dates and quantities of chemical additions, including resupply of chemical feed systems.

(5) Dates when filters were backwashed or cleaned or when a filter cartridge was changed.

(6) Monthly ground fault circuit interrupter test results.

(7) Dates of review of material safety data sheets.

(8) If applicable, dates and results of tests of each SVRS installed at a facility.

g. Submission of records. An inspection agency may require a facility operator to submit to the inspection agency on a monthly basis a copy of the records of the ORP and pH readings, chemical test results and microbiological analyses. The inspection agency will notify the facility management of this requirement in writing at least 15 days before the reports are to be submitted for the first time. The facility management shall submit the required reports to the inspection agency within ten days after the end of each month of operation.

h. Certificates. Copies of certified operator certificates and copies of lifeguard, first-aid, basic water rescue, and CPR certificates for the facility staff shall be kept at the facility.

i. Operations manual. A permanent manual for the operation of the swimming pool shall be kept at the facility and include instructions for routine operations at the swimming pool including but not necessarily limited to:

(1) Water testing procedures, including the required frequency of testing.

(2) Maintaining the chemical supply for the chemical feed systems.

(3) Filter backwash or cleaning.

(4) Vacuuming and cleaning the swimming pool.

(5) Superchlorination.

(6) Controller sensor maintenance, where applicable.

j. Schematic drawing. A schematic drawing of the pool recirculation system shall be posted in the swimming pool filter room or in the operations manual. Clear labeling of the swimming pool piping

with flow direction and water status (unfiltered, treated, backwash) may be substituted for the schematic drawing.

k. Safety data sheets. Copies of SDS of the chemicals used at the swimming pool shall be kept at the facility in a location known and readily accessible to facility staff with chemical-handling responsibilities. Each member of the facility staff with chemical-handling responsibilities shall review the SDS at least annually. The facility management shall retain records of the SDS reviews at the facility and make the records available upon request by a swimming pool inspector.

l. Emergency plan. The facility management shall develop a written emergency plan. The plan shall include but not be limited to actions to be taken in cases of drowning, serious illness or injury, chemical-handling accidents, weather emergencies, and other serious incidents. The emergency plan shall be reviewed with the facility staff at least once a year, and the dates of review or training shall be recorded in the pool records. The written emergency plan shall be kept at the facility and be available to a swimming pool inspector upon request.

m. Lifeguard staffing plan. The lifeguard/program staffing plan for the facility shall be available to the swimming pool inspector at the facility and include staffing assignments for all programs conducted at the pool.

485.4(7) *Reports.* Swimming pool and spa operators shall report to the local inspection agency, within one business day of occurrence, all deaths; near drowning incidents; head, neck, and spinal cord injuries; and any injury that renders a person unconscious or requires immediate medical attention.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.5(135I) Construction and reconstruction. A swimming pool that is constructed or reconstructed shall comply with the following standards. Nothing in these rules exempts swimming pools and associated structures from any applicable federal, state or local laws, rules, or ordinances.

485.5(1) *Construction permit.*

a. Permit required. No swimming pool with a water surface area greater than 500 ft^2 shall be constructed or reconstructed without the owner or a designated representative of the owner first receiving a permit from the department. Construction shall be completed within 24 months from the date the construction permit is issued unless an extension is granted in writing by the department.

NOTE: While plan review and permitting are voluntary for swimming pools with a water surface area of 500 ft^2 or less under this rule, such swimming pools must still comply with all other requirements of this chapter, including but not limited to all other construction and reconstruction requirements under this rule (including notification of completion pursuant to paragraph 485.5(1)*"e"*) and all operational requirements under rule 481—485.4(135I).

b. Permit application. The owner of a proposed or existing facility or a designated representative of the owner shall apply for a construction permit on forms provided by the department.

c. Plan submission and fee. Three sets of plans and specifications shall be submitted with the application, as well as a nonrefundable plan review fee for each swimming pool, leisure river, water slide, wave pool, wading pool, spray pad, zero-depth swimming pool, and multisection water recreation pool as required in subrule 485.12(3).

d. Exception. After receiving a construction permit application, the department may authorize construction on a project to start before issuance of a permit. The authorization will be in writing to the owner or the owner's authorized representative.

e. Notification of completion. The owner of a newly constructed or reconstructed swimming pool, or the owner's designated representative, shall notify the department in writing at least 15 business days prior to opening the swimming pool.

485.5(2) *Plans and specifications.*

a. Plan certification. Plans and specifications shall be sealed and certified in accordance with the rules of the engineering and land surveying examining board or the architectural examining board by an engineer or architect licensed to practice in Iowa. This requirement may be waived by the department if the project is the addition or replacement of a chemical feed system, including a disinfection system, or a simple replacement of a filter or pump or both, or combination thereof.

If the requirement for engineering plans is waived, the owner of the facility assumes full responsibility for ensuring that the reconstruction complies with these rules and with any other applicable federal, state and local laws, rules and ordinances.

b. Content of plans. Plans and specifications submitted shall contain sufficient information to demonstrate to the department that the proposed swimming pool will meet the requirements of this chapter, including but not limited to:

(1) The name and address of the owner and the name, address, and telephone number of the architect or engineer responsible for the plans and specifications. If a swimming pool contractor applies for a construction permit, the name, address, and telephone number of the swimming pool contractor shall be included.

(2) The location of the project by street address or other legal description.

(3) A site plan showing the pool in relation to buildings, streets, water and sewer service, gas service, and electrical service.

(4) Detailed scale drawings of the swimming pool and its appurtenances, including a plan view and cross sections, showing the location of inlets, overflow system components, main drains, the deck and deck drainage, the location and size of pool piping, the swimming pool ladders, stairs and deck equipment, including diving stands and boards, and fencing.

(5) A drawing(s) showing the location, plan, and elevation of filters, pumps, chemical feeders, ventilation devices, heaters, and surge tanks; and additional drawings or schematics showing operating levels, backflow preventers, valves, piping, flow meters, pressure gauges, thermometers, the make-up water connection, and the drainage system for the disposal of filter backwash water.

(6) Plan and elevation drawings of bathhouse facilities including dressing rooms; lockers; showers, toilets and other plumbing fixtures; water supply; drain and vent systems; gas service; water heating equipment; electrical fixtures; and ventilation systems, if provided.

(7) Complete technical specifications for the construction of the swimming pool, for the swimming pool equipment and for the swimming pool appurtenances.

c. Deviation from plans. No deviation from the plans and specifications or conditions of approval may be made without prior written approval of the department.

485.5(3) *General design.*

a. Construction of fill and drain wading pools is prohibited.

b. Materials. Swimming pools shall be constructed of materials that are inert, stable, nontoxic, watertight, and durable.

c. Structural loading.

(1) Swimming pools shall be designed and constructed to withstand the anticipated structural loading for both full and empty conditions.

(2) Except for aboveground swimming pools, a hydrostatic relief valve or a suitable underdrain system shall be provided.

d. The water supplied to a swimming pool shall comply with paragraph 485.4(1)*"d."*

e. No part of a swimming pool recirculation system may be directly connected to a sanitary sewer. An air break or an air gap shall be provided.

485.5(4) *Decks.*

a. Deck width. A swimming pool shall be surrounded by a deck. The deck shall be at least 6 ft wide for a swimming pool with a water surface area of 1,500 ft^2 or greater, and 4 ft wide for a smaller swimming pool, and extend at least 4 ft beyond the diving stands, lifeguard chairs, swimming pool slides, or any other deck equipment.

b. Materials. Decks shall be constructed of stable, nontoxic, durable, and impervious materials and shall be provided with a slip-resistant surface.

c. Deck coverings. Porous, nonfibrous deck coverings may be used, subject to department approval, provided that:

(1) The covering allows drainage so that the covering and the deck underneath it do not remain wet or retain moisture.

(2) The covering is inert and will not support bacterial growth.

(3) The covering provides a slip-resistant surface.

(4) The covering is durable and cleanable.

d. Deck drainage. The deck of a swimming pool shall not drain to the pool or to the pool recirculation system, except as provided in paragraphs 485.5(15)*"c"* and 485.5(16)*"b."* For deck-level swimming pools ("rim flow" or "rollout" gutter), a maximum of 5 ft of deck may slope to the gutter.

e. Deck slope. The deck slope shall be at least 1/8 inch/ft and no more than 1/2 inch/ft to drain. The deck shall be designed and constructed so that there is no standing water on the deck during normal operation of the facility.

f. Surface runoff. For outdoor swimming pools, the drainage for areas outside the facility and for nondeck areas within the facility shall be designed and constructed to keep the drainage water off the deck and out of the swimming pool.

g. Carpeting. The installation of a floor covering of synthetic material may be used only in separate sunbathing, patio, or refreshment areas, except as permitted by paragraph 485.5(4)*"c."*

h. Hose bibs. At least one hose bib shall be provided for flushing the deck.

i. Rinse showers. If users are permitted free access between the deck and an adjacent sand play area without having to pass through a bathhouse, a rinse shower area shall be installed between the deck and the sand play area, with fences, barriers and other structures installed so that users must pass through the rinse shower area when going from the sand play area to the deck, and meet the following criteria:

(1) Tempered water is provided for the rinse shower(s).

(2) The rinse shower area has sufficient drainage so that there is no standing water.

(3) Foot surfaces in the rinse shower area are impervious and slip-resistant.

485.5(5) *Recirculation.*

a. Combined recirculation. Two or more swimming pools may share the same recirculation system, but a wading pool cannot share a recirculation system with any other wading pool or swimming pool. Combined recirculation shall meet the following criteria:

(1) The recirculation flow rate for each swimming pool is calculated in accordance with 15.5(5)*"b."* The recirculation flow rate for the system is at least the arithmetic sum of the recirculation flow rates of the swimming pools.

(2) The flow to each pool is adjustable. A flow meter is provided for each pool.

b. Recirculation flow rate. The recirculation flow rate shall provide for the treatment of one pool volume within:

(1) Four hours for a swimming pool with a volume of 30,000 gal or less.

(2) Six hours for a swimming pool with a volume of more than 30,000 gal.

(3) Two hours for a wave pool.

(4) Four hours for a zero-depth pool.

(5) One hour for a wading pool.

(6) One hour for a water slide plunge pool.

(7) Four hours for a leisure river.

(8) Thirty minutes for a spray pad with its own filter system.

(9) For swimming pools with skimmers, the recirculation flow rate shall be at least 30 gpm per skimmer or the recirculation flow rate defined above, whichever is greater.

The recirculation flow rate for pools not specified in subparagraphs 485.5(5)*"b"*(1) through *"b"*(9) will be determined by the department.

c. Recirculation pump. The recirculation pump(s) shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50 and shall comply with the following requirements:

(1) The pump(s) supply the recirculation flow rate required by paragraph 485.5(5)*"b"* at a TDH of at least that given in "1," "2," or "3" below unless a lower TDH is shown by the designer to be appropriate. A valve for regulating the rate of flow is provided in the recirculation pump discharge piping.

1. 40 feet for vacuum filters; or
2. 60 feet for pressure sand filters; or
3. 70 feet for pressure diatomaceous earth filters or cartridge filters.

(2) For sand filter systems, the pump and filter system are designed so that each filter can be backwashed at a rate of at least 15 gpm/ft^2 of filter area.

(3) If a pump is located at an elevation higher than the pool water surface, it is self-priming or the piping is arranged to prevent the loss of pump prime when the pump is stopped.

(4) Where a vacuum filter is used, a vacuum limit control is provided on the pump suction line. The vacuum limit switch is set for a maximum vacuum of 18 in Hg.

(5) A compound vacuum-pressure gauge is installed on the pump suction line as close to the pump as practical. A vacuum gauge may be used for pumps with suction lift. A pressure gauge is installed on the pump discharge line as close to the pump as practical. Gauges are of such a size and located so that they may be easily read by the facility staff.

(6) On pressure filter systems, a hair and lint strainer is installed on the suction side of each recirculation pump. The hair and lint strainer basket is readily accessible for cleaning, changing, or inspection. A spare strainer basket shall be provided, except where the strainer basket has a volume of 15 gallons or more. This requirement may be waived for systems using vertical turbine pumps or pumps designed for solids handling.

d. Water heaters. Swimming pool water heaters shall meet the following criteria:

(1) A heating coil, pipe or steam hose cannot be installed in a swimming pool.

(2) Gas-fired pool water heaters comply with the requirements of ANSI/AGA Z21.56-2001, ANSI/AGA Z21.56a-2004, and ANSI/AGA Z21.26b-2004.

(3) Electric pool water heaters comply with the requirements of UL 1261 (2017) and bear the UL mark.

(4) A swimming pool water heater with an input of greater than 400,000 BTU/hour (117 kilowatts) has a water heating vessel constructed in accordance with ASME Boiler Code, Section 8 (2007). The data plate of the heater bears the ASME mark.

(5) A thermometer is installed in the piping to measure the temperature of the water returning to the pool. The thermometer is located so that it may be easily read by the facility staff.

(6) Combustion air is provided for fuel-burning water heaters as required by the state plumbing code, 481—Chapter 425, or as required by local ordinance.

(7) Fuel-burning water heaters are vented as required by the state plumbing code, 481—Chapter 425, or as required by local ordinance.

(8) Each fuel-burning water heater is equipped with a pressure relief valve sized for the energy capacity of the water heater.

e. Flow meters. Swimming pool flow meters shall meet the following criteria:

(1) Each swimming pool recirculation system is provided with a permanently installed flow meter to measure the recirculation flow rate.

(2) In a multiple pool system, a flow meter is provided for each pool.

(3) A flow meter is accurate within 5 percent of the actual flow rate between ± 20 percent of the recirculation flow rate specified in paragraph 485.5(5)*"b"* or the nominal recirculation flow rate specified by the designer.

(4) A flow meter is installed on a straight length of pipe with sufficient clearance from valves, elbows or other sources of turbulence to attain the accuracy required by subparagraph 485.5(5)*"e"*(3). The flow meter is installed so that it may be easily read by facility staff, or a remote readout of the flow rate is installed where it may be easily read by the facility staff. The designer may be required to provide documentation that the installation meets the requirements of subparagraph 485.5(5)*"e"*(3).

f. Vacuum cleaning system.

(1) A swimming pool vacuum cleaning system capable of reaching all parts of the pool bottom shall be provided.

(2) A vacuum system may be provided that utilizes the attachment of a vacuum hose to the suction piping through a skimmer.

(3) Automatic vacuum systems may be used provided they are capable of removing debris from all parts of the swimming pool bottom.

485.5(6) *Filtration.* A filter shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50 and comply with the following requirements:

a. Each pressure filter has a pressure gauge on the inlet side. Gauges are of such a size and located so that they may be read easily by the facility staff. A differential pressure gauge that gives the difference between the inlet and outlet pressure of the filter may be used in place of a pressure gauge.

b. An air relief valve is provided for each pressure filter.

c. Backwash water from a pressure filter discharges through an observable free fall, or a sight glass is installed in the backwash discharge line.

d. Backwash water is discharged indirectly to a sanitary sewer.

e. Rapid sand filter.

(1) The filtration rate does not exceed 3 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

f. High-rate sand filter.

(1) The filtration rate does not exceed 15 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

(3) If more than one filter tank is served by a pump, the designer demonstrates that the backwash flow rate to each filter tank meets the requirements of subparagraph 485.5(6)*"f"*(2), or an isolation valve is installed at each filter tank to permit each filter to be backwashed individually.

g. Vacuum sand filter.

(1) The filtration rate does not exceed 15 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

(3) An equalization screen is provided to evenly distribute the filter influent over the surface of the filter sand.

(4) Each filter system has an automatic air-purging cycle.

h. Sand filter media complies with the filter manufacturer's specifications.

i. Diatomaceous earth filter.

(1) The filtration rate does not exceed 1.5 gpm/ft^2 of effective filter area, except that a maximum filtration rate of 2.0 gpm/ft^2 may be allowed where continuous body feed is provided.

(2) Diatomaceous earth filter systems have piping to allow recycling of the filter effluent during precoat.

(3) Waste diatomaceous earth is discharged to a sanitary sewer. The discharge may be subject to the requirements of the local wastewater utility.

j. Cartridge filter.

(1) The filtration rate does not exceed 0.38 gpm/ft^2 of filter area.

(2) A duplicate set of cartridges is provided.

485.5(7) *Piping.*

a. Piping standards. Swimming pool piping shall conform to applicable nationally recognized standards and be specified for use within the limitations of the manufacturer's specifications. Swimming pool piping shall comply with the applicable requirements of NSF/ANSI Standard 61 (2020), "Drinking Water System Components—Health Effects." Plastic swimming pool pipe shall comply with the requirements of NSF/ANSI Standard 14 (2016b), "Plastic Piping Components and Related Materials," for potable water pipe.

b. Pipe sizing. Swimming pool recirculation piping shall be sized so water velocities do not exceed 6 ft/sec for suction flow and 10 ft/sec for pressure flow. Gravity piping shall be sized in accordance with recognized engineering principles.

c. Overflow system piping. The piping for an overflow perimeter gutter system shall be designed to convey at least 125 percent of the recirculation flow rate. The piping for a skimmer system shall be designed to convey at least 100 percent of the recirculation flow rate.

d. Main drain piping. If the main drains are connected to the recirculation system, the main drains and main drain piping shall be designed to convey at least 100 percent of the recirculation flow rate.

e. Play feature circulation. Where there are features that circulate water to the swimming pool and through the main drain and overflow systems, the main drain and overflow systems and the associated

piping shall be designed to accommodate the combined flow of the recirculation system and the features within the requirements of paragraph 485.5(7)*"b"* and the applicable requirements of subrules 485.5(9) and 485.5(10).

485.5(8) *Inlets.*

a. Inlets required. Wall inlets or floor inlets, or both, shall be provided for a swimming pool. The inlets shall be adequate to ensure effective distribution of treated water and the maintenance of a uniform disinfectant residual throughout the swimming pool. The designer may be required to provide documentation of adequate distribution, such as dye testing of a pool.

b. Wall inlet spacing. Where wall inlets are used, they shall be no more than 20 ft apart around the perimeter of the area with an inlet within 5 ft of each corner of the swimming pool and meet the following criteria:

(1) There is at least one inlet at each stairway or ramp leading into a swimming pool.

(2) Except for wading pools, wall inlets are located at least 6 inches below the design water surface.

(3) Wall inlets in pools with skimmers are directional flow-type inlets.

(4) Each inlet has a directional flow inlet fitting with an opening of 1-inch diameter or less, or a fixed fitting with openings ½-inch wide or less.

c. Floor inlets. Floor inlets shall be provided for the areas of a zero-depth swimming pool or wave pool where the water is less than 2 ft deep and may be used throughout a swimming pool in lieu of or in combination with wall inlets. Floor inlets shall be flush with the pool floor, as well as no more than 20 ft apart and within 15 ft of each wall of the swimming pool in the area where they are used.

485.5(9) *Overflow system.*

a. Skimmers. Swimming pool skimmers shall meet the following criteria:

(1) Recessed automatic surface skimmers are listed by NSF or by another listing agency as complying with the requirements of Standard 50, except that an equalizer is not required for a skimmer installed in a swimming pool equipped with an automatic water level maintenance device.

(2) Skimmers may be used for swimming pools that are no more than 30 ft wide.

(3) A swimming pool has at least one skimmer for each 500 ft^2 of surface area or fraction thereof.

(4) Each skimmer is designed for a flow-through rate of at least 30 gpm or 3.8 gpm per lineal inch of weir, whichever is greater. The combined flow capacity of the skimmers in a swimming pool cannot be less than the total recirculation rate.

(5) Each skimmer has a weir that adjusts automatically to variations in water level of at least 4 inches.

(6) Each skimmer is equipped with a device to control flow through the skimmer.

(7) If a swimming pool is not equipped with an automatic water level maintenance device, each skimmer that is a suction outlet has an operational equalizer. The equalizer opening in the swimming pool is covered with a fitting listed by a listing agency as meeting the requirements of the ASME/ANSI standard.

(8) A skimmer pool has a handhold around the perimeter of the pool. The handhold is 9 inches or less above the minimum skimmer operation level.

b. Perimeter overflow gutters. Swimming pool perimeter overflow gutters shall meet the following criteria:

(1) A swimming pool greater than 30 ft in width, except for a wave pool or a wading pool, has a perimeter overflow gutter system.

(2) The overflow weir extends completely around the swimming pool, except at stairs, ramps, or water slide flumes.

(3) The gutter is designed to provide a handhold and to prevent entrapment.

(4) Drop boxes, converters, return piping, or flumes used to convey water from the gutter are designed to convey 125 percent of the recirculation flow rate. The flow capacity of the gutter and the associated plumbing are sufficient to prevent backflow of skimmed water into the swimming pool.

(5) Gutter overflow systems are designed with an effective surge capacity within the gutter system and surge tank of not less than 1 gal/ft^2 of swimming pool surface area. In-pool surge may be permitted for prefabricated gutter systems, subject to the approval of the department.

c. Alternative overflow systems. Overflow systems not meeting all of the requirements in paragraphs 485.5(9)*"a"* or *"b"* may be used if the designer can provide documentation that the alternative overflow system will skim the pool water surface at least as effectively as a skimmer system.

485.5(10) *Main drain system.* Swimming pool main drain systems shall meet the following criteria:

a. Main drains. Each swimming pool has a convenient means of draining the water from the pool for winterization and service.

b. Main drains for recirculation. If the main drain system is connected to the recirculation system, there are two or more main drains or a single main drain that is unblockable.

(1) Two main drains are at least 3 ft apart on center. If three or more main drains are installed, the distance between the drains farthest apart is at least 3 ft on center.

(2) Each main drain and its associated piping in a swimming pool are designed for the same flow rate. Multiple drains are plumbed in parallel, and the piping system is designed to equalize flow among the main drains.

(3) If one or two main drains are installed, each main drain cover/grate, sump and the associated piping is designed for at least 100 percent of the recirculation flow rate specified by paragraph 485.5(5) *"b."* If three or more main drains are installed, the combined flow rating of the cover/grates, the sumps and the associated piping is at least 200 percent of the recirculation flow rate. If water for water slides, fountains and play features is circulated through the main drain and overflow systems, the main drains are designed for the combined feature and recirculation flow.

(4) Manufactured main drain sumps are listed by a listing agency for compliance with the ASME/ANSI standard. Field fabricated sumps are designed in accordance with the ASME/ANSI standard and certified by an engineer licensed in Iowa.

(5) There is a control valve to adjust the flow between the main drain and the overflow system.

(6) Main drain covers. Each main drain is covered with a cover/grate that complies with the ASME/ANSI standard.

1. The flow rating for each cover/grate complies with subparagraph 485.5(10)*"b"*(3).

2. The mark of a listing agency is permanently marked on the top surface of each manufactured cover/grate.

3. Field fabricated cover/grates are certified for compliance to the ASME/ANSI standard by a professional engineer licensed in Iowa. A certificate of compliance is provided to the swimming pool owner and to the department.

4. The main drain cover/grate is designed to be securely fastened to the pool so that the cover/grate is not removable without tools.

c. Feature outlets. Where fully submerged outlets for play or decorative features or water slides are in the swimming pool, the outlets shall be designed in accordance with paragraph 485.5(10)*"b."*

485.5(11) *Disinfection.* Swimming pool disinfection shall meet the following criteria:

a. Each swimming pool recirculation system is equipped with an automatic controller for maintenance of the disinfectant level in the swimming pool water. The control output of the controller to the disinfectant feed system is based on the continuous measurement of the ORP of the water in the swimming pool recirculation system.

b. No disinfection system designed to use di-chlor or tri-chlor is installed for an indoor swimming pool.

c. A continuous feed disinfectant system is provided. The disinfectant feed system has the capacity to deliver at least 10 mg/L chlorine or bromine equivalent based on the recirculation flow rate required in paragraph 485.5(5)*"b"* for an outdoor swimming pool and 4 mg/L chlorine or bromine equivalent based on the recirculation flow rate required in paragraph 485.5(5)*"b"* for an indoor swimming pool.

d. A disinfectant feeder (except chlorine gas feed equipment) is listed by NSF or by another listing agency as complying with the requirements of Standard 50.

e. The disinfectant system is installed so that chemical feed is automatically and positively stopped when the recirculation flow is interrupted.

f. Gas chlorinator facilities comply with applicable federal, state and local laws, rules and ordinances and the requirements below.

(1) The chlorine supply and gas feeding equipment is housed in a separate room or building.

1. No entrance or openable window to the chlorine room goes to the inside of a building used other than for the storage of chlorine.

2. The chlorine room is provided with an exhaust system that takes its suction not more than 8 inches from the floor and discharges out of doors in a direction to minimize the exposure of swimming pool patrons to chlorine gas. The exhaust system is capable of producing 15 air changes per hour in the chlorine room.

3. An automatic chlorine leak detector and alarm system is provided in the chlorine room. The alarm system provides visual and audible alarm signals outside the chlorine room.

4. An air intake is provided near the ceiling of the chlorine room. The air intake and the exhaust system outlet are at least 4 ft apart.

5. The room has a window at least 12 inches square. The window glass is shatterproof.

6. The door of the chlorine enclosure opens outward. The inside of the door is provided with panic hardware.

7. The chlorine room has adequate lighting.

8. Electrical switches for the exhaust system and for the lighting are outside the chlorine room and adjacent to the door, or in an adjoining room.

9. An anchoring system is provided so that full and empty chlorine cylinders can be individually secured.

10. Scales are provided for weighing the cylinders that are in use.

(2) A chlorine enclosure that is 30 inches deep or less and 72 inches wide or less and that is installed out of doors complies with the above requirements except:

1. An automatic chlorine leak detector is not required.

2. The enclosure has a window of at least 48 in^2.

3. The light and exhaust fan may be activated by opening the door rather than by a separate switch.

(3) The chlorinator is designed to prevent the backflow of water into the chlorine cylinder.

g. Where a metering pump is used to feed a solution of disinfectant, the disinfectant solution container has a capacity of at least one day's supply at the rate specified in paragraph 485.5(11)*"c,"* except that when the system is designed to feed directly from a 55-gal shipping container, a larger solution container is not required.

Secondary containment is provided when a tank larger than 55 gallons is installed for the storage of sodium hypochlorite.

h. The storage capacity of an erosion feeder is at least one day's supply of disinfectant at the rate specified in paragraph 485.5(11)*"c."*

485.5(12) *pH control.* Swimming pool pH control shall meet the following criteria:

a. pH controller required. Each swimming pool recirculation system approved for construction after May 4, 2005, is equipped with a controller that senses the pH of the swimming pool water and that automatically controls the operation of a metering pump for the addition of a pH control chemical or the operation of a CO_2 gas feed system.

b. pH chemical feed required. Each swimming pool has a metering pump for the addition of a pH control chemical to the pool recirculation system, or a CO_2 gas feed system.

c. Metering pump listing. A metering pump is listed by NSF or by another listing agency as meeting the requirements of Standard 50.

d. CO_2 cylinder anchors. Where CO_2 is used as a method of pH control, an anchoring system is provided to individually secure full and empty CO_2 cylinders.

e. Chemical feed stop. The pH control system is installed so that chemical feed is automatically and positively stopped when the recirculation flow is interrupted.

485.5(13) *Safety.*

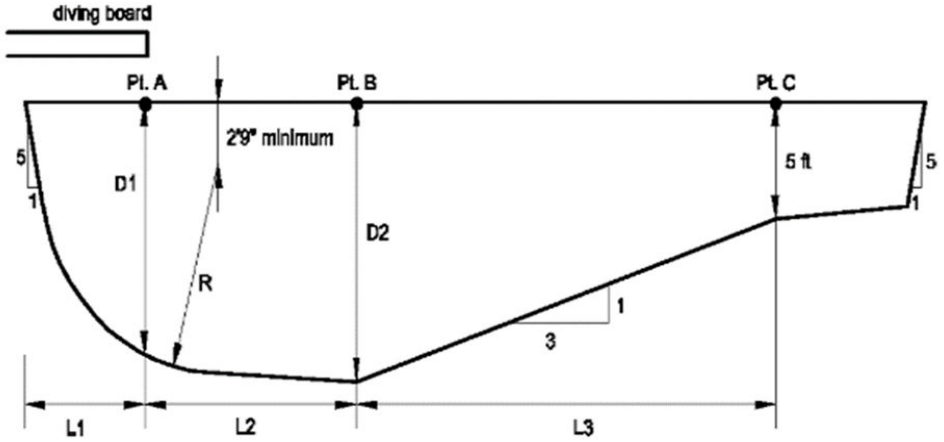
a. Diving areas shall meet the following criteria:

(1) Diving boards are permitted only if the diving area dimensions conform to the minimum requirements shown in Figure 2 and Tables 3 and 4. The distances specified in Tables 3 and 4 are measured from the top center of the leading edge of the diving board. The reference water level is the midpoint of

the skimmer opening for a skimmer pool or a stainless steel gutter system with surge weirs. The reference water level for a gutter pool is the top of the gutter weir.

(2) Where diving boards are specified that have been advertised or promoted to be "competition" diving boards, the diving area complies with the standards of the National Collegiate Athletic Association (NCAA) or the National Federation of State High School Associations (NFSHSA).

Figure 2



R minimum = Pool depth minus Vertical wall depth from the water line minus 3 inches.

Table 3

		Minimum Dimensions					Minimum Width of Pool		
Diving Board Height Above Water	Maximum Board Length	D1	D2	L1	L2	L3	Pt A	Pt B	Pt C
Deck level to 2/3 meter	10 ft	7 ft	8.5 ft	2.5 ft	8 ft	10.5 ft	16 ft	18 ft	18 ft
Greater than 2/3 meter to 3/4 meter	12 ft	7.5 ft	9 ft	3 ft	9 ft	12 ft	18 ft	20 ft	20 ft
Greater than 3/4 meter to 1 meter	16 ft	8.5 ft	10 ft	4 ft	10 ft	15 ft	20 ft	22 ft	22 ft
Greater than 1 meter to 3 meters	16 ft	11 ft	12 ft	6 ft	10.5 ft	21 ft	22 ft	24 ft	24 ft

Table 4

Diving Board Height Above Water	To Pool Side	To 1-Meter Board	To 3-Meter Board
Deck level to 1 meter	10 ft	8 ft	10 ft
Greater than 1 meter	11 ft	10 ft	10 ft

(3) There is a completely unobstructed clear distance of 13 ft above the diving board measured from the center of the front end of the board. This area extends at least 8 ft behind, 8 ft to each side, and 16 ft beyond the end of the diving board.

(4) Diving boards and platforms have slip-resistant surfaces.

(5) Diving board supports, ladders, and guardrails.

1. Supports, platforms, and steps for diving boards are of substantial construction and of sufficient structural strength to safely carry the maximum anticipated loads.

2. Ladders, steps, supports, handrails, and guardrails are of corrosion-resistant materials or are provided with a corrosion-resistant coating and are designed to have no exposed sharp edges. Ladder steps have slip-resistant surfaces.

3. Handrails are provided at steps leading to diving boards and diving platforms. Guardrails are provided for diving boards and platforms that are more than 1 meter above the water. Guardrails for diving boards and platforms are at least 36 inches high and extend to the edge of the water.

b. Starting blocks and starting block installation shall meet the requirements of the competition governing body (National Collegiate Athletic Association, USA Swimming, or National Federation of State High School Associations).

c. Stairs, ladders, and recessed steps shall meet the following criteria:

(1) Ladders or recessed steps are provided in the deep portion of a swimming pool and in the shallow portion if the vertical distance from the bottom of the swimming pool to the deck is more than 2 ft. Stairs or ramps may be used instead of ladders or recessed steps at the shallow end of the swimming pool.

(2) If a swimming pool is over 30 ft wide, recessed steps, ladders, ramps, or stairs are installed on each side. If a stairway centered on the shallow end wall of the swimming pool is within 30 ft of each side of the swimming pool, that end of the swimming pool is considered in compliance with this subrule.

(3) The foot contact surfaces of stairs, ramps, ladder rungs, and recessed steps are slip-resistant.

(4) Ladders.

1. Ladders have a handrail on each side that extends from below the water surface to the top surface of the deck.

2. Ladders, treads, or supports are of a color contrasting with the swimming pool walls; however, stainless steel ladders may be used with stainless steel wall pools.

3. A ladder has a tread width of at least 16 inches and a uniform rise of 12 inches or less.

4. The distance between the swimming pool wall and the vertical rail of a ladder is no greater than 6 inches and no less than 3 inches. The lower end of each ladder rail is securely covered with a smooth nonmetallic cap and within 1 inch of the swimming pool wall.

(5) Recessed steps.

1. Recessed steps have a tread depth of at least 5 inches, a tread width of at least 12 inches, and a uniform rise of no more than 12 inches.

2. Each set of recessed steps is equipped with a securely anchored deck-level grab rail on each side.

3. Recessed steps drain to the pool.

(6) Stairs.

1. Stairs have a uniform tread depth of at least 12 inches and a uniform rise of no more than 10 inches. The area of each tread shall be at least 240 in^2.

2. Stairs are provided with at least one handrail for each 12 ft in width. Handrails are between 34 inches and 38 inches high, measured vertically from the line defined by the front edge of the steps.

3. A slip-resistant stripe at least 1 inch wide of a color contrasting with the step surface and with the swimming pool floor is marked at the top front edge of each tread.

(7) Handrails and grab rails.

1. Ladders, handrails, and grab rails are designed to be securely anchored so that tools are required for their removal.

2. Ladders, handrails, and grab rails are constructed of corrosion-resistant materials or provided with corrosion-resistant coatings and have no exposed sharp edges.

d. Swimming pool floor slope shall meet the following criteria:

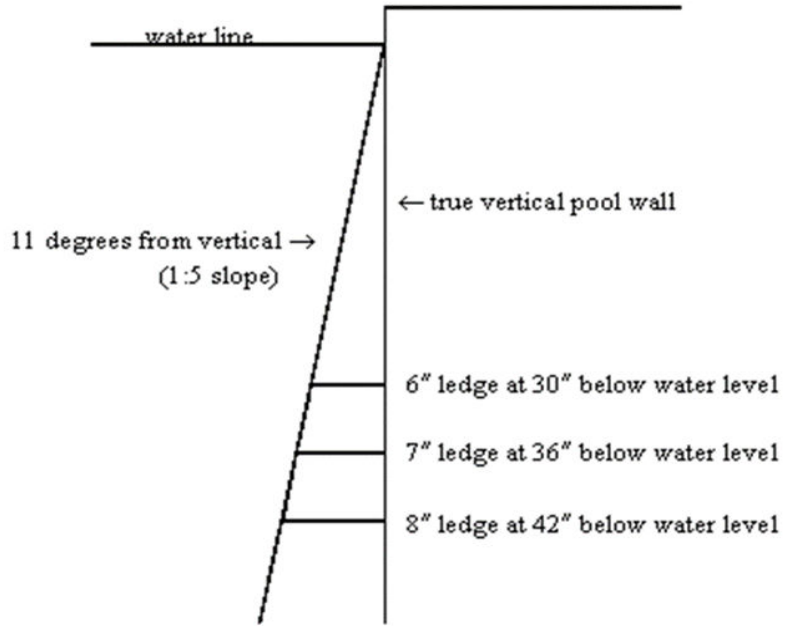
(1) The bottom of the swimming pool slopes toward the main drain(s). The slope of the swimming pool bottom where the water is less than 5 ft deep does not exceed 1 ft vertical in 12 ft horizontal.

(2) Subject to the written approval of the department, a swimming pool may be designed to have the change in slope (from 1:12 or less to a steeper slope) at a point where the water depth is less than 5 ft. The marking requirements of subparagraphs 485.5(13)*"f"*(3) and *"f"*(4) shall apply and, if possible, depth markers that are clearly visible to persons in the pool shall be provided.

e. Swimming pool walls shall meet the following criteria:

(1) Walls in the deep section of a swimming pool are vertical to a water depth of at least 2.8 ft. If a transition radius is provided, it complies with Figure 2.

Figure 3



(2) The term "vertical" is interpreted to permit slopes not greater than 1 ft horizontal for each 5 ft of depth of side wall (11° from vertical).

(3) Ledges, when provided, fall within an 11° line from vertical, starting at the water surface (Figure 3). A ledge is no less than 4 inches wide and no more than 8 inches wide. A ledge has a slip-resistant surface.

f. Surface finish and markings shall meet the following criteria:

(1) The swimming pool floor has a slip-resistant finish.

(2) The bottom and sides of the swimming pool are white or a light color. This does not prohibit painting or marking racing lines or turn targets.

(3) Where the slope of a swimming pool bottom in a shallow area changes from 1:12 or less to a slope greater than 1:12, or at the 5-ft depth area, the pool bottom and sides are marked with a stripe at least 4 inches wide in a color contrasting with the pool bottom and sides. The stripe is on the shallow side of the slope change or 5-ft depth area within 6 inches of the slope change or 5-ft depth area. Depending on the pool configuration, more than one stripe may be required.

(4) A float line with floats no more than 5 ft apart are installed on the shallow side of the stripe required in subparagraph 485.5(13)*"f"*(3) within 12 inches of the stripe.

(5) The landing area for a swimming pool slide or a water slide that does not terminate in a separate plunge pool is delineated by a float line or as approved by the department.

(6) Depth markers.

1. Depth markers are painted or otherwise marked on the deck within 3 ft of the edge of a swimming pool. The depth of a wave pool is also marked on the side walls of the wave pool above the maximum static water level where the static water depth is 3 ft or more and on the deep-end wall of the wave pool.

2. Depth markers are located 25 ft apart or less, center to center, around the full perimeter of a swimming pool.

EXCEPTIONS: Depth markers are not required at the zero-depth end of a wading pool, wave pool, or a zero-depth swimming pool. Depth markers are not required on the deck of a plunge pool on the flume discharge end or on the exit end if stairs are used for exit.

3. The maximum depth of a swimming pool is marked on both sides of a swimming pool at the main drain.

4. The water depth of a swimming pool is marked at both ends of a float line required by subparagraph 485.5(13)*"f"*(4).

5. In shallow water, the depth is marked at 1-ft depth intervals starting at one of the points specified in "3" and "4" above, if the 1-ft depth interval is less than 25 ft. The zero depth is used as the starting point for a zero-depth swimming pool.

6. In deep water, the words "Deep Water" may be used in place of numerals except as required in "3" above.

7. "No Diving" or equivalent wording or graphics are marked on the swimming pool deck within 3 ft of the edge of the swimming pool where the water is shallow and at other pool areas determined by management. The markers are 25 ft apart or less, center to center, around the perimeter of the area. This marking is not required at the zero-depth end of a wave pool or of a zero-depth swimming pool. "No Diving" or equivalent wording or graphics are marked on the deck of a leisure river in the areas where users will be permitted. The "No Diving" markers are within 3 ft of the edge of the leisure river at intervals not to exceed 25 ft on center.

8. Letter, number and graphic markers are slip-resistant, of a contrasting color from the deck and at least 4 inches in height.

9. In lieu of the requirements of "1" through "8" above, the maximum depth of a wading pool may be posted in lettering a minimum of 3 inches high at each entrance to the wading pool area and at least at one conspicuous location inside the wading pool enclosure. "No Diving" markers are not required at a wading pool.

10. The depth of a leisure river is posted at the entrance(s) to the leisure river in characters at least 3 inches high. The depth of the leisure river is marked on the side wall of the leisure river above the static water level at intervals not to exceed 50 ft on center. The depth of the leisure river is marked on the deck in the areas where users will be permitted. The depth markers are within 3 ft of the edge of the leisure river at intervals not to exceed 25 ft on center.

g. Elevated lifeguard chairs or stations shall be provided as follows: one chair or station for a swimming pool with a water surface area of 2,000 to 4,000 ft^2 inclusive; two chairs or stations if the area is 4,001 to 6,000 ft^2; three chairs or stations if the area is 6,001 ft^2 or more. A swimming pool is not required to have more than three lifeguard chairs or stations. This requirement does not apply to wave pools, leisure rivers or wading pools.

h. Emergency equipment and facilities shall meet the following criteria:

(1) If a swimming pool facility employs lifeguards, whether required by rule or not, the lifeguards are provided with the minimum equipment required by their training, including but not necessarily limited to rescue tubes and personal CPR masks.

(2) A minimum of one unit of lifesaving equipment is provided for each 1,500 ft^2 of water surface area or fraction thereof. The area of a swimming pool where the water is 2 ft deep or less may be subtracted from the total area for this requirement. A swimming pool is not required to have more than ten units of lifesaving equipment.

(3) A unit of lifesaving equipment consists of at least one of the following:

1. A U.S. Coast Guard-recognized ring buoy fitted with a ¼-inch diameter line with a length at least one-half the width of the pool, but no more than 60 ft; or

2. A life pole with a "shepherd's crook," having blunted ends with a minimum length of 8 ft; or

3. A rescue buoy which is made of a hard, buoyant plastic and is provided with molded handgrips along each side, a shoulder strap, and a towing rope between 4 and 6 ft long; or

4. A rescue tube made of a soft, strong foam material 3 inches by 6 inches by 40 inches with a molded strap providing a ring at one end and a hook at the other. Attached to the ring end is a 6-ft-long towline with a shoulder strap.

Rescue equipment identified in numbered paragraphs 485.5(13)*"h"*(3)"3" and "4" above is used only at swimming pools where lifeguards are employed.

(4) Whenever lifeguard chairs are provided, each chair is equipped with at least one unit of lifesaving equipment.

(5) A standard spine board with straps and head immobilizer is provided at each swimming pool where lifeguards are required by rule.

i. Pool enclosures shall meet the following criteria:

(1) Except for a circulated wading pool that is drained when not in use, or a spray pad, a swimming pool is enclosed by a fence, wall, building, or combination thereof not less than 4 ft high. The enclosure is constructed of durable materials.

(2) A fence, wall, or other means of enclosure has no openings that would allow the passage of a 4-inch sphere and is not easily climbable by toddlers. The distance between the ground and the top of the lowest horizontal support accessible from outside the facility, or between the two lowest horizontal supports accessible from outside the facility, is at least 45 inches. A horizontal support is accessible if it is on the exterior of the fence relative to the swimming pool or if the space between the vertical members of a fence is greater than 1¾ inches.

(3) Gates and doors are installed in the enclosure for general access, maintenance, and emergency access. At least one 36-inch-wide gate or door is installed for emergency access. When closed, gates and doors comply with the requirements of subparagraphs 485.5(13)*"i"*(1) and (2). Gates and doors are lockable. Except where lifeguard or structured program supervision is provided whenever the swimming pool is open, gates and doors are self-closing and self-latching.

(4) If a wading pool is within 50 ft of a swimming pool, the wading pool has a barrier at least 36 inches high separating it from the swimming pool. The barrier has no openings that would allow the passage of a 4-inch sphere and is not easily climbable by toddlers. The barrier has at least one 36-inch-wide gate or door. Gates and doors are lockable. Except where lifeguard supervision is provided, gates and doors are self-closing and self-latching.

The department may approve alternate management of the area between the wading pool and swimming pool at facilities where lifeguards are provided whenever the pools are open. The alternate management plan will be in writing and shall be at the facility when the pools are open.

(5) An indoor swimming pool is enclosed by a barrier at least 3 ft high if there are sleeping rooms, hallways, apartments, condominiums, or permanent recreation areas that are used by children and that open directly into the swimming pool area. No opening in the barrier permits the passage of a 4-inch sphere. The barrier is not easily climbable by toddlers. There is at least one 36-inch-wide gate or door through the barrier. Gates and doors are lockable. Except where lifeguard supervision is provided whenever the pool is open, gates and doors are self-closing and self-latching.

j. Construction or reconstruction shall comply with the state electrical code, 481—Chapter 404, including Article 680 of the adopted National Electrical Code, and the following requirements:

(1) Each electrical outlet in the deck, shower and dressing rooms and the pool water treatment equipment areas is equipped with a properly installed GFCI at the outlet or at the breaker serving the outlet. Electrical outlets energized through an ORP/pH controller are not required to have a separate GFCI if the controller is equipped with a GFCI or is energized through a GFCI breaker.

(2) An underwater light circuit is equipped with a GFCI unless the underwater light(s) operates at 15 volts or less.

k. Artificial lighting shall be provided at indoor swimming pools and at outdoor swimming pools which are to be used after sunset in accordance with the following:

(1) Underwater lighting of at least 8 lamp lumens/ft^2 or 0.5 watts/ft^2 of water surface area, located to provide illumination of the entire swimming pool bottom, and area lighting of at least 10 footcandles (fc) or 0.6 watts/ft^2 of deck area.

(2) If underwater lights are not provided, overhead lighting of at least 30 fc or 2.0 watts/ft^2 of swimming pool water surface area are provided.

l. Swimming pool slides shall be installed in accordance with the manufacturer's recommendations.

485.5(14) *Wading pools.* Wading pools shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21), except as modified below.

a. A wading pool shall have at least 4 ft of deck.

b. Overflow system.

(1) Intermittent fixed weir overflow structures, including gutters, overflow fixtures, and drains at zero depth may be used. They shall have a hydraulic capacity of at least 125 percent of the recirculation flow rate.

(2) If skimmers are used, there shall be at least one skimmer for every 500 ft^2 of water surface area or fraction thereof.

1. The recirculation flow rate shall be at least 3.8 gpm per lineal inch of skimmer weir or as required in paragraph 485.5(5)*"b,"* whichever is greater.

2. The skimmer(s) suction line may be connected to the main drain line in lieu of an equalizer.

3. A skimmer(s) may be used in combination with overflow drains in a zero-depth wading pool.

c. Inlets shall be designed to uniformly distribute treated water throughout the wading pool. Wall and floor inlets or other means may be used, alone or in combination.

485.5(15) *Wave pools.* Wave pools shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21), except as modified below.

a. Perimeter overflow gutters and skimmers are not required on the deep-end wall where the wave generation equipment is located.

b. There shall be an overflow drain or weir across the full width of the zero-depth end of the wave pool.

The drain shall be covered with a grate designed to prevent entrapment. The grate shall be designed so that it is securely fastened to the pool floor and cannot be removed without a tool or tools.

c. The deck above the overflow drain at the zero-depth end of the pool may slope to the overflow drain for a distance no greater than 15 ft. The deck slope shall be no greater than 1 ft vertical in 12 ft horizontal.

d. There shall be a perimeter overflow gutter or overflow fittings along both sides of the wave pool where the water is 3 ft deep or more.

(1) If a perimeter overflow gutter is used, it shall be designed to prevent entrapment during wave action. Overflow grates shall be securely fastened so they will not be dislodged by wave action.

(2) Overflow fittings need not be continuous, but they shall be spaced no more than 10 ft apart.

e. The combined hydraulic capacity of the overflow drain at zero depth and the gutter or overflow outlets shall be at least 125 percent of the recirculation flow rate.

f. The main drain system shall comply with the requirements of subrule 485.5(10).

g. Openings or connections between the wave pool and the wave generation equipment shall be designed to prevent entrapment of users.

h. There shall be a continuous barrier along the full length of each side of a wave pool. The barrier shall be at least 42 inches high and installed no more than 3 ft from the side of the wave pool.

i. Emergency switches that will stop the wave action shall be provided in at least four locations on the deck of the wave pool. Switch locations shall be marked by signs or contrasting bright colors.

j. A wave pool shall be equipped with a float line with floats spaced no more than 5 ft apart. The float line shall be located at least 6 ft from the deep-end wall. Users shall not be permitted between the float line and the deep-end wall.

485.5(16) *Zero-depth swimming pools.* Zero-depth swimming pools shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21), except as modified below.

a. There shall be an overflow drain or weir across the full width of the zero-depth end of the swimming pool.

(1) The drain shall be covered with a grate designed to prevent entrapment. The grate shall be designed so that it is not removable without a tool.

(2) The drain and its associated piping shall be designed to convey at least 50 percent of the recirculation flow rate.

b. The deck above the overflow drain at the zero-depth end of the pool may slope to the overflow drain for a distance no greater than 15 ft. The deck slope shall be no greater than 1 ft vertical in 12 ft horizontal.

c. If a perimeter overflow gutter is provided, the gutter may be interrupted in the area where the water is less than 2 ft deep, provided that:

(1) The length of the perimeter overflow gutter and overflow drain shall be at least 60 percent of the total pool perimeter.

(2) The hydraulic capacity of the perimeter overflow gutter system combined with the overflow drain shall be at least 125 percent of the recirculation flow rate.

d. Recessed automatic surface skimmers may be used with the overflow drain at zero depth in accordance with paragraph 485.5(9)*"a."* The hydraulic capacity of the skimmer/drain system shall be at least 125 percent of the recirculation flow rate.

485.5(17) *Water slides.* Water slides shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21) and the following:

a. A water slide flume shall comply with the following:

(1) The flume is perpendicular to the plunge or swimming pool wall for at least 10 ft from the flume end.

(2) The flume is sloped no more than 1 ft vertical in 10 ft horizontal for at least 10 ft before the end of the flume.

(3) The flume terminates between 6 inches below and 2 inches above the design water level in the plunge pool or swimming pool.

(4) There is at least 5 ft between the side of the plunge pool or swimming pool and the side of the flume. Adjacent flumes are at least 10 ft apart on center.

(5) The inside surface of a flume is smooth and continuous.

(6) The flume is designed to ensure that users cannot be thrown out of the flume and to minimize user collisions with the sides of the flume.

(7) The flume has no sharp edges within reach of a user while the user is in the proper riding position.

(8) The flume path is designed to prevent users from becoming airborne while in the ride.

b. The landing area for a water slide flume shall comply with the following:

(1) The water depth is at least 3 ft and no more than 4 ft at the end of the flume and for at least 15 ft beyond the end of the flume.

(2) The landing area floor may slope up to a minimum of 2 ft water depth subject to subparagraph 485.5(1)*"b"*(1). The slope is no greater than 1 ft vertical in 12 ft horizontal.

(3) There is at least 20 ft between the end of the flume and any barrier or steps.

(4) If the water slide flume ends in a swimming pool, the landing area is divided from the rest of the swimming pool by a float line.

c. A speed slide shall provide for the safe deceleration of the user. A run-out system or a special plunge pool entry system shall control the body position of the user relative to the slide to provide for a safe exit from the ride.

d. The deck around a water slide plunge pool shall be at least 4 ft wide, except on the side where the flume enters the pool. A walkway that is at least 4 ft wide and meets the requirements of a deck shall be provided between the plunge pool and the slide steps.

e. Alternate overflow systems. Intermittent fixed weir overflow structures may be used for a separate plunge pool if:

(1) Floor inlets are provided according to the requirements of paragraph 485.5(8)*"c."*

(2) The hydraulic capacity of the combined overflow structures and the appurtenant piping is at least 125 percent of the recirculation flow rate. The department may require more hydraulic capacity based on the specific design of the plunge pool system.

f. If a pump reservoir or surge tank is provided, it shall have a capacity of at least one minute of the combined recirculation and flume flow. Openings between the plunge pool and the pump reservoir or surge tank shall be designed and constructed in accordance with paragraphs 485.5(10)*"a"* and *"b."*

g. If the water slide flume ends in a swimming pool, the water level shall not be lowered more than 1 inch when the flume pump(s) is operating.

h. If a fully submerged suction outlet is in a plunge pool or in a swimming pool, it shall be located away from normal water slide user traffic areas. The suction outlet system shall be designed in accordance with paragraph 485.5(10)*"b."*

i. The support structure for a water slide and for any access stairs or ramps shall be designed and constructed to withstand the anticipated structural loading, both static and dynamic forces.

j. A stairway providing access to the top of a water slide shall be at least 2 ft wide. Stair surfaces shall be slip-resistant and easily cleanable. The stairway shall comply with the applicable requirements of state and local building codes and Occupational Safety and Health Administration requirements.

485.5(18) *Multisection water recreation pools.* A multisection water recreation pool shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21) and the following:

a. The minimum recirculation flow rate for a multisection water recreation pool is determined by computing the recirculation flow rate for each section of the pool in accordance with paragraph 485.5(5) *"b"* and adding the flow rates together.

b. The treated water distribution system is designed to return treated water to the sections of the pool in proportion to the flow rates determined in paragraph 485.5(18)*"a."*

c. Each section of a multisection water recreation pool is separated from the other sections by a float line meeting the requirements of subparagraph 485.5(13)*"f"*(4).

485.5(19) *Spray pads.* A spray pad shall comply with the applicable provisions of subrules 485.5(1) through 485.5(13) and 485.5(21) and the following:

a. The surface of a spray pad is impervious and durable. Padding specifically designed for spray pads may be used with play features. The padding is water resistant or permits full drainage without retaining water in its structure. Walking surfaces are slip-resistant.

b. The spray pad surface slopes to drain at least 1/8 inch per ft but no more than ½-inch per ft. Deck or other areas outside the spray pad do not drain into the spray pad.

c. A spray pad is exempt from the following requirements: fencing (paragraph 485.5(13)*"i"*), "No Lifeguard" sign (paragraph 485.4(6)*"d"*), safety equipment (paragraph 485.4(4)*"f"*), and depth marking (paragraph 485.4(4)*"j"*). Unless the spray pad is supervised by facility staff, a sign is posted near the spray pad that addresses:

(1) No running on or around the spray pad.

(2) No rough play.

(3) No facility supervision. Parents are responsible for supervising their children.

Facility management may adopt and post other rules deemed necessary for user safety and the proper operation of the spray pad.

d. Spray pad drains are gravity outlets. At least two drains are provided, or a single drain that is unblockable is provided.

(1) The drain system and associated piping are designed for 125 percent of the flow into the spray pad (play feature and recirculation, as applicable).

(2) Each drain cover/grate is flush with the spray pad surface and has no opening wider than ½-inch.

(3) Each drain cover/grate is designed to be securely fastened to the spray pad so that the drain cover/grate is not removable without tools.

(4) Drain cover/grates that are exposed to foot traffic:

1. Have a slip-resistant surface; and

2. Support a 300-pound concentrated load, structural strength verified by documentation of test results from a testing agency or by certification by an engineer licensed in Iowa; and

3. If the drain cover is exposed to sunlight, be resistant to ultraviolet light (UV), with UV resistance verified by documentation of test results from a testing agency or by certification by an engineer licensed in Iowa.

e. Spray pads with independent treatment systems.

(1) The minimum volume of water for a spray pad is two minutes of the flow of the play features and the recirculation system combined.

(2) The water storage tank has a volume of at least 125 percent of the volume specified in subparagraph 485.5(19)*"e"*(1). The tank is accessible for cleaning and inspection.

(3) The recirculation (treatment) system and the play feature pump and piping system are separate.

(4) The recirculation system inlet(s) and outlet(s) within the water storage tank are designed to ensure a uniform disinfectant concentration and pH level throughout the water volume of the spray pad.

(5) The play feature pump system is designed so that it will not operate if the recirculation system is not operating.

(6) There is a readily accessible sample tap in the equipment area that allows sampling of the water in the play feature piping.

f. Spray pads using water from an adjacent swimming pool or wading pool.

(1) If there is a suction outlet in the swimming pool or wading pool for the play feature pump(s), the outlet is designed as a main drain as specified in subrule 485.5(10). Water velocity through the outlet cover is 1½ ft per second or less.

(2) If the adjacent pool has a volume of 10,000 gallons or less, or if the spray pad water is circulated directly from the swimming pool surge tank, the spray pad pump system is equipped for automatic supplemental disinfection in accordance with subrule 485.5(11), except that the disinfection capacity is at least one-half of the capacity specified in paragraph 485.5(11)*"c"*; with filtration in accordance with subrule 485.5(6); or both.

g. Play features and sprays are designed and installed so that they do not create a safety hazard.

(1) Surface sprays are flush with the spray pad surface. Spray openings have a diameter of ½ inch or less. Noncircular spray openings have a width of ½ inch or less.

(2) Aboveground features do not present a tripping hazard. Features have no sharp edges or points and no rough surfaces. Aboveground features are constructed of corrosion-resistant materials or provided with a corrosion-resistant coating. Accessible spray openings have a diameter of ½ inch or less. Noncircular accessible spray openings have a width of ½ inch or less.

485.5(20) *Leisure rivers.* A leisure river shall comply with the applicable requirements of subrules 485.5(1) through 485.5(13) and 485.5(21) and the following:

a. The leisure river propulsion system and recirculation system are separate.

b. Intermittent fixed weir structures may be used for the overflow system. At least two separate fixed weir structures are used. The hydraulic capacity of the overflow system using fixed weir structures are at least 125 percent of the recirculation flow rate. Fixed weir structures are designed to prevent entrapment of leisure river users.

c. A deck as specified in subrule 485.5(4) is not required in areas where users are not permitted. A leisure river and the area on the inside and outside perimeter of the leisure river is designed to ensure that lifeguard staff and emergency personnel can access any part of the leisure river quickly and to provide a sufficient hard surface area for emergency functions.

d. The depth of a leisure river is posted conspicuously at the entrance(s) to the leisure river in characters at least 3 inches high. The depth of the leisure river is marked on the side wall of the leisure river above the static water level at intervals not to exceed 50 ft on center. The depth of the leisure river is marked on the deck in the areas where users are permitted. The depth markers are within 3 ft of the edge of the leisure river at intervals not to exceed 25 ft on center.

e. "No Diving" characters or graphics are marked every 25 ft on center on the deck in deck areas where users are permitted.

f. At least one user egress point is provided for each 500 ft of leisure river length (measured at the centerline) or fraction thereof.

g. Outlets for the leisure river propulsion system are designed in accordance with paragraph 485.5(10)*"b."*

485.5(21) *Showers, dressing rooms, and sanitary facilities.* Swimming pool and spray pad showers, dressing rooms, and sanitary facilities shall meet the following criteria:

a. Facilities required. Bather preparation facilities are provided at each swimming pool or spray pad facility, except where the facility is intended to serve living units.

b. Swimming pool patron load. If a bathhouse is provided, the patron load for determining the minimum number of cleansing showers is:

(1) One individual per 15 ft^2 of water surface in shallow areas.

(2) One individual per 20 ft^2 of water surface in deep areas with the exclusion of 300 ft^2 of water surface for each diving board.

(3) For each swimming pool slide, 200 ft^2 is excluded, and for each water slide that terminates in the swimming pool, 300 ft^2 is excluded in determining the patron load.

c. Bathhouses.

(1) A bathhouse is designed and constructed to meet the requirements of the local building ordinance. If no local ordinance is in effect, the bathhouse is designed to meet the requirements of the state building code.

(2) Bathhouse floors have a slip-resistant finish and slope at least 1/8 inch/ft to drain. Except as provided in subparagraph 485.5(19)*"c"*(3), floor coverings comply with the requirements of paragraph 485.5(4)*"c."*

(3) Olefin, or other approved carpeting, may be permitted in locker room or dressing room areas provided:

1. There is an adequate drip area between the carpeting and the shower room, toilet facilities, swimming pool, or other areas where water can accumulate.

2. Drip areas are constructed of materials as described in paragraphs 485.5(4)*"b"* and *"c."*

(4) Bathhouse fixtures are provided in accordance with the state plumbing code, 481—Chapter 425, based on the Iowa building code occupancy type and design occupant load. In addition, cleansing showers are provided at a ratio of at least 1:50 based on the pool patron load as calculated by paragraph 485.5(21)*"b."*

(5) All indoor swimming pool areas, bathhouses, dressing rooms, shower rooms, and toilets are ventilated to control condensation and odors.

d. Showers and lavatories.

(1) Showers are supplied with water at a temperature of at least 90°F and no more than 110°F.

(2) Soap dispensers or bar soap trays are provided at each lavatory and in the showers. Glass soap dispensers are prohibited.

e. Hose bibs. At least one hose bib is installed within the bathhouse.

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ADMINISTRATION

481—485.6(135I) Enforcement.

485.6(1) The department may inspect spray pads, swimming pools, and spas regulated by these rules and enforce these rules. A city, county or district board of health may inspect spray pads, swimming pools, and spas regulated by these rules and enforce these rules in accordance with agreements executed with the department pursuant to the authority of Iowa Code chapters 28E and 135I.

485.6(2) The inspection agency will take the following steps when enforcement of these rules is necessary.

a. Owner notification. As soon as possible after the violations are noted, the inspection agency will provide written notification to the owner of the facility that:

(1) Cites each section of the Iowa Code or Iowa Administrative Code violated.

(2) Specifies the manner in which the owner or operator failed to comply.

(3) Specifies the steps required for correcting the violation.

(4) Requests a corrective action plan, including a time schedule for completion of the plan.

(5) Sets a reasonable time limit, not to exceed 30 days from the receipt of the notice, within which the owner of the facility must respond.

b. Corrective action plan review. The inspection agency will review the corrective action plan and approve it or require that it be modified.

c. Failure to comply. When the owner of a spray pad, swimming pool, or spa fails to comply with conditions of the written notice, the inspection agency may take enforcement action in accordance with Iowa Code chapters 137 and 135I, or in accordance with local ordinances.

d. Adverse actions. The department may enforce Iowa Code chapter 135I and these rules pursuant to Iowa Code section 135I.6.

(1) A local inspection agency may request that the department withhold or revoke the registration of a spray pad, swimming pool, or spa, or issue an order to close a spray pad, swimming pool, or spa. The request shall be in writing, list the violations of Iowa Code chapter 135I and these rules, and provide a full accounting of the actions taken by the local inspection agency to enforce Iowa Code chapter 135I and these rules.

(2) Notice of the decision to withhold or revoke the registration for a spray pad, swimming pool, or spa or an order to close a spray pad, swimming pool, or spa will be delivered by restricted certified mail, return receipt requested, or by personal service. The notice will inform the owner of the right to appeal the decision and the appeal procedures. The local inspection agency and the county attorney in the county where the spray pad, swimming pool, or spa is located will be notified in writing of the decision or order.

485.6(3) An appeal of a decision to withhold or revoke a registration or of an order to close shall be requested, in writing, within 30 days of receipt or service of the department's notice. The request shall be sent to the department at the contact information provided in 481—Chapter 1 or as set forth in the department's notice. If such a request is timely made within the 30-day time period, a contested case proceeding will be initiated and held in accordance with Iowa Code chapter 17A and 7—Chapter 2506 and 481—Chapter 10.

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481—485.7(135I) Waivers. A waiver from these rules may be granted only by the department pursuant to 7—Chapter 2504. A request for waiver shall be in writing and sent to the local inspection agency for comment. The local inspection agency shall send the request for waiver to the department within 15 business days of its receipt.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 8/5/26]

481—485.8(135I) Penalties. Penalties are provided pursuant to the authority of Iowa Code section 135I.5.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.9(135I) Registration.

485.9(1) *Registration.* No spray pad, swimming pool, spa, or swimming pool or spa water heater shall be operated in the state without being registered with the department. The owner of a spray pad, swimming pool, or spa or the owner's designated representative shall register the spray pad, swimming pool, spa, or swimming pool or spa water heater before the spray pad, swimming pool, or spa is first used and renew the registration annually on or before April 30. The initial registration and registration renewal shall be submitted on forms supplied by the department. The registration for a spray pad, swimming pool, or spa is valid from May 1 through the following April 30.

485.9(2) *Change in ownership.* Within 30 days of the change in ownership of a spray pad, swimming pool, or spa, the new owner shall furnish the department with the following information:

a. Name and registration number of the spray pad, swimming pool, or spa.

b. Name, address, and telephone number of new owner.

c. Date the change in ownership took place.

d. A nonrefundable fee of $20 per spray pad, swimming pool, or spa.

485.9(3) *Withholding registration.* The department may withhold or revoke the registration of a swimming pool or spa pursuant to paragraph 485.6(2)*"d"* if an owner or the owner's designated representative has violated a provision of Iowa Code chapter 135I or this chapter.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.10(135I) Training courses.

485.10(1) A training course designed to fulfill the requirements of rule 481—485.11(135I) will be reviewed by the department.

485.10(2) At least 15 days prior to the course date, the course director shall submit at a minimum the following to the department:

a. A course outline with a list of instructors and guest speakers and their qualifications.

b. Date or dates the course is to be held.

c. Place the course is to be held.

d. Number of hours of instruction.

e. Course agenda.

485.10(3) The department will approve or disapprove the course of instruction in writing within ten business days of receipt of the information required in subrule 485.10(2).

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481—485.11(135I) Swimming pool/spa operator qualifications.

485.11(1) A person designated as a certified operator of a facility for compliance with paragraphs 485.4(6)*"a"* and 485.51(5)*"a"* shall have successfully completed a CPO® certification course, an AFO certification course, a PPSO certification course, or an LAFT certification course. A copy of a current, valid certificate for the certified operator shall be maintained in the pool or spa records.

485.11(2) A certified operator shall attend at least two hours of continuing education per year. Proof of continuing education shall be kept with certification records at the facility.

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481—485.12(135I) Fees.

485.12(1) *Registration fees.* For each spray pad, swimming pool, or spa, the registration fee is $35. Registration fees are delinquent if not received by the department by April 30 or the first business day thereafter. The owner shall pay a $25 penalty for each month or fraction thereof that the fee is late for each swimming pool or spa that is required to be registered.

485.12(2) *Registration change fees.* For each spray pad, swimming pool, or spa, the fee for a change of ownership, change of facility name, or other change in registration is $20.

485.12(3) *Inspection fees.* The inspection agency will bill the owner of a facility upon completion of an inspection. Inspection fees are due upon receipt of a notice of payment due.

When the facility is located within the jurisdiction of a local inspection agency, the local inspection agency may establish fees needed to defray the costs of inspection and enforcement under this chapter. Inspection fees billed by a local inspection agency shall be paid to the local inspection agency or its designee.

a. Inspection fee schedule.

Table 5

Swimming Pools, Spray Pads, and Spas

Pool Type	Inspection Fee
Swimming pool, spray pad, or leisure river, surface area less than 1500 ft^2	$170
Swimming pool, spray pad, or leisure river, surface area 1500 ft^2 or greater	$270
Wave pool	$270
Water slide and plunge pool	$270
Spa	$170
Wading pool less than or equal to 500 ft^2	$50
Wading pool greater than 500 ft^2	$90
Residential swimming pool used for commercial purposes	$50

Table 6

Water Slides

	Inspection Fee
Each additional water slide into a plunge pool	$75
Water slide into a swimming pool	$175
Each additional water slide into a swimming pool	$75

b. Multipool facilities. If more than one pool (swimming pool, water slide, wave pool, wading pool, or spa) is located within a fenced compound or a building, the inspection fee for the pools in the fenced compound or building will be reduced by 10 percent. This reduction does not apply to the fees specified in Table 6.

c. Special inspection fee. When an inspection agency determines that a special inspection is required, the inspection agency may charge a special inspection fee that will be based on the actual cost of providing the inspection.

d. Penalty. Unpaid inspection fees will be considered delinquent 45 days after the date of the bill. A penalty of $30 per month or fraction thereof that the payment is delinquent will be assessed to the owner for each pool inspected.

485.12(4) *Plan review fees.*

a. New construction. A plan review fee as specified in Tables 7, 8, and 9 shall be submitted with a construction permit application for each body of water in a proposed facility. If two or more pools share a common recirculation system as specified in paragraph 485.5(5)*"a,"* the plan review fee shall be 25 percent less than the total plan review fee required by Tables 7, 8, and 9.

Table 7

Swimming Pools and Spray Pads

Swimming Pool or Spray Pad Area (ft^2)	Plan Review Fee
500 or less	$165
greater than 500 to less than 1000	$275
1000 to less than 2000	$385
2000 to less than 4000	$550*
4000 and greater	$825*

*This may include one water slide.

Table 8

Water Slides

Description	Plan Review Fee
Water slide and dedicated plunge pool	$550
Each additional water slide into a plunge pool or swimming pool	$165

Table 9

Spas

Spa Volume (gal)	Plan Review Fee
less than 500	$165
500 to 999	$275
1000 +	$385

b. Reconstruction. The plan review fee for reconstruction is $250 for each swimming pool, spray pad, spa, or bathhouse altered in the reconstruction.

c. Penalty for construction without a permit. Whenever any work for which a permit is required has been started before a permit is issued, the plan review fee will be 150 percent of the fee specified in paragraphs 485.12(3)*"a"* or *"b."* The department may require that construction not done in accordance with the rules be corrected before a facility is used.

EXCEPTION: After receiving a construction permit application, the department may authorize construction on a project to start before issuance of a permit. The authorization will be in writing to the owner or the owner's authorized representative.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.13(135I) Inspection and enforcement agreements. The department and local boards of health may enter into agreements to implement the inspection and enforcement provisions of Iowa Code chapter 135I and these rules pursuant to Iowa Code section 135I.4(6). For purposes of such agreements, a person who is a registered sanitarian (R.S.) or a registered environmental health specialist (R.E.H.S.) with the National Environmental Health Association is considered to have met the educational requirements of subrule 485.11(2).

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.14(135I) Application denial or partial denial—appeal.

485.14(1) Denial or partial denial of an application will be done in accordance with the requirements of Iowa Code chapter 17A. Notice to the applicant of denial or partial denial will be served by restricted certified mail, return receipt requested, or by personal service.

485.14(2) Any request for appeal concerning denial or partial denial shall be submitted by the aggrieved party, in writing, to the department by certified mail, return receipt requested, within 30 days of the receipt of the department's notice. The address is Iowa Department of Inspections, Appeals and Licensing, Swimming Pool Program, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321. Prior to or at the hearing, the department may rescind the denial or partial denial. If no request for appeal is received within the 30-day time period, the department's notice of denial or partial denial becomes the department's final agency action.

[**ARC 9498C**, IAB 8/20/25, effective 9/24/25; Editorial change: IAC Supplement 2/4/26]

481—485.15 to **485.50** Reserved.

SPAS

481—485.51(135I) Spa operations. A spa shall be operated in a safe, sanitary manner and meet the following operational standards.

485.51(1) *Filtration and recirculation.*

a. A spa shall have a filtration system in good working condition that provides water clarity in compliance with the water quality standards of subrule 485.51(2) and meets the following criteria:

(1) Each filter cartridge is replaced with a new, unused, or cleaned and disinfected filter cartridge in accordance with the manufacturer's recommendations for pressure rise at the inlet of the filter, but at least once a month. If a functioning pressure gauge is not present at the filter inlet, the filter cartridge is replaced whenever the spa is drained and at least every two weeks. Filter cartridge replacements are recorded in the spa records.

(2) Each sand filter serving a spa is opened at least annually and the sand media examined for grease buildup, channeling and other deficiencies. The sand is cleaned and disinfected before the filter is put back into service. The annual inspection is recorded in the spa records.

(3) Each diatomaceous earth filter serving a spa is dismantled, and the filter socks and the interior of the filter are cleaned and disinfected at least annually. The annual cleaning is recorded in the spa records.

(4) The recirculation system has an operating pressure gauge located in front of the filter if it is a pressure filter system. A vacuum filter system has a vacuum gauge located between the filter and the pump.

b. The recirculation system for a spa shall treat one spa volume of water in 30 minutes or less.

c. Pumps, filters, disinfectant feeders, flow indicators, gauges, and all related components of the spa water recirculation system shall be operated continuously whenever the spa contains water, except for cleaning or servicing.

d. The recirculation system shall have inlets adequate in design, number, location, and spacing to ensure effective distribution of treated water and maintenance of uniform disinfectant residual throughout the spa.

e. A spa shall have at least one skimmer and meet the following criteria:

(1) Each skimmer has a self-adjusting weir in place and operational.

(2) Each skimmer has an easily removable basket or screen upstream from any valve.

f. Wastewater and backwash water from a spa shall be discharged through an air break or an air gap.

g. The water supplied to a spa shall be from a water supply meeting the requirements of the department of natural resources for drinking water and meet the following criteria:

(1) Water supplied to a spa is discharged to the spa system through an air gap or a reduced-pressure principle backflow device meeting AWWA C-511-97, "Reduced-Pressure Principle Backflow-Prevention Assembly."

(2) Each hose bib at a facility is equipped with an atmospheric vacuum breaker or a hose connection backflow preventer.

h. Spa water heaters shall meet the following criteria:

(1) Electric water heaters bear the seal of UL.

(2) Gas-fired water heaters are equipped with a pressure relief valve.

(3) Fuel-burning water heaters are vented to the outside, in accordance with the state plumbing code.

(4) Each indoor swimming pool equipment room with fuel-burning water heating equipment has one or more openings to the outside of the room for the provision of combustion air.

485.51(2) *Water quality and testing.*

a. Disinfection.

(1) Spa water shall have a free chlorine residual of at least 2.0 ppm and no greater than 8.0 ppm or a total bromine residual of at least 4.0 ppm and no greater than 18 ppm when the spa is open for use.

(2) A spa shall be closed if the free chlorine is measured to be less than 1.0 ppm or the total bromine is measured to be less than 2.0 ppm.

(3) The spa shall be closed if a free chlorine measurement exceeds 8.0 ppm or if the total bromine measurement exceeds 18 ppm.

(4) The spa water shall have an ORP of at least 700 mV, but no greater than 880 mV, and be closed if the ORP is less than 650 mV or greater than 880 mV.

(5) The spa shall be closed if the cyanuric acid concentration in the spa water exceeds 80 ppm. The spa may be reopened when the cyanuric acid concentration is 40 ppm or less.

(6) No cyanuric acid in any form shall be added to an indoor spa.

b. pH level. The pH of spa water shall be 7.2 to 7.8.

c. Water clarity. A spa shall be closed if the grate openings on drain fittings at or near the bottom of the spa are not clearly visible when the agitation system is off.

d. Bacteria detection.

(1) If coliform or *Pseudomonas aeruginosa* bacteria are detected in a sample taken in accordance with subparagraph 485.51(2)*"e"*(8), the spa shall be drained, cleaned, and disinfected. The spa may reopen and a check sample shall be taken when the spa water meets the requirements of paragraphs 485.51(2)*"a," "b"* and *"c."* If coliform or *Pseudomonas aeruginosa* bacteria are detected in the check sample, the spa shall be closed, drained, physically cleaned, and disinfected and the filter(s) cleaned and disinfected.

1. For cartridge filters, the cartridge shall be replaced with a new, unused cartridge or a cleaned, disinfected cartridge and the filter housing physically cleaned, then disinfected.

2. For sand and diatomaceous earth filters, the filter shall be opened and the media and components cleaned and disinfected.

The spa may reopen when no coliform or *Pseudomonas aeruginosa* bacteria are detected in a spa water sample taken when the spa water meets the requirements of paragraphs 485.51(2)*"a," "b"* and *"c."*

(2) The facility management shall notify the local inspection agency of the positive bacteriological result within one business day after the facility management has become aware of the result.

e. Test frequency. The results of the tests required below shall be recorded in the spa records.

(1) The disinfectant residual in the spa water shall be tested or the ORP of the spa water checked each day before the spa is opened for use and at intervals not to exceed two hours thereafter until the spa closing time. For a spa at a condominium complex, an apartment building, a housing cooperative, or a homeowners association with 25 or fewer living units, the disinfectant level in the spa water shall be tested or the ORP of the spa water checked at least twice each day the spa is available for use.

The operator may make visual readings of ORP in lieu of manual testing, but the spa water shall be tested manually for disinfectant residual at least twice per day. Both ORP and disinfectant residual shall be recorded when manual testing is done. The operator shall specify in the spa records which results are from the manual tests.

(2) The pH of the spa water shall be tested each day before the spa is opened for use and at intervals not to exceed two hours thereafter until the spa closing time. For a spa at a condominium complex, an apartment building, a housing cooperative, or a homeowners association with 25 or fewer living units, the pH of the spa water shall be tested at least twice each day the spa is available for use.

If the spa is equipped with an automatic controller with a readout or local printout of pH complying with the requirements of subparagraph 485.51(2)*"f"*(5), the operator may make visual readings of pH in

lieu of manual testing, but the spa water shall be tested manually for pH at least twice per day. The operator shall specify in the spa records which results are from the manual tests.

(3) The spa water temperature shall be measured whenever a manual test of the spa water is performed.

(4) If a chlorine compound is used for disinfection, the spa water shall be tested for combined chlorine at least once a day.

(5) If cyanuric acid or a stabilized chlorine is used in a spa, the spa water shall be tested for cyanuric acid at least once a day.

(6) At least once in each month that a spa is open for use, a sample of the spa water shall be submitted to a laboratory certified by the department of natural resources for the determination of coliform bacteria in drinking water and the sample analyzed for total coliform and *Pseudomonas aeruginosa*.

f. Test equipment. Each facility shall have functional water testing equipment for free chlorine and combined chlorine or total bromine, pH, total alkalinity, calcium hardness, and cyanuric acid (if cyanuric acid or a stabilized chlorine is used at the facility) that meets the following criteria:

(1) The test equipment provides for the direct measurement of free chlorine and combined chlorine from 0 to 10 ppm in increments of 0.2 ppm or less over the full range, or total bromine from 0 to 20 ppm in increments of 0.5 ppm or less over the full range.

(2) The test equipment provides for the measurement of spa water pH from 7.0 to 8.0 with at least five increments in that range.

(3) A controller readout used in lieu of manual disinfectant residual testing shall be a numerical analog or digital display with an ORP scale with a range of at least 600 to 900 mV with increments of 20 mV or less.

(4) A controller readout used in lieu of manual pH testing shall be a numerical analog or digital display with a range at least as required in subparagraph 485.51(2)*"f"*(2) with increments of 0.2 or less over the full range.

g. Operator availability. A person knowledgeable in testing water and in operating the water treatment equipment shall be available whenever a spa is open for use.

485.51(3) *Disinfection systems and cleaning.*

a. Disinfectant system.

(1) Equipment for continuous feed of a chlorine or bromine compound to the spa water shall be provided and be operational. The equipment shall be adjustable in at least five increments over its feed capacity. Where applicable, the chemical feeder shall be listed by NSF or another listing agency for compliance with Standard 50.

(2) The disinfectant equipment shall be capable of providing at least 10 ppm of chlorine or bromine to the spa water based on the recirculation flow rate.

(3) Equipment and piping used to apply any chemicals to the water shall be of such size, design, and material that they may be cleaned. All material used for such equipment and piping shall be resistant to the action of chemicals to be used.

(4) The use of chlorine gas is prohibited.

b. Cleaning and superchlorination.

(1) A spa shall be clean.

(2) A spa containing 500 gal of water or less shall be drained, cleaned and refilled a minimum of once a week. A spa containing over 500 gal to 2,000 gal of water shall be drained, cleaned and refilled a minimum of one time every two weeks. A spa with a water volume greater than 2,000 gal shall be drained, cleaned and refilled a minimum of one time every three weeks.

(3) The inspection agency may require that a spa be drained, cleaned, and superchlorinated prior to further usage.

485.51(4) *Safety.*

a. Chemical safety. Spa chemical safety shall meet the following criteria:

(1) If chemicals are added to the spa over the top, the spa is not occupied for a period of at least 30 minutes. The operator tests the spa water as appropriate before allowing use of the spa. The chemical addition and the test results are recorded in the spa records.

(2) Spa chemicals are stored and handled in accordance with the manufacturer's recommendations.

(3) SDS for the chemicals used in the spa are at the facility in a location known and readily accessible to the facility staff.

(4) Chemical containers are clearly labeled.

(5) A chemical hazard warning sign is placed at the entrance of a room where chemicals are used or stored or where bulk containers are located.

b. Stairs, ladders, recessed steps, and ramps. Spa stairs, ladders, recessed steps, and ramps shall meet the following criteria:

(1) When the top rim of a spa is more than 24 inches above the surrounding floor area, stairs or a ramp are provided to the top of the spa.

(2) Stairs, ladders, ladder rungs, and ramps are slip-resistant.

(3) Where stairs and ramps are provided, they are equipped with a handrail.

(4) Ladders and handrails are constructed of corrosion-resistant materials or provided with corrosion-resistant coatings. They have no exposed sharp edges.

(5) Ladders, handrails and grabrails are securely anchored.

c. Water temperature. The spa shall be closed if the water temperature exceeds 104°F.

(1) A thermometer shall be available to measure temperatures in the range of 80° to 120°F.

(2) Water temperature controls shall be accessible only to the spa operator.

d. Emergency telephone. Each facility where lifeguards are not provided shall have a designated emergency telephone or equivalent communication system that can be operated without coins. The communication system shall be available to users of the spa whenever the spa is open. If the emergency communication system is not located within the spa enclosure, management shall post a sign(s) indicating the location of the emergency telephone. Instructions for emergency use of the telephone shall be posted near the telephone.

e. Water level. Water level shall be maintained at the skimming level.

f. Fully submerged outlets. Spas and fully submerged outlets shall meet the following criteria:

(1) Each fully submerged outlet is designed to prevent user entrapment. A spa is closed if the cover/grate of a fully submerged outlet is missing or broken.

(2) For a spa constructed prior to May 13, 1998, each pump that draws water directly from a fully submerged outlet is connected to two or more outlets or a single outlet with an area of at least 144 in^2.

(3) Each fully submerged outlet has a cover/grate that has been tested for compliance with the requirements of the ASME/ANSI standard by a testing agency or that is certified for compliance by an engineer licensed in Iowa.

1. The cover/grate for an outlet system with a single fully submerged outlet has a flow rating of at least 100 percent of the maximum system flow rate. The combined flow rating for the cover/grates for an outlet system with more than one fully submerged outlet is at least 200 percent of the maximum system flow rate.

The maximum system flow rate is the design flow rate for the pump(s) directly connected to the outlet(s) in an outlet system. In the absence of better information, the maximum system flow rate is the capacity of the pump(s) at 50 feet TDH, based on the manufacturer's published pump curves.

2. Fully submerged outlet cover/grates are not removable without the use of tools.

3. Purchase records and product information that demonstrate compliance are maintained by the facility for the life of the cover/grate. If a field fabricated cover/grate is certified for compliance to the ASME/ANSI standard by an engineer licensed in Iowa, a copy of the certification letter is kept at the facility for the life of the cover/grate.

(4) A spa with a single fully submerged outlet that is not unblockable and that is directly connected to a pump is closed if the outlet does not have a cover/grate that complies with the ASME/ANSI standard.

If a spa has two or more fully submerged outlets on a single surface that are all less than 3 ft apart on center, are not unblockable, and are directly connected to a pump, the spa is considered to have a single fully submerged outlet.

(5) A spa with a single fully submerged outlet that is not unblockable and that is directly connected to a pump is closed if the outlet system is not equipped with a safety vacuum release system that is listed for compliance with ASME/ANSI A112.19.17-2002 or ASTM F2387-04 (2012) by a listing agency.

1. Purchase records and product information that demonstrate compliance are maintained by the facility for at least five years from the time the SVRS is purchased or another approved system is installed.

2. An SVRS is installed in accordance with the manufacturer's instructions.

3. An SVRS is tested for proper function at the frequency recommended by the manufacturer, but at least once in each month the spa is operated. The date and result of each test are recorded.

(6) In lieu of compliance with subparagraphs 485.51(4)*"f"*(3), (4) and (5) above, a fully submerged outlet in a spa may be disabled with the approval of the department, except that an equalizer in a skimmer may be plugged without department approval if the management of the spa submits to the department information including but not necessarily limited to:

1. The area and volume of the spa;

2. Detailed information about the inlet system, including the location of the inlets and the type of inlet fitting;

3. The number of skimmers and pipe sizes;

4. Pump information and flow rates for the outlet system; and

5. Filter type, number of filters, the size of the filter(s), and whether multiple filters are backwashed together or separately.

If the department approves the application to disable the outlet, the outlet valve is closed and the valve secured by removing the handle, by locking the handle closed, or by another method approved by the department. The outlet may be physically disconnected from the pump system.

g. Spa walls and floor. Spa walls and floor shall be smooth and easily cleanable.

h. Decks. Spa decks shall meet the following criteria:

(1) The deck has a slip-resistant surface.

(2) The deck is clean and free of debris.

(3) A hose bib is provided for flushing or cleaning of the deck.

(4) Glass objects, other than eyeglasses and safety glass doors and partitions, are not permitted on the deck.

i. Projections or obstructions. There shall be no underwater or overhead projections or obstructions that would endanger user safety or interfere with proper spa operation.

j. Electrical. Spa electrical systems and components shall meet the following criteria:

(1) Each electrical outlet in the deck, shower room, and pool water treatment equipment areas is equipped with a properly installed GFCI at the outlet or at the breaker serving the outlet. Electrical outlets energized through an ORP/pH controller are not required to have a separate GFCI if the controller is equipped with a GFCI or is energized through a GFCI breaker. Ground fault circuit interrupter receptacles and breakers are tested at least once in each month the spa is operating. Test dates and results are recorded in the spa records.

(2) There are no outlets located on, or within 5 ft of, the inside wall of a spa.

(3) An air switch within reach of persons in the spa and its connecting tube are constructed of materials that do not conduct electricity.

(4) Lighting.

1. Artificial lighting is provided at all spas that are to be used at night or that do not have adequate natural lighting so all portions of the spa, including the bottom and main drain, may be readily seen.

2. Underwater lights and fixtures are designed for their intended use. When the underwater lights operate at more than 15 volts, the underwater light circuit is equipped with a GFCI. When underwater lights need to be repaired, the electricity is shut off until repairs are completed.

3. No electrical wiring extends over an outdoor spa.

k. Enclosure. Spa enclosure shall meet the following criteria:

(1) A spa is enclosed by a fence, wall, building, or combination thereof not less than 4 ft high. The spa enclosure is constructed of durable materials. A spa may be in the same room or enclosure as another spa or a swimming pool.

(2) A fence, wall, or other means of enclosure has no openings that would allow the passage of a 4-inch sphere and is not easily climbable by toddlers. The distance between the ground and the top of the lowest horizontal support accessible from outside the facility, or between the two lowest horizontal supports accessible from outside the facility, is at least 45 inches. A horizontal support is considered accessible if it is on the exterior of the fence relative to the spa or if the gap between the vertical members of the fence is greater than 1¾ inches.

(3) At least one gate or door with an opening of at least 36 inches in width is provided for emergency purposes. When closed, gates and doors comply with the requirements of subparagraph 485.51(4)*"k"*(2) above. Gates and doors are lockable. Except where lifeguard supervision is provided whenever the spa is open, gates and doors are self-closing and self-latching.

(4) If there are sleeping rooms, apartments, condominiums, or permanent recreation areas that are used by children and that open directly into the spa area, the spa is enclosed by a barrier at least 3 ft high. No opening in the barrier permits the passage of a 4-inch sphere. The barrier is not easily climbable by toddlers. There is at least one 36-inch-wide gate or door through the barrier. Gates and doors are lockable. Except where lifeguard supervision is provided whenever the spa is open, gates and doors provided are self-closing and self-latching.

l. Agitation system control. The agitation system control shall be installed out of the reach of persons in the spa. The "on" cycle for the agitation system shall be no more than ten minutes.

485.51(5) *Management, notification, and records.*

a. Certified operator required. Each spa facility shall employ a certified operator. One certified operator may be responsible for a maximum of three facilities.

b. Spa rules sign. A "Spa Rules" sign shall be posted near the spa. The sign shall include the following stipulations:

(1) Persons with a medical condition, including pregnancy, should not use the spa without first consulting with a physician.

(2) Anyone having a contagious disease shall not use the spa.

(3) Persons shall not use the spa immediately following exercise or while under the influence of alcohol, narcotics, or other drugs.

(4) Persons shall not use the spa alone or without supervision.

(5) Children shall be accompanied by an adult.

(6) Persons shall not use the spa longer than ten minutes.

(7) No one shall dive or jump into the spa.

(8) The maximum patron load of the spa. (The maximum patron load of a spa is one individual per 2 lineal ft of inner edge of seat or bench.)

c. Spa depth. The maximum depth of a spa shall be posted at a conspicuous location near the spa in numerals or letters at least 3 inches high.

d. Glass prohibited. Glass objects other than eyeglasses, safety glass doors, and partitions shall not be permitted in a spa enclosure.

e. Operational records. The operator of a spa shall have the spa operational records for the previous 12 months at the facility and shall make these records available when requested by a swimming pool/spa inspector. These records shall contain a day-by-day account of spa operation, including:

(1) ORP and pH readings; results of pH, free chlorine or total bromine residual, cyanuric acid (if used), combined chlorine, total alkalinity, and calcium hardness tests; and any other chemical test results.

(2) Results of microbiological analyses.

(3) Water temperature measurements.

(4) Reports of complaints, accidents, injuries, or illnesses.

(5) Dates and quantities of chemical additions, including resupply of chemical feed systems.

(6) Dates when filters were backwashed or cleaned or a filter cartridge(s) was changed.

(7) Draining and cleaning of spa.

(8) Dates when ground fault circuit interrupter receptacles or circuit breakers were tested.

(9) Dates of review of material safety data sheets.

(10) If applicable, dates and results of tests of each SVRS installed at a facility.

f. Submission of records. An inspection agency may require facility management to submit copies of readings of ORP and pH, chemical test results and microbiological analyses to the inspection agency on a monthly basis. The inspection agency shall notify the facility management of this requirement in writing at least 15 days before the reports are to be submitted for the first time. The facility management shall submit the required reports to the inspection agency within ten days after the end of each month of operation.

g. Operations manual. A permanent manual for operation of a spa shall be at the facility and include instructions for routine operations at the spa, including but not necessarily limited to:

(1) Maintaining the chemical supply for the chemical feed systems.

(2) Filter backwash or cleaning.

(3) Water testing procedures, including the required frequency of testing.

(4) Procedures for draining, cleaning and refilling the spa, including chemical adjustments and controller adjustments.

(5) Controller sensor maintenance, where applicable.

(6) Superchlorination.

h. Schematic drawing. A schematic drawing of the spa recirculation system shall be posted in the swimming pool filter room or in the operations manual. Clear labeling of the spa piping with flow direction and water status (unfiltered, treated, backwash) may be substituted for the schematic drawing.

i. Safety data sheets. Copies of material SDS for the chemicals used at the spa shall be kept at the facility in a location known and readily accessible to facility staff with chemical-handling responsibilities. Each member of the facility staff with chemical-handling responsibilities shall review the SDS at least annually. The facility management shall retain records of the SDS reviews at the facility and shall make the records available upon request by a swimming pool inspector.

j. Emergency plans. A written emergency plan shall be provided. The plan shall include but not be limited to actions to be taken in cases of drowning, hyperthermia, serious illness or injury, chemical-handling accidents, weather emergencies, and other serious incidents. The emergency plan shall be reviewed with the facility staff at least once a year, and the dates of review or training shall be recorded. The written emergency plan shall be kept at the facility and shall be available to a swimming pool inspector upon request.

485.51(6) *Reports.* Spa operators shall report to the local inspection agency, within one working day of occurrence, all deaths; near drowning incidents; head, neck, and spinal cord injuries; and any injury that renders a person unconscious or requires immediate medical attention.

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481—485.52(135I) Construction and reconstruction. A spa that is constructed or reconstructed shall comply with the following standards. Nothing in these rules is intended to exempt spas and associated structures from any applicable federal, state or local laws, rules or ordinances. Applicable requirements include but are not limited to handicapped access and energy requirements, fire and life safety requirements, the rules of the department of workforce development, and the rules of the department of natural resources.

485.52(1) *Construction permits.*

a. Permit required. No spa shall be constructed or reconstructed without the owner or a designated representative of the owner first receiving a permit from the department. Construction shall be completed within 24 months from the date the construction permit is issued unless a written extension is granted by the department.

b. Permit application. The owner of a proposed or existing spa or a designated representative of the owner shall apply for a construction permit on forms provided by the department.

c. Plan submission. Three sets of plans and specifications shall be submitted with the application. A nonrefundable plan review fee shall be remitted with the application for each spa as required in subrule 485.12(4).

d. Exception. After receiving a construction permit application, the department may authorize construction on a project to start before issuance of a permit. The authorization will be in writing to the owner or the owner’s authorized representative.

e. Notification of completion. The owner of a newly constructed or reconstructed facility or the owner's designated representative shall notify the department in writing at least 15 business days prior to opening the spa.

485.52(2) *Plans and specifications.*

a. Plan certification. Plans and specifications shall be sealed and certified in accordance with the rules of the engineering and land surveying examining board or the architectural examining board by an engineer or architect licensed to practice in Iowa.

(1) This requirement may be waived by the department if the project is the addition or replacement of a chemical feed system, including a disinfection system, or a simple replacement of a filter or pump or both.

(2) If the requirement for engineering plans is waived, the owner of the spa assumes full responsibility for ensuring that the construction or reconstruction complies with these rules and with any other applicable federal, state and local laws, rules, and ordinances.

b. Content of plans. Plans and specifications shall contain sufficient information to demonstrate to the department that the proposed spa will meet the requirements of this chapter. The information shall include but not be limited to:

(1) The name and address of the owner and the name, address, and telephone number of the architect or engineer responsible for the plans and specifications. If a contractor applies for a construction permit, the name, address and telephone number of the contractor shall be included.

(2) The location of the project by street address or other legal description.

(3) A site plan showing the spa in relation to buildings, streets, any swimming pool within the same general area, water and sewer service, gas service, and electrical service.

(4) Detailed scale drawings of the spa and its appurtenances, including a plan view and cross sections. The location of inlets, overflow system components, main drains, deck and deck drainage, the location and size of spa piping, and the spa steps and handrails shall be shown.

(5) A drawing(s) showing the location, plan, and elevation of filters, pumps, chemical feeders, ventilation devices, and heaters, and additional drawings or schematics showing operating levels, backflow preventers, valves, piping, flow meters, pressure gauges, thermometers, the make-up water connection, and the drainage system for the disposal of filter backwash water.

(6) Plan and elevation drawings of bathhouse facilities including dressing rooms; lockers; showers, toilets and other plumbing fixtures; water supply and drain and vent systems; gas service; water heating equipment; electrical fixtures; and ventilation systems, if provided.

(7) Complete technical specifications for the construction of the spa, for the spa equipment and for the spa appurtenances.

c. Deviation from plans. No deviation from the plans and specifications or conditions of approval shall be made without prior approval of the department.

485.52(3) *General design.*

a. A spa shall be constructed of materials that are inert, stable, nontoxic, watertight, and durable.

b. The maximum water depth for a general-use spa shall not exceed 4 ft measured from the overflow level of the spa. The maximum depth of any seat or sitting bench shall not exceed 2 ft measured from the overflow level. A special-use spa may be deeper than 4 ft with written approval from the department.

c. A spa shall be designed and constructed to withstand anticipated structural loading for both full and empty conditions.

d. A spa may be immediately adjacent to a swimming pool or maintain the minimum required deck width for a swimming pool. The distance shall be measured from the outside edge of a ladder support or handrail on the deck, a lifeguard stand, a swimming pool slide, or a similar obstruction.

e. The water supplied to a spa shall comply with paragraph 485.51(1)*"g."*

f. No part of a spa recirculation system may be directly connected to a sanitary sewer. An air break or an air gap shall be provided.

485.52(4) *Decks.* A spa shall have a deck around at least 50 percent of the spa perimeter. The deck shall be at least 4 ft wide and meet the following criteria:

a. Deck materials. The deck is constructed of stable, nontoxic, and durable materials.

b. Deck drainage. The deck drains away from the spa at a slope of at least 1/8 inch/ft, but no more than ½ inch/ft to deck drains or to the surrounding ground surface. The deck is constructed to eliminate standing water.

c. Deck surface. The deck is provided with a slip-resistant, durable, and cleanable surface.

d. Deck covering. A deck covering may be used provided that:

(1) The covering allows drainage so that the covering and the deck do not remain wet or retain moisture.

(2) The covering is inert and will not support bacterial growth.

(3) The covering provides a slip-resistant surface.

(4) The covering is durable and cleanable.

e. Steps or ramp required. When the top rim of a spa is more than 24 inches above the surrounding floor area, stairs or a ramp shall be provided to the top of the spa. Stairs or a ramp shall be designed in accordance with the state building code or the building code adopted by the jurisdiction in which the spa is located.

485.52(5) *Recirculation.*

a. Separate recirculation required. A spa shall have a recirculation system separate from another spa or any swimming pool.

b. Recirculation flow rate. The recirculation system shall be capable of processing one spa volume of water within 30 minutes. For spas with skimmers, the recirculation flow rate shall be at least 3.8 gpm per lineal inch of skimmer weir or the flow rate required above, whichever is greater.

c. Recirculation pump. The recirculation pump(s) shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50 and shall comply with the following requirements:

(1) The pump(s) supply the recirculation flow rate required by paragraph 485.52(5)*"b"* at a TDH of at least that given in "1," "2" or "3" below unless a lower TDH is shown by the designer to be hydraulically appropriate. A valve for regulating the rate of flow is provided in the recirculation pump discharge piping.

1. 40 feet for vacuum filters; or
2. 60 feet for pressure sand filters; or
3. 70 feet for pressure diatomaceous earth filters or cartridge filters.

(2) A separate pump or pumps is provided for the spa agitation system.

(3) For sand filter systems, the pump and filter system are designed so that each filter can be backwashed at a rate of at least 15 gpm/ft^2 of filter area.

(4) If a pump is located at an elevation higher than the spa water surface, it is self-priming or the piping is arranged to prevent the loss of pump prime when the pump is stopped.

(5) Where a vacuum filter is used, a vacuum limit control is provided on the pump suction line. The vacuum limit switch is set for a maximum vacuum of 18 in Hg.

(6) A compound vacuum-pressure gauge is installed on the pump suction line as close to the pump as practical. A vacuum gauge may be used for pumps with suction lift. A pressure gauge is installed on the pump discharge line as close to the pump as practical. Gauges are of such a size and located so that they may be easily read by the operator.

(7) On pressure filter systems, a hair and lint strainer is installed on the suction side of the recirculation pump. The hair and lint strainer basket is readily accessible for cleaning, changing, or inspection. A spare strainer basket is provided. This requirement may be waived for systems using vertical turbine pumps or pumps designed for solids handling.

d. Water heaters. Spa water heaters shall meet the following criteria:

(1) A heating coil, pipe, or steam hose is not installed in a spa.

(2) Gas-fired spa water heaters comply with the requirements of ANSI/AGA Z21.56-2001, ANSI/AGA Z21.56a-2004, and ANSI/AGA Z21.26b-2004.

(3) Electric spa water heaters comply with the requirements of UL 1261 (2017) and bear the UL mark.

(4) A spa water heater with an input of greater than 400,000 BTU/hour (117 kilowatts) has a water heating vessel constructed in accordance with ASME Boiler Code, Section 8 (2007). The data plate of the heater bears the ASME mark.

(5) A thermometer is installed in the piping to measure the temperature of the water returning to the spa. The thermometer is located so that it may be read easily by an operator.

(6) Combustion air is provided for fuel-burning water heaters as required by the state plumbing code, 481—Chapter 425, or as required by local ordinance.

(7) Fuel-burning water heaters are vented as required by the state plumbing code, 481—Chapter 425, or as required by local ordinance.

(8) Fuel-burning water heaters are equipped with a pressure relief valve sized for the energy capacity of the heater.

e. Flow meters. Spa flow meters shall meet the following criteria:

(1) Each spa recirculation system is provided with a permanently installed flow meter to measure the recirculation flow rate.

(2) A flow meter is accurate within 5 percent of the actual flow rate between ±20 percent of the recirculation flow rate specified in paragraph 485.52(5)*"b"* or the nominal recirculation flow rate specified by the designer.

(3) A flow meter is installed on a straight length of pipe with sufficient clearance from valves, elbows or other sources of turbulence to attain the accuracy required by subparagraph 485.52(5)*"e"*(2). The flow meter is installed so that it may be easily read by the facility staff, or a remote readout of the flow rate is installed where it may be easily read by the staff.

485.52(6) *Filtration.* A filter shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50 and comply with the following requirements:

a. Each pressure filter has a pressure gauge on the inlet side. Gauges are of such a size and located so that they may be read easily by the operator. A differential pressure gauge that gives the difference in pressure between the inlet and outlet of the filter may be used in place of a pressure gauge.

b. An air relief valve is provided for each pressure filter.

c. Backwash water from a pressure filter discharges through an observable free fall, or a sight glass is installed in the backwash discharge line.

d. Backwash water is discharged indirectly to a sanitary sewer.

e. Rapid sand filter.

(1) The filtration rate does not exceed 3 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

f. High-rate sand filter.

(1) The filtration rate does not exceed 15 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

(3) If more than one filter tank is served by a pump, the designer demonstrates that backwash flow rate to each filter tank meets the requirements of subparagraph 485.52(6)*"f"*(2), or an isolation valve is installed at each filter tank to permit each filter to be backwashed individually.

g. Vacuum sand filter.

(1) The filtration rate does not exceed 15 gpm/ft^2 of filter area.

(2) The backwash rate is at least 15 gpm/ft^2 of filter area.

(3) An equalization screen is provided to evenly distribute the filter influent over the surface of the filter sand.

(4) Each filter system has an automatic air-purging cycle.

h. Sand filter media complies with the filter manufacturer's specifications.

i. Diatomaceous earth filters.

(1) The filtration rate is not greater than 1.5 gpm/ft^2 of effective filter area except that a maximum filtration rate of 2.0 gpm/ft^2 may be allowed where continuous body feed is provided.

(2) Diatomaceous earth filter systems have piping to allow recycling of the filter effluent during precoat.

(3) Waste diatomaceous earth is discharged to a sanitary sewer. The discharge may be subject to the requirements of the local waste water utility.

j. Cartridge filters.

(1) The filtration rate does not exceed 0.38 gpm/ft^2.

(2) A duplicate set of cartridges is provided.

485.52(7) *Piping.*

a. Piping standards. Spa piping shall conform to applicable nationally recognized standards and be specified for use within the limitations of the manufacturer's specifications. Spa piping shall comply with the applicable requirements of NSF/ANSI Standard 61 (2020), "Drinking Water System Components —Health Effects." Plastic pipe shall comply with the requirements of NSF/ANSI Standard 14 (2016b), "Plastic Piping Components and Related Materials," for potable water pipe.

b. Pipe sizing. Spa recirculation piping shall be sized so that water velocities do not exceed 6 ft/sec for suction flow and 10 ft/sec for pressure flow.

c. Skimmer pipe capacity. The piping for the skimmer system shall be designed to convey 100 percent of the recirculation flow rate.

d. Main drain pipe capacity. The main drain piping shall be designed to convey 100 percent of the recirculation flow rate. If the spa agitation system uses the same suction piping as the recirculation system, the piping shall be designed for the combined flow within the requirements of 15.52(7)*"b."*

e. Separate piping required. The piping from the spa agitation system pump to the spa shall be separate from the recirculation system piping.

485.52(8) *Inlets.* Spa inlets shall meet the following criteria:

a. Wall inlets are provided for a spa.

b. The inlets are adequate to ensure effective distribution of treated water and the maintenance of a uniform disinfectant residual throughout the spa. At least two recirculation inlets shall be provided.

(1) Inlets are located at least 6 inches below the design water surface.

(2) Inlets are directional flow-type inlets. Each inlet has a fitting with an opening of 1 inch diameter or less.

c. Each agitation system opening has a fitting with an opening of 1 inch diameter or less.

485.52(9) *Skimmers.* A recessed automatic surface skimmer shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50, except that an equalizer is not required for a skimmer installed in a spa equipped with an automatic water level maintenance device. Spa skimmers shall meet the following criteria:

a. A spa has at least one skimmer for each 100 ft^2 of surface area or fraction thereof.

b. Each skimmer is designed for a flow-through rate of at least 3.8 gpm per lineal inch of weir. The combined capacity of all skimmers in a spa is not less than the total recirculation rate.

c. Skimmers have weirs that adjust automatically to variations in water level of at least 4 inches.

d. Skimmers are equipped with a device to control flow through the skimmer.

e. If a spa is not equipped with an automatic water level maintenance device, each skimmer has an operational equalizer. The equalizer opening in the spa is covered with a fitting listed by a listing agency as meeting the requirements of the ASME/ANSI standard.

f. The skimmer(s) is or are not connected to the agitation system.

485.52(10) *Main drain system.* Each spa shall have a convenient means of draining the water from the spa for service. Spa main drains may be on the sidewall of a spa near the spa bottom.

a. If a spa pump is directly connected to a main drain or another fully submerged outlet, the pump shall be connected to two or more fully submerged outlets or to a single fully submerged outlet that is unblockable. The recirculation system and the agitation system may use the same fully submerged outlet(s).

(1) Two fully submerged outlets that are directly connected to one or more pumps in the same outlet system shall be at least 3 ft apart on center or on different spa surfaces. If three or more fully submerged outlets that are all directly connected to one or more pumps in the same outlet system are installed, the distance between the outlets farthest apart shall be at least 3 ft on center or the outlets shall be installed on different spa surfaces.

(2) If there is only one fully submerged outlet in an outlet system, the flow rating of the outlet cover/grate, sump and the associated piping shall be at least 100 percent of the maximum system flow rate. If two or more fully submerged outlets are installed in an outlet system, the combined flow rating of the cover/grates, the sumps and the associated piping shall be at least 200 percent of the maximum system flow rate. Multiple outlets in an outlet system shall be plumbed in parallel.

The maximum system flow rate for the recirculation system is the flow rate specified in paragraph 485.52(5)*"b"* or the design flow rate, whichever is greater. The maximum system flow rate for the agitation system is the specified design flow rate. If a flow rate is not specified, the maximum system flow rate shall be the flow capacity of the pump(s) at 50 feet TDH, based on the manufacturer's published pump curves.

b. If a main drain is connected to the recirculation system, there shall be a control valve to adjust the flow between the main drain and the overflow system.

c. Each main drain or other fully submerged outlet shall be covered with a cover/grate that is listed as complying with the requirements of the ASME/ANSI standard by a listing agency. A listed cover/grate shall be used in accordance with its listing.

(1) The flow rating for the cover/grate(s) shall comply with subparagraph 485.52(10)*"a"*(2).

(2) The mark of a listing agency shall be permanently marked on the top surface of each manufactured cover/grate.

(3) Field fabricated cover/grates shall be certified for compliance to the ASME/ANSI standard by a professional engineer licensed in Iowa. A certificate of compliance shall be provided to the spa owner and to the department.

(4) The fully submerged outlet cover/grate shall be designed to be securely fastened to the spa so that the cover/grate is not removable without tools.

d. For outlet systems with manufactured sumps, the sumps shall be listed by a listing agency for compliance with the ASME/ANSI standard. Field fabricated sumps shall be designed in accordance with the ASME/ANSI standard and be certified by an engineer licensed in Iowa.

485.52(11) *Disinfection and pH control.*

a. A spa recirculation system shall be equipped with an automatic controller for maintenance of the disinfectant level and pH in the spa water. The control output of the controller to the chemical feed systems shall be based on the continuous measurement of the ORP and the pH of the water in the spa recirculation system.

b. No disinfection system designed to use di-chlor or tri-chlor shall be installed for an indoor spa.

c. A continuous feed disinfectant system shall be provided. The disinfectant feed system shall have the capacity to supply at least 10 mg/L chlorine or bromine based on the recirculation flow rate required in paragraph 485.52(5)*"b."*

d. A disinfectant feeder shall be listed by NSF or by another listing agency as complying with the requirements of Standard 50.

e. Gas chlorine shall not be used as a disinfectant for a spa.

f. Where a metering pump is used to feed a solution of disinfectant, the disinfectant solution container shall have a capacity of at least one day's supply at the rate specified in paragraph 485.52(11)*"c."*

g. The storage capacity of an erosion feeder shall be at least one day's supply of disinfectant at the rate specified in paragraph 485.52(11)*"c."*

h. Each spa shall have a metering pump for the addition of a pH control chemical to the spa recirculation system or a CO_2 gas feed system. A metering pump shall be listed by NSF or another listing agency as complying with the requirements of Standard 50.

i. The chemical feed systems shall be designed so that chemical feed is automatically and positively stopped when the recirculation flow is interrupted.

485.52(12) *Safety.*

a. Spa entry. A spa shall have at least one stairway, ramp, ladder, or set of recessed steps designating a point of entry and exit for every 50 ft of perimeter or fraction thereof.

(1) Stair steps leading into a spa shall be at least 12 inches wide, the tread depth shall be no less than 10 inches, and the riser height shall be no more than 12 inches. If a bench or seat is used as a part of the stair, the first riser height from the bottom of the spa to the seat or bench shall be no more than 14 inches. Except for the first riser, the riser height shall be uniform.

1. Stair steps shall be provided with a slip-resistant surface.
2. The stair steps shall be provided with two handrails or grab rails, one on each side of the steps.

(2) Ladders.

1. Ladders shall be provided with a handrail that extends from below the water surface to the top surface of the deck on each side of the ladder.

2. Ladders shall be of a color contrasting with the spa walls.

(3) Recessed steps.

1. Recessed steps shall have a tread depth of at least 5 inches, a tread width of at least 12 inches, and a uniform rise of no more than 12 inches.

2. Recessed steps shall be provided with a handrail or with deck-level grab rails on each side of the recessed steps.

3. Recessed steps shall drain to the spa.

(4) Ladders, handrails and grab rails.

1. Ladders, handrails, and grab rails shall be designed to be securely anchored and so that tools are required for their removal.

2. Ladders, handrails, and grab rails shall be of corrosion-resistant materials or provided with corrosion-resistant coatings. They shall have no exposed sharp edges.

b. Agitation system control. The agitation system start control shall be installed out of the reach of persons in the spa. The "on" cycle for the agitation system shall be no more than ten minutes.

c. Electrical. New construction or reconstruction shall meet the requirements of the state electrical code, 481—Chapter 404, including Article 680 of the adopted National Electrical Code.

d. Lighting. Artificial lighting shall be provided at indoor spas and at outdoor spas that are to be used after sunset, in accordance with the following:

(1) Underwater lighting of at least 60 lamp lumens/ft^2 or 0.5 watts/ft^2 of water surface area and area lighting of at least 10 lumens/ft^2 or 0.6 watts/ft^2 of deck area.

(2) If underwater lights are not provided, overhead lighting of at least 30 lumens/ft^2 or 2.0 watts/ft^2 of spa water surface area shall be provided.

e. Spa enclosure. Spa enclosure shall meet the following criteria:

(1) A spa is enclosed by a fence, wall, building, or combination thereof not less than 4 ft high. The spa enclosure is constructed of durable materials. A spa may be in the same room or enclosure as another spa or a swimming pool.

(2) A fence, wall, or other means of enclosure has no openings that would allow the passage of a 4-inch sphere and is not easily climbable by toddlers. The distance between the ground and the top of the lowest horizontal support accessible from the outside of the facility, or between the two lowest horizontal supports accessible from outside the facility, is at least 45 inches. A horizontal support is considered accessible if it is on the exterior of the fence relative to the spa, or if the gap between the vertical members of the fence is greater than 1¾ inches.

(3) At least one gate or door with an opening of at least 36 inches in width is provided for emergency purposes. When closed, gates and doors comply with the requirements of subparagraph 485.52(12)*"e"*(2). Gates and doors are lockable. Except where lifeguard or structured program supervision is provided whenever the spa is open, gates and doors are self-closing and self-latching.

(4) For indoor spas, if there are sleeping rooms, apartments, condominiums, or permanent recreation areas used by children that open directly into the spa area, the spa is enclosed by a barrier at least 3 ft high. No opening in the barrier permits the passage of a 4-inch sphere. There is at least one 36-inch-wide gate or door through the barrier. Gates and doors are lockable. Except where lifeguard supervision is provided whenever the spa is open, gates or doors are self-closing and self-latching.

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◊ Two or more ARCs

CHAPTERS 486 to 491
Reserved

CHAPTER 492
PRACTICE OF TATTOOING
[Prior to 4/2/25, see Public Health Department[641] Ch 22]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—492.1 Reserved.

481—492.2(10A) Definitions. For the purpose of these rules, the following definitions apply:

"Aftercare" means written instructions given to a client, specific to the procedures rendered, on care for the tattoo and surrounding area and guidance on when to seek medical treatment.

"Department" means the same as defined in Iowa Code section 10A.101.

"Director" means the same as defined in Iowa Code section 10A.101.

"Disinfectant" means a U.S. Environmental Protection Agency (EPA)-registered antimicrobial product that is applied to surfaces to destroy microorganisms that are living on the surface but not necessarily bacterial spores.

"Imminent health threat" means a condition or conditions that exist in a tattoo establishment and need immediate action to prevent endangering the health of people.

"Impervious" means nonporous, impenetrable, smooth, and washable.

"Inspection agency" means the department or a city, county or district board of health that has executed an agreement with the department to inspect tattoo establishments and enforce these rules. The authority of a city, county or district board of health is limited to the geographic area defined in the agreement executed with the department. Within the defined geographic area, the city, county or district board of health is the "local inspection agency."

"Mobile tattoo unit" means a mobile establishment or unit that is self-propelled or otherwise movable from place to place; is self-sufficient for utilities such as gas, water, electricity and liquid waste disposal; and operates at a fixed location where a permitted artist performs tattooing procedures for no more than 14 days in conjunction with a single event.

"Residential dwelling" is a place or structure intended to be occupied as a residence.

"Single use" means intended for one-time use and disposed of after use on a client. Single-use products or items include cotton swabs or balls, tissues or paper products, paper or plastic cups, gauze and sanitary coverings, disposable razors, tattoo needles, scalpel blades, stencils, ink cups, and protective gloves. Cloth towels and linens are not "single use" and are barred.

"Sterilization" means a process resulting in the destruction of all forms of microbial life, including highly resistant bacterial spores that demonstrate tuberculocidal activity.

"Tattoo artist" means any person, including a permanent color technologist, engaged in the practice of tattooing.

"Tattoo establishment" means the building or portion of the building designated by the owner where tattooing is practiced.

"Tattooing" means to puncture the skin of a person with a needle and insert indelible permanent colors through the puncture to leave permanent marks or designs. "Tattooing" includes permanent color technology that is the process by which the skin is marked or colored by insertion of nontoxic dyes or pigments into the dermis portion of the skin so as to form indelible marks for cosmetic purposes. "Tattooing" does not include applying a tattoo for radiological purposes.

"Temporary establishment permit" means a permit issued by the department to perform tattoo procedures at a temporary event.

"Temporary event" means any place or premises operating at a fixed location where a tattoo artist performs tattooing procedures for no more than 14 days consecutively in conjunction with a single event or celebration to which the general public is invited.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.3(10A) General provisions.

492.3(1) Tattoo artists and tattoo establishments that fail to meet the criteria of Iowa Code section 10A.531 or these rules are guilty of a serious misdemeanor.

492.3(2) Compliance with Iowa Code section 10A.531 and these rules does not exempt tattoo artists and tattoo establishments from other applicable state or local laws.

492.3(3) Tattooing may only be practiced in facilities that have applied for and received a tattoo establishment permit pursuant to Iowa Code section 10A.531. Tattooing performed in the practice of medicine by a physician, surgeon, osteopathic physician or surgeon, or other qualified licensed or certified nonphysician persons to whom a physician, surgeon, osteopathic physician or surgeon has appropriately delegated pursuant to 653—Chapter 13 does not require a permit pursuant to Iowa Code section 10A.531.

492.3(4) Notwithstanding local zoning codes, where zoning codes exist, tattooing shall not be practiced in a residential dwelling, inclusive of an attached garage. New tattoo establishments must be in commercial buildings where zoning ordinances exist. A waiver will be granted to any tattoo establishment in a residential dwelling if it has been operating continuously since being granted a permit prior to January 1, 2010.

492.3(5) Tattoo establishments are inspected annually.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.4(10A) Sanitation and infection control. Tattoo establishments shall comply with the following:

492.4(1) Tables, chairs, and other general-use equipment in the tattoo area are constructed of impervious and easily cleanable material.

492.4(2) A sink for hand washing supplied with potable hot and cold running water under pressure to a mixing-type faucet is easily accessible in the tattooing area. Hand-washing facilities are supplied with liquid soap and single-use towels or hand dryer.

492.4(3) Easily accessible toilet facilities with a sink for hand washing are available for employee use and patron use.

492.4(4) The tattoo establishment has an area of at least 300 square feet and is adequately lighted and ventilated.

492.4(5) Floors in the tattoo area are finished with an impervious, washable surface.

492.4(6) The entire premises and all facilities used in connection therewith are maintained in a clean, sanitary, vermin-free condition and in good repair.

492.4(7) All refuse is stored in rigid containers with plastic liners that are emptied at least once each business day.

492.4(8) Closed cabinets or containers are exclusively used for the storage of instruments, dyes, pigments, stencils, tattoo machines, and other equipment.

492.4(9) Smoking is not allowed pursuant to Iowa Code chapter 142D.

492.4(10) Consumption of food or drink is not allowed in the tattoo area.

492.4(11) Intoxicating beverages or controlled substances will not be used, consumed, served, possessed, or distributed on the establishment's premises.

492.4(12) Tattoo artists not currently permitted in the state of Iowa will not tattoo in the establishment.

492.4(13) No animals, except service animals, are permitted in a tattoo establishment. Aquariums containing fish are allowed in waiting rooms and non-tattoo areas.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.5(10A) Equipment. Tattoo establishments shall maintain equipment in a clean and sanitary condition and comply with the following:

492.5(1) Cups to hold ink or dye are for single-patron use. Any ink or dye, once dispensed into an ink cup, is disposed of immediately following use.

492.5(2) Any dye or ink in which needles were dipped is not used on another person.

492.5(3) All tubes, tips and grips used for the tattoo procedure that are not sterile, not for single-patron use, and not disposable are physically cleaned with a detergent according to manufacturers' recommendations and then steam-sterilized or dry-heat sterilized before use on another person. Steam

sterilization is at 250 degrees Fahrenheit (121 degrees Celsius) for 15 minutes at a minimum pressure of 15 pounds per square inch. Dry-heat sterilization is at 350 degrees Fahrenheit (170 degrees Celsius) for one hour. Steam sterilization is preferred.

492.5(4) All instruments needing sterilization are sterilized on site. All instruments to be sterilized are placed in closed pouches after sterilization is complete. The pouches are dated effective for 30 days, after which the instruments are resterilized and the pouches redated.

492.5(5) Sterilizers are monitored monthly for spores of Bacillus subtilis, and records of results are maintained for three years. Written procedures to follow in the event of positive spore tests are maintained and implemented, including:

a. In the event of a positive spore test, materials processed in that sterilizer, dating from the sterilization cycle having the positive biological indicator to the next cycle showing satisfactory biologic indicator challenge results, are considered nonsterile and are reprocessed before being used.

b. A sterilizer that has received a positive spore test is immediately removed from service.

c. Prior to putting a sterilizer that has received a positive spore test back into service, the owner ensures that there is evidence of one negative spore test.

d. The owner notifies the inspection agency of a positive spore test within 24 hours of receiving the test result.

492.5(6) Establishments are equipped with a puncture-resistant, leakproof container designated for disposal of used needles and other sharps. The container is red and labeled with the "biohazard" symbol and is closeable for handling, storage, transportation, and disposal. A written plan for disposal is maintained in the establishment.

492.5(7) Any bottles of solution are labeled as to contents and used according to manufacturers' directions.

492.5(8) Single-use razors for removal of unwanted hair are disposed of after use on one patron. Electric razors used to remove unwanted hair of a patron are cleaned with a brush and fungicidal/tuberculocidal disinfectant spray.

492.5(9) Topical ointments are prepared for single-patron use.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.6(10A) Procedures. Tattoo establishments shall comply with the following:

492.6(1) Tattoo establishments will establish a written standard operating procedure (SOP) that includes the process for setup and tear down of tattoo procedures. The SOP focuses on procedures of hygiene and cross-contamination control.

492.6(2) For privacy purposes and at the patron's request, establishments have in place or readily available a nontransparent panel or other barrier of sufficient height and width to effectively separate the patron from any unwanted observers or waiting patrons.

492.6(3) Tattoo artists scrub their hands thoroughly before beginning the tattoo procedure. Tattoo artists dry their hands with individual single-use towels or hand dryer.

492.6(4) Tattoo artists wear clean garments and disposable latex, nitrile, chloroprene, or vinyl gloves during the tattoo procedure. Gloves are changed after each tattoo. Tattoo artists wash their hands before and after each tattoo procedure.

492.6(5) All items with which the gloved hands of the tattoo artist would normally come into contact during the tattooing procedure have appropriate barrier films covering them, including clip cords, squeeze bottles, seat adjustment controls, power control dials or buttons, and work lamps.

492.6(6) The skin area to be tattooed is first cleansed with soap and water. Single-use towels or sponges (gauze) are used during the cleansing procedure.

492.6(7) Before placing the tattoo design on the patron's skin, the tattoo artist prepares the skin with 70 percent ethyl or isopropyl alcohol solution or an equally effective antiseptic or antimicrobial.

492.6(8) Tattooing is not performed on any area where there is evidence of skin infection, irritation, or abnormalities.

492.6(9) After the tattooing is completed, the tattoo artist:

a. Applies an adequate dressing or bandage to the tattoo area.

b. Provides to the persons tattooed printed aftercare instructions regarding tattoo care during the healing process.

c. Thoroughly cleans the machine head with an acceptable disinfectant and sprays an acceptable surface disinfectant over the work area during the clean-up procedures before the area is set up for the next tattoo procedure.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.7(10A) Permit issuance and renewal. The following apply to applications for a permit to practice as a tattoo artist or as a tattoo establishment.

492.7(1) An applicant will complete either an online application or a paper application according to the instructions contained in the application. Paper applications are available to download at the department's website. Each application must be accompanied by the appropriate fee as set forth in subrule 492.8(2) to be processed. A paper application is accompanied by the appropriate fee payable by check or money order to the department. Online application fees are paid by credit card only. An application that includes insufficient or incorrect fees is considered incomplete. If the applicant is notified that the application is incomplete, the applicant should contact the department within 90 days. Incomplete applications are considered invalid and destroyed after 90 days.

492.7(2) Documentation of medical conditions and criminal convictions related to the practice of the profession shall include a full explanation from the applicant. No application is considered complete until the applicant responds to any program requests for additional information regarding the applicant's medical condition or criminal conviction.

492.7(3) All permits expire on December 31 for the year issued. An applicant will submit a completed application, supporting documentation, and renewal fee annually by December 1 for renewal. The permit holder has a current permit in possession before performing tattooing. An applicant who submits a renewal application after December 1 will be obligated to pay an additional $25 for each month delinquent.

492.7(4) The permit holder is responsible for renewing the permit prior to its expiration.

492.7(5) A permit that has not been renewed within 90 days of the permit expiration date will automatically be deactivated. There will be a $25 reinstatement fee charged for reactivating a permit in addition to the renewal fee.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.8(10A) Fees.

492.8(1) All fees are nonrefundable.

492.8(2) Fees for all initial and renewal applications are as follows:

a. Tattoo artist: $75.

b. Tattoo establishment: $100.

c. Temporary tattoo establishment:

(1) 0 to 10 participating artists: $100.

(2) 11 to 100 participating artists: $200.

(3) 101 or more participating artists: $300.

d. Mobile tattoo unit: $100.

e. Mobile tattoo event: $25 per event.

f. Tattoo establishment change of ownership: $25.

g. Tattoo establishment change of location: $25.

h. Mobile tattoo unit change of location: $25.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.9(10A) Tattoo establishment permit criteria.

492.9(1) No tattoo establishment may operate in the state without having a permit to operate issued by the department. Permits shall be posted in a conspicuous location in the tattoo establishment.

492.9(2) A person applying for a tattoo establishment permit will submit a floor plan of the establishment with the application.

492.9(3) A permit to operate is issued to a new establishment when the department or its representative has successfully completed an on-site inspection.

492.9(4) Tattoo establishment permits are nontransferable.

492.9(5) A tattoo establishment shall retain a record of all persons who have had tattoo procedures performed at the establishment. Records include the client's name and date of birth, copy of client's identification, date of the procedure, name of the tattoo artist who performed the procedure(s), and signature of client. Records shall be retained in a confidential manner for a minimum of three years and made available to the department or inspection agency upon request.

492.9(6) Change in ownership. Within 30 days of a change in ownership of a tattoo establishment, the new owner shall submit a change in ownership application and fee for a new permit. An on-site inspection will be completed before a permit to operate will be issued.

492.9(7) Within 30 days of a change of location of a tattoo establishment, the owner shall submit a change of location application and a fee for a new permit. An on-site inspection will be completed by the inspection agency before a permit to operate will be issued.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.10(10A) Tattoo artist permit criteria.

492.10(1) No person may perform tattooing without a current permit to operate issued by the department.

492.10(2) Each permit issued is in effect solely for the tattoo artist named thereon and remains with the tattoo artist upon any change of employment. Tattoo artist permits are nontransferable.

492.10(3) An applicant for a tattoo artist permit must be at least 18 years of age and submit government-issued documentation to show proof of attaining the age of 18 years.

492.10(4) A tattoo artist must provide proof of current certification by the American Red Cross for blood-borne pathogens and standard first aid or other equivalent, nationally recognized certification.

492.10(5) Permits shall be posted in a conspicuous place in the tattoo establishment.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.11(10A) Temporary establishment permit criteria.

492.11(1) A person must submit a temporary tattoo establishment application form, a floor plan of the facility, promotional documentation for the event, and the appropriate fee at least 30 days prior to the event to obtain a temporary establishment permit. Fees are based on the number of participating tattoo artists. The application will specify the following:

a. The purpose for which the permit is requested.

b. The period of time during which the permit is needed (not to exceed 14 calendar days per event).

c. The fulfillment of tattoo artist criteria as specified in rule 481—492.10(10A). A list of participating tattoo artists shall be sent to the tattoo program no later than one week prior to the event.

d. The location at which the temporary event will be held.

492.11(2) The temporary event must be inside a permanent building and comply with the following:

a. Conveniently located hand-washing facilities with liquid soap, single-use towels or hand dryers and potable hot and cold water under pressure to a mixing-type faucet are provided. Drainage in accordance with local plumbing codes is provided.

b. A minimum of 80 square feet of floor space is provided for each booth.

c. There is sufficient lighting where the tattoo procedure is being performed.

d. All tubes, tips and grips used for the tattoo procedure that are not single use are properly sterilized and dated 30 days or less prior to the date of the event. Evidence of a spore test performed on the sterilization equipment is dated 30 days or less prior to the date of the event. Single-use, prepackaged, sterilized equipment obtained from reputable suppliers or manufacturers is allowed.

e. Tattoo artists properly clean and sanitize the area used for tattoo procedures.

f. Floors of the tattooing area(s) are smooth and impervious or covered with an impermeable barrier.

492.11(3) The facility where the temporary event will be held must be inspected by the designated inspection agency and issued a permit prior to the performance of any tattoo procedures. A $50 inspection fee for each booth shall be made payable to the inspection agency.

492.11(4) No animals, except service animals, are allowed in the temporary establishment at any time.

492.11(5) Temporary establishment permits issued under the provisions of these rules may be suspended by the department for failure of the holder to comply with these rules.

492.11(6) Temporary establishment permits and tattoo artist permits shall be posted in a conspicuous place in the temporary establishment.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.12(10A) Mobile tattoo unit permit criteria. No new mobile tattoo units will be permitted. Mobile tattoo units granted a permit prior to September 7, 2016, may continue to operate with a current permit provided they remain compliant with the rules of this chapter. Mobile tattoo units and tattoo artists working from mobile tattoo units shall comply with the following:

492.12(1) No mobile tattoo unit is operated in the state without having a permit to operate issued by the department.

492.12(2) All tattoo artists working in a mobile tattoo unit have a permit and comply with these rules. Artist permits are posted in a conspicuous location in the mobile tattoo unit.

492.12(3) Mobile tattoo unit permits are posted in a conspicuous place in the mobile tattoo unit.

492.12(4) Mobile tattoo unit permits are nontransferable.

492.12(5) Within 30 days of a change of address of where the mobile tattoo unit is housed, the owner submits a new application and a fee for a new permit.

492.12(6) Inspections will be conducted by the local jurisdiction in which the mobile tattoo unit is housed. Any out-of-state mobile tattoo units maintaining an Iowa mobile tattoo unit permit must be inspected annually.

492.12(7) Mobile tattoo units are permitted for use only at temporary events lasting 14 calendar days or less. Permits are obtained at least 14 days prior to the event, and no tattoo procedures are performed before a permit is issued. Promotional documentation of the event is included with the application. Permit holders are responsible for compliance with all other local regulations including but not limited to zoning and business license criteria.

492.12(8) The mobile tattoo unit is maintained in a clean and sanitary condition at all times. Doors are tight-fitting. Openable windows have tight-fitting screens.

492.12(9) Mobile tattoo units meet the sterilization criteria in accordance with rule 481—492.5(10A).

492.12(10) Mobile tattoo units are used only for the purpose of performing tattoo procedures. No habitation or food preparation is permitted inside the vehicle unless the tattoo work station is separated from such areas by an impervious floor-to-ceiling barrier.

492.12(11) Mobile tattoo units are equipped with a hand sink for use of the tattoo artist for hand washing and preparing the client for the tattoo procedures. The hand sink is supplied with hot and cold running water under pressure to a mixing-type faucet, as well as liquid soap and single-use towels in dispensers or hand dryer. An adequate supply of potable water is maintained for the mobile tattoo unit at all times during operation. The source of the water and storage of the tank(s) is also identified.

492.12(12) All liquid wastes are stored in an adequate storage tank with a capacity at least 15 percent greater than the capacity of the on-board potable water supply. Liquid wastes are disposed of at a publicly owned treatment works site approved by the department of natural resources (DNR).

492.12(13) Restroom facilities are available at the temporary event or within the mobile tattoo unit. A hand sink is available within a reasonably acceptable distance from the restroom. The hand sink is supplied with hot and cold running water under pressure to a mixing-type faucet, as well as liquid soap and single-use towels or hand dryer.

492.12(14) All tattoo artists working in a mobile tattoo unit have a permit and comply with these rules. Permits are posted in a conspicuous location in the mobile tattoo unit.

492.12(15) No animals, except service animals, are allowed in the mobile tattoo unit at any time.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.13(10A) Inspections.

492.13(1) An inspection fee of $250 is due upon receipt of a notice of payment due, which will be billed by the inspection agency upon completion of an inspection.

492.13(2) Tattoo establishments are inspected annually and the reports of inspections maintained by the inspection agency for three years.

492.13(3) When the tattoo establishment is located within the jurisdiction of a local inspection agency, the local inspection agency may establish fees needed to defray the costs of inspection and enforcement under this chapter. Inspection fees billed by a local inspection agency are paid to the local inspection agency or its designee.

492.13(4) If an inspection agency determines that an additional physical inspection is necessary, including to review corrected deficiencies or in response to a complaint of a potential imminent health threat, the inspection agency may charge an inspection fee based on the actual cost of providing the inspection, including the inspector's time and mileage expenses. Any such fee charged shall not exceed the fee identified in subrule 492.13(1).

492.13(5) Unpaid inspection fees are delinquent 30 days after the date of the bill. A late fee of $30 per month will be assessed to the establishment owner after a 30-day notice. If inspection fees remain unpaid after 60 days, an order to cease and desist operations will be issued by the department.

492.13(6) Failure to allow an inspection is grounds for denial or suspension of a tattoo establishment's permit.

492.13(7) If an imminent health threat exists, the inspection agency or the department may order the establishment to cease operation immediately pursuant to Iowa Code section 17A.18A. Operation shall not be resumed until authorized by the inspection agency or the department.

492.13(8) Safety data sheets (SDS) for the chemicals used at the tattoo establishment shall be maintained at the establishment and made available upon request.

492.13(9) The most recent routine inspection report, along with any reinspection reports, shall be posted in a location at the establishment that is readily visible to the public.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.14(10A) Tattoo inspector qualifications. Tattoo inspectors shall have successfully completed a blood-borne pathogen certification course from the American Red Cross or an equivalent nationally recognized organization, documentation of which is maintained by the local inspection agency.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.15(10A) Enforcement. The inspection agency may take the following steps when enforcement of these rules is necessary.

492.15(1) *Owner notification.* The inspection agency will provide written notification to the owner of the establishment that:

a. Cites each section of the Iowa Code or rule of the Iowa Administrative Code violated.

b. Specifies the manner in which the owner or operator failed to comply.

c. Specifies the steps needed for correcting the violation.

d. Requests a corrective action plan, including a time schedule for completion of the plan.

e. Sets a reasonable time limit, not to exceed 30 days from the receipt of the notice, within which the owner of the establishment must respond.

492.15(2) *Corrective action plan review.* The inspection agency will review the corrective action plan and approve it or direct modifications.

492.15(3) *Failure to comply.* If the owner of a tattoo establishment, mobile tattoo unit, or temporary establishment fails to comply with conditions of the written notice, the inspection agency may take enforcement action in accordance with Iowa Code chapter 10A or local ordinances.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—492.16(10A) Adverse actions and appeals.

492.16(1) Failure to abide by Iowa Code section 10A.531 or this chapter may result in adverse action, including the denial or revocation of a permit, or an order to cease operations until necessary corrective action has been taken. If the establishment continues to be operated in violation of the order of the

department, the department may refer the matter to the county attorney or attorney general for injunction, criminal penalties, or other appropriate action.

492.16(2) The following are particular instances that may result in adverse action as set forth in subrule 492.16(1):

a. Any material misstatement in the application, renewal, or any supplementary statement.

b. Failure to pay fees in accordance with this chapter.

c. Operation without a current permit.

d. Falsification of records, qualifications, or other information related to permitting approval.

e. Failure to correct any violation identified during an inspection that jeopardizes public safety.

f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established. Acts that may constitute unethical conduct include:

(1) Verbally or physically abusing a patron.

(2) Improper sexual contact with, sexual harassment of, or improper sexual advances upon a patron. Sexual harassment includes sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

(3) Betrayal of a professional confidence.

(4) Engaging in a professional conflict of interest.

g. Failing to cooperate with an investigation or engaging in conduct attempting to subvert an investigation.

h. Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.

i. Knowingly aiding, assisting or advising a person to unlawfully practice tattooing.

j. Representing oneself as a tattoo artist when one's permit has been denied, suspended, revoked, lapsed, or placed on inactive status.

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

l. Habitual intoxication or addiction to drugs, including habitual or excessive use of drugs or alcohol that impair a tattoo artist's ability to practice with reasonable skill or safety.

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

n. Violating a statute of this state or another jurisdiction relating to the provision of tattooing, including but not limited to crimes involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.

o. Having a certification or permit to practice tattooing suspended or revoked, or other disciplinary action taken by a licensing, certifying, or permitting authority in any jurisdiction. A copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

p. Failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

q. Failure to appropriately respond to written communication from the department sent by registered or certified mail.

492.16(3) Notice of issuance of a denial, revocation, or order to cease operations will be served by certified mail, return receipt requested, or by personal service.

492.16(4) An aggrieved party may request a contested case appeal in writing to the department within 20 days from the date of the aggrieved party's receipt of the department's order. 7—Chapter 2506 and 481—Chapter 10 are applicable to contested case appeals.

[**ARC 7832C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code section 10A.531.

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[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 493 to 495
Reserved

CHAPTER 496
MINIMUM REQUIREMENTS FOR TANNING FACILITIES
[Prior to 4/2/25, see Public Health Department[641] Ch 46]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—496.1(136D) Purpose and scope. This chapter provides for the permitting and regulation of tanning facilities and devices used for the purpose of tanning human skin through the application of ultraviolet radiation. This includes but is not limited to public and private businesses, hotels, motels, apartments, condominiums, and health and country clubs. Tanning facilities that follow these rules are not relieved from the requirements of any other federal and state regulations or local ordinances.
[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—496.2(136D) Definitions. The definitions set forth in Iowa Code section 136D.2 are incorporated herein by reference.

"Board of health" means a county, city, or district board of health that has a 28E agreement with the department to perform inspections under this chapter.

"Cleansing" means to remove soil, dirt, oils or other residues from the surface of the tanning unit which may come into contact with the skin.

"Cleansing agent" means a substance capable of producing the effect of "cleansing." These agents shall not adversely affect the equipment or the health of the consumer and be acceptable to the department or board of health.

"Consumer" means any member of the public who is provided access to a tanning facility in exchange for a fee or other compensation, or any individual who, in exchange for a fee or other compensation, is afforded use of a tanning facility as a condition or benefit of membership or access.

"Exposure position" means any position, distance, orientation, or location relative to the radiation surfaces of a tanning device at which the user is intended to be exposed to ultraviolet radiation from the product, as recommended by the manufacturer.

"Formal training" means a course of instruction approved by the department for operators of tanning facilities.

"Health care professional" means an individual, licensed by the state of Iowa, who has received formal medical training in the use of phototherapy.

"Inspection" means an official examination or observation to determine compliance with statutes, rules, orders, or other applicable conditions.

"Manufacturer's recommendations" means written guidelines established by a manufacturer and approved by the U.S. Food and Drug Administration for the installation and operation of the manufacturer's equipment.

"Operator" means an individual designated to control operation of the tanning facility and to instruct and assist the consumer in the proper operation of the tanning devices.

"Permit" or *"permit to operate"* means a document issued by the department that authorizes a person to operate a tanning facility in Iowa.

"Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state, or political subdivision or agency thereof, and any legal successor, representative, agent, or agency of the foregoing, but does not include federal government agencies.

"Ultraviolet radiation" means electromagnetic radiation with wavelengths in air between 200 and 400 nanometers.
[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—496.3(136D) Exemptions. The department may, upon application or its own initiative, grant exemptions from these rules as long as it will not result in undue hazard to public health and safety. The following categories of devices are exempt from the provisions of this chapter:

496.3(1) Devices intended for purposes other than the deliberate exposure of human skin to ultraviolet radiation that produce or emit ultraviolet radiation incidental to their proper operation.

496.3(2) Tanning devices that are limited exclusively to personal use by an individual and the individual's immediate family. Multiple ownership of the device by persons for personal use only does not qualify it for the "personal use only" exemption.

496.3(3) Phototherapy devices used by a properly trained health care professional in the treatment of disease.

[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—496.4(136D) Permits and fees.

496.4(1) *Permit to operate.* No tanning facility may operate without a permit issued by the department.

496.4(2) *Application requirements for permit.* Prior to operating a tanning facility, an individual shall:

a. Apply for a permit on forms provided by the department or board of health, along with a nonrefundable application fee of $5. A $15 returned check fee will be charged for each check returned for insufficient funds.

b. Notify the department in writing within 30 days of any changes, additions, or deletions to the initial or renewal application as appropriate. This does not include changes involving replacement of components in tanning equipment.

496.4(3) *Expiration of permit.* Except as provided in paragraph 496.4(4)*"b,"* each permit expires at the end of the specified day stated therein.

496.4(4) *Renewal of permit.*

a. Permits will be renewed annually upon the department's receipt of a completed renewal application and the $5 fee.

b. If the completed renewal is submitted prior to expiration of the existing permit, the existing permit does not expire until the application has been finally determined by the department.

c. In addition to any annual fee not paid, tanning facilities incur a $25 per month fee for failure to pay annual permit fees starting the month of expiration of the facility's permit.

496.4(5) *Transfer or termination of permit.* Permits are nontransferable and must be returned to the department or board of health upon cessation of operation or change of ownership.

496.4(6) *Denial, revocation, or termination of permit.*

a. The department may deny, suspend, or revoke a permit for any of the following reasons:

(1) Submission of false information to the department, including in a permit application;

(2) Operation of the tanning facility in a manner that causes or threatens hazard to the public health or safety;

(3) Failure to allow authorized representatives of the department or board of health to enter the tanning facility at reasonable times for the purpose of determining compliance with the provisions of this chapter, conditions of the permit, or an order of the department or board of health;

(4) Failure to pay fees in accordance with rule 481—496.4(136D); and

(5) Violation of any of the provisions of this chapter or Iowa Code chapter 136D.

b. Except in cases where public health and safety require otherwise, prior to the institution of proceedings for suspension or revocation of a permit, the department or board of health will notify the permit holder, in writing, of the facts or conduct warranting such action and provide an opportunity for the permit holder to demonstrate or achieve compliance.

c. Any person aggrieved by a decision by the department to deny, suspend, or revoke a permit may request a contested case hearing pursuant to 7—Chapter 2506.

d. After suspension or revocation, a permit may be reinstated upon payment of a $50 fee and completion of all other requirements. This fee is in addition to any other applicable fee.

496.4(7) *Inspections.*

a. Inspections will be conducted annually at the cost of the permit holder. The cost of an inspection is $33 per tanning device, up to $330 per facility maximum. Inspection costs are due upon receipt of notice by the facility. Facilities located within a contracted area of a board of health will be paid to the contracted

board of health or its designee. Inspection costs not received within 45 days of the date of billing will be assessed a $25 per month penalty for each month or fraction thereof that payment is delinquent.

b. A penalty fee of $25 per facility may be assessed for:

(1) Failure to respond to a notice of violation within 30 days of the date of the inspection.

(2) Failure to correct violations cited during the inspection.

c. Inspections include but are not limited to reviewing proper operation and maintenance of devices, necessary records and training documentation, and operator understanding and competency.

[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

481—496.5(136D) Construction and operation of tanning facilities. The following are minimum standards for the construction, operation, and maintenance of tanning facilities:

496.5(1) *Warning signs.* A tanning facility shall provide and post warning signs and statements as follows:

a. The warning sign must use minimum 0.5-inch (12.7-millimeter) letters for the statement "DANGER, ULTRAVIOLET RADIATION" and 0.25-inch (6.4-millimeter) letters for other lettering; use red lettering against a white background; be at least 9.0 inches by 12.0 inches (22.9 centimeters × 30.5 centimeters); and have the following wording:

DANGER
ULTRAVIOLET RADIATION
— Overexposure can cause
- Eye and skin injury
- Allergic reaction

— Repeated exposure may cause
- Premature aging of the skin
- Skin cancer

— Failure to wear protective eyewear may result in
- Severe burns to eyes
- Long-term injury to eyes

— Medication or cosmetics may increase your sensitivity

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b. A warning sign as set forth in paragraph 496.5(1)*"a"* will be posted in a conspicuous location readily visible to consumers entering the facility and in a conspicuous location within one meter of the tanning device readily visible to a person preparing to use the device.

c. A tanning facility shall require each consumer to read the information in Appendices 1, 2, and 3 prior to the consumer's initial exposure and annually thereafter. The consumer must sign a statement that the information has been read and understood. The information in Appendices 1, 2, and 3 must also be posted in each tanning room.

496.5(2) *Federal certification.* Only tanning devices manufactured and certified under the provisions of 21 CFR section 1040.20 may be used in tanning facilities. Compliance is based on the standard in effect at the time of manufacture as shown on the device identification label required by 21 CFR sections 1010.2 and 1010.3. Labeling shall be in accordance with 21 CFR section 1040.20(d).

496.5(3) *Tanning device timers.* Each tanning device shall have a timer that complies with 21 CFR section 1040.20(c). Each tanning device must have a method of remote timing so consumers cannot control their own exposure time. Tokens for token timers shall not be issued to any consumer in quantities greater than the device manufacturer's maximum recommended exposure time for the consumer.

496.5(4) *Temperature limits.* The operator shall ensure that the facility's interior temperature does not exceed 100 degrees F or 38 degrees C.

496.5(5) *Condition of tanning devices.* The tanning devices shall be maintained in good repair and comply with all state and local electrical code requirements, and include physical barriers to protect consumers from injury induced by falling against or breaking the lamps.

496.5(6) *Stand-up booths.* Additionally, stand-up booths shall be constructed:

a. Utilizing physical barriers (e.g., handrails) or other means (floor markings) to indicate the proper exposure distance between ultraviolet lamps and the consumer's skin.

b. To withstand the stress of use and the impact of a falling person.

c. Utilizing rigid construction, with doors that open outwardly, and with handrails and nonslip floors.

496.5(7) *Protective eyewear.*

a. Eyewear shall not be reused by another consumer.

b. Protective eyewear shall meet the criteria of 21 CFR section 1040.20(c)(4).

c. Protective eyewear shall not be altered in any manner that would change its use as intended by the manufacturer (e.g., removal of straps).

d. A tanning facility operator shall verify that a consumer has protective eyewear in accordance with this subrule and not allow a consumer to use a tanning device if that consumer does not use the protective eyewear. The operator should:

(1) Ask to see the eyewear before the consumer enters the tanning room; or

(2) Provide disposable eyewear in the tanning room at all times and post a sign stating that the disposable eyewear is available and has to be worn.

e. A tanning facility operator shall instruct the consumer in the proper utilization of the protective eyewear.

496.5(8) *Operation.*

a. A trained operator must be present when a tanning device is operated and within hearing distance to allow the consumer to easily summon help if necessary. If the operator is not in the immediate vicinity during use, the consumer must be able to summon help through use of an audible device such as an intercom or buzzer and the operator or emergency personnel must be able to reach the consumer within a reasonable amount of time after being summoned.

b. The facility's permit will be displayed pursuant to Iowa Code section 136D.6.

c. A record of each consumer's total number of tanning visits and tanning times, exposure lengths in minutes, times and dates of the exposure, and any injuries or illness resulting from the use of a tanning device must be maintained.

d. Any tanning injury not requiring a physician's care and any resulting changes in tanning sessions shall be noted in the consumer's file. A written report of any tanning injury requiring a physician's care shall be provided to the department within five working days of its occurrence or operator's notice thereof. The report will include:

(1) The name of the affected individual;

(2) The name and location of the tanning facility involved;

(3) The nature of the injury;

(4) The name and address of the health care provider treating the affected individual, if any; and

(5) Any other information considered relevant to the situation.

e. Defective or burned-out lamps or filters shall be replaced with a type intended for use in that device as specified on the product label on the tanning device or with lamps or filters that are "equivalent" under 21 CFR Section 1040.20, and policies applicable at the time of lamp manufacture.

f. Ultraviolet lamps and bulbs that are not otherwise defective or damaged will be replaced at such frequency or after such duration of use as is recommended by the manufacturer.

g. Contact surfaces of tanning devices shall be:

(1) Cleansed by the operator with a cleansing agent between each use;

(2) Covered by a nonreusable protective material during each use; or

(3) Cleansed by the consumer after use, provided the following conditions are met:

1. The operator instructs the consumer annually on how to properly cleanse the unit;

2. The consumer annually signs a statement that the consumer agrees to cleanse the unit after each use;

3. Signs are posted in each tanning room reminding the consumer to cleanse the tanning unit after each use and instructing the proper way to cleanse the unit; and

4. The operator cleanses the tanning unit at least once a day.

h. Records or documentation required by this chapter must be maintained in the tanning facility for a minimum of two years. If maintained electronically, such records must be retrievable as a printed copy.

i. The operator shall limit a consumer's exposure to the maximum exposure frequency and session duration recommended by the manufacturer.

j. When a tanning device is being used, no other person can be allowed in the tanning device area.

k. "Unlimited" tanning packages cannot be advertised or promoted unless tanning frequency limits set by the manufacturer are included therein.

496.5(9) *Training of operators.*

a. All operators must satisfactorily complete a training program approved by the department prior to operating a tanning device that includes:

(1) Education on this chapter;

(2) Procedures for correct operation of the tanning facility and tanning devices;

(3) The determination of skin type of consumers and appropriate duration of exposure to tanning devices;

(4) Recognition of reaction or overexposure;

(5) Manufacturer's procedures for operation and maintenance of tanning devices; and

(6) Competency testing.

b. Owners and managers must complete formal training approved by the department. All owners and managers must satisfactorily pass a certification examination approved by the department before operating a tanning facility or training employees.

c. Owners and managers are responsible to train operators in the above topics and to provide review as necessary. Operators will be questioned during inspections as to the level of their understanding and competency in operating the tanning device.

d. Proof of training for owner/managers and employees must be maintained in the tanning facility and available for inspection. The employee record should be the original test signed by the employee, the date, and a statement signifying that all answers have been completed by the employee and without prior knowledge of the scoring key.

e. Operators shall be at least 16 years of age.

f. Training and testing will be completed every five years.

496.5(10) *Promotional materials.* A tanning facility shall not claim, or distribute materials claiming, that tanning devices are safe, that tanning devices are free from risk, or that use of the device will result in medical or health benefits. The only claim that may be made is that the device is for cosmetic use only.

496.5(11) *Electronically controlled facilities.* Electronically controlled facilities are facilities that rely on electronic means to monitor consumers.

a. Entry into the facility is allowed by card only. Only one individual may enter under each card. The card is specifically activated for tanning use if the facility offers other activities and tanning will not activate if the card is not programmed for tanning. The card will not activate if two individuals are in the tanning room.

b. Police and all emergency services will have access to the facility through a key box located outside the entrance of the facility.

c. The consumer must sign a tanning agreement stating the number of minutes per session, that the consumer agrees to wear protective eyewear, that the consumer will cleanse the unit after tanning, and that the consumer is aware of the emergency access in each room.

d. The card will be programmed for the number of minutes the consumer is allowed to tan and may be reprogrammed for an increase in minutes per session only after the consumer has reviewed and re-signed the tanning agreement. The card will be deactivated after 30 consecutive days without consumer access such that the consumer will then reapply to access the tanning unit.

e. The operator will demonstrate to each consumer how to properly cleanse the unit after tanning, including the top, bottom, and handles. A sign will be placed in each room explaining the cleansing process. The operator will cleanse the units at least once per day when they are in use.

f. Free disposable eyewear will be placed in each room along with a sign stating that the disposable eyewear is available and must be worn.

g. An emergency call button or device that calls the operator or emergency personnel will be placed in each tanning room conveniently located within reach of the tanning bed.

h. During annual inspections, the inspector may ask any consumer about any of the above processes.

[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25]

481—496.6(136D) Inspections, violations and injunctions.

496.6(1) *Access.* The director or an authorized agent has access to any tanning facility as authorized by Iowa Code section 136D.8.

496.6(2) *Civil penalty and enforcement.* The department may take legal action as provided in Iowa Code sections 136D.8(3) and 136D.9.

a. The department will take the following steps or use county ordinances or any other applicable ordinances, resolutions, rules or regulations when enforcement of these rules is necessary.

(1) Cite each section of the Iowa Code or rules violated and any civil penalty imposed.

(2) Specify the manner in which the owner or operator failed to comply.

(3) Specify the steps required for correcting the violation.

(4) Request a corrective action plan, including a time schedule for completion of the plan.

(5) Set a reasonable time limit, not to exceed 30 days from the receipt of the notice, within which the permit holder must respond with the corrective action plan and, if applicable, any reasons why the civil penalty should not be imposed or to request a contested case hearing pursuant to 7—Chapter 2506.

b. The department will review the corrective action plan and approve it or require that it be modified.

[**ARC 7834C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 4/2/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 136D.

Appendix 1
POTENTIAL PHOTOSENSITIZING AGENTS

1. Not all individuals who use or take these agents will experience a photosensitive reaction or the same degree of photosensitive reaction. An individual who experiences a reaction on one occasion will not necessarily experience it again or every time.

2. Names of agents should be considered only as examples. They do not represent all the names under which a product may be sold. A more complete list is available from the facility operator.

3. If you are using an agent in any of these classes, you should reduce UV exposure even if your particular medication is not listed.

Acne treatment (Retinoic acid, Retin-A) Psoralens (5-Methoxypsoralen, 8-Methoxypsoralen, 4,5,8-trimethyl-psoralen)

Antibacterials (deodorant bar soaps, antiseptics, cosmetics, halogenated carbanilides, halogenated phenols, halogenated salicylanilides, bithionol, chlorhexidine, hexachlorophene)

Antibiotics, anti-infectives (Tetracyclines)

Anticonvulsants (carbamazepine, trimethadione, promethazine)

Antidepressants (amitriptyline, Desipramine, Imipramine, Nortiptyline, Protiptyline), Tranquilizers, anti-emetics (Phenothiazines)

Antidiabetics (glucose-lowering agents) (sulfonylureas, oral antidiabetics, hypoglycemics)

Antihistamines (diphenhydramine, promethazine, triprolidine, chlorpheniramine)

Anti-inflammatory (Piroxicam), Non-steroidal anti-inflammatory drugs (Ibuprofen, Naproxen, Piroxicam)

Antimicrobials (griseofulvin), Sulfonamides (“Sulfa drugs,” antimicrobials, anti-infectives)

Atropine-like drugs (anticholinergics, antiparkinsonism drugs, antispasmodics, synthetic muscle relaxants)

Coal tar and derivatives (Denorex, Tegrin, petroleum products used for psoriasis and chronic eczema and in shampoos)

Contraceptives, oral and estrogens (birth control pills, estrogens, progesterones)

Dyes (used in cosmetic ingredients, acridine, anthracene, cosin (lipstick), erythrosine, fluorescein, methyl violet, methylene blue, rose bengal)

Perfumes and toilet articles (musk ambrette, oil of bergamot, oil of cedar, oil of citron, oil of lavender, oil of lemon, oil of lime, oil of rosemary, oil of sandalwood)

Thiazide diuretics (“water pills”)

Appendix 2

SUN-REACTIVE SKIN TYPES USED IN CLINICAL PRACTICE

SKIN TYPE	SKIN REACTIONS TO SOLAR RADIATION [a] EXAMPLES	EXAMPLES
I	Always burns easily and severely (painful burn). Tans little or none and peels.	People most often with fair skin, blue eyes, freckles. Unexposed skin is white.
II	Usually burns easily and severely (painful burn). Tans minimally or lightly, also peels.	People most often with fair skin; red or blonde hair; blue, hazel or even brown eyes. Unexposed skin is white.
III	Burns moderately and tans about average.	Normal average Caucasoid. Unexposed skin is white.
IV	Burns minimally, tans easily, and above average with each exposure. Exhibits IPD (immediate pigment darkening) reaction.	People with white or light brown skin, dark skin, dark brown hair, dark eyes. Unexposed skin is brown.
V	Rarely burns, tans easily and substantially. Always exhibits IPD reaction.	Unexposed skin is brown.
VI	Never burns and tans profusely; exhibits IPD reaction.	Unexposed skin is black.

(a) Based in the first 45-60 minutes (= 2-3 minimum erythema dose) exposure of the summer sun (early June) at sea level

Appendix 3

POTENTIAL NEGATIVE HEALTH EFFECTS
RELATED TO ULTRAVIOLET EXPOSURE

1. Increased risk of skin cancer later in life.
2. Increased risk of skin thickening, age spots, irregular pigmentation, and premature aging.
3. Possibility of burning or rash, especially if using any of the potential photosensitizing drugs and agents. The consumer should consult a physician before using a tanning device if using medications, if there is a history of skin problems or if the consumer is especially sensitive to sunlight.
4. Increased risk of eye damage unless proper eyewear is worn. Iowa law requires the use of proper eyewear during tanning sessions.

TANNING SYSTEMS

1. Low-pressure tanning systems use a higher percentage of UVB rays that penetrate only the upper layer of skin and can cause burning more easily than high-pressure tanning systems. Low-pressure systems require more frequent sessions to maintain a tan.

High-intensity tanning systems use more lamps and shorter tanning sessions than low-intensity tanning systems. These are still classified as low-pressure systems.

2. High-pressure tanning systems use a higher percentage of UVA rays that penetrate more deeply and can permanently damage the lower layers of skin and increase the incidences of skin cancers. High-pressure systems require fewer and less frequent sessions to maintain a tan.
3. The exposure schedule for each specific unit is shown on the labeling on the tanning unit. Iowa law requires the operator to limit the exposure of each consumer to the exposure schedule shown on the unit in which the consumer is tanning.

These rules are intended to implement Iowa Code chapter 136D.

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CHAPTERS 497 to 499
Reserved

MODEL RULES GOVERNING PROFESSIONAL LICENSING DIVISION PROGRAMS

CHAPTER 500
MODEL RULES FOR BOARD ADMINISTRATIVE PROCESSES

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—500.1(17A) Definitions.

"License" means a license to practice the specific practice governed by one of the boards defined in this chapter.

"Licensee" means a person licensed to practice the specific practice governed by one of the boards defined in this chapter.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.2(17A) Purpose of board. The purpose of each professional licensing board is to administer and enforce the provisions of Iowa Code chapters 17A, 21, 147, and 272C and the practice-specific provisions in Iowa Code chapters 148A, 148B, 148C, 149, 151, 152A, 152B, 152C, 152D, 154, 154A, 154B, 154C, 154D, 154E, 155, 156, and 157 applicable to each board. The mission of each professional licensing board is to protect the public health, safety and welfare by licensing qualified individuals who provide services to consumers and by fair and consistent enforcement of the statutes and rules of each board. Responsibilities of each professional licensing board include, but are not limited to:

500.2(1) Licensing qualified applicants by examination, renewal, endorsement, and reciprocity.

500.2(2) Developing and administering a program of continuing education to ensure the continued competency of individuals licensed by the board.

500.2(3) Imposing discipline on licensees as provided by statute or rule.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.3(17A,147,272C) Organization of board and proceedings.

500.3(1) Each professional licensing board is composed of members appointed by the governor and confirmed by the senate as defined in Iowa Code chapter 147.

500.3(2) Each board elects a chairperson and vice chairperson from its membership at the first meeting after April 30 of each year.

500.3(3) A majority of the members of each board constitutes a quorum.

500.3(4) Board meetings are governed in accordance with Iowa Code chapter 21.

500.3(5) Each professional licensing board has the authority to:

a. Develop and implement continuing education rules to ensure the continued competency of individuals licensed by the board.

b. Establish fees.

c. Establish committees of the board.

d. Hold a closed session if the board votes to do so in a public roll-call vote with an affirmative vote of at least two-thirds if the total board is present or a unanimous vote if fewer are present. The board shall keep minutes of all discussion, persons present, and action occurring at a closed session. The records shall be stored securely in the board office.

e. Investigate alleged violations of statutes or rules that relate to the practice of licensees upon receipt of a complaint or upon the board's own initiation.

f. Initiate and impose licensee discipline.

g. Monitor licenses that are restricted by a board order.

h. Establish and register peer reviewers.

i. Refer complaints to one or more registered peer reviewers for investigation and review. The peer reviewers will review cases and recommend appropriate action.

j. Perform any other functions authorized by a provision of law.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.4(17A) Name and address changes.

500.4(1) Notice of change of address. Each licensee shall notify the board of a change of the licensee's current mailing address within 30 days after the change of address occurs.

500.4(2) Notice of change of name. Each licensee shall notify the board in writing of a change of name within 30 days after changing the name.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.5(147) Duplicate certificate. A duplicate certificate is required if the current certificate is lost, stolen or destroyed. Duplicate certificates may be purchased online.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.6(17A,147,272C) License denial.

500.6(1) When the board denies an applicant licensure, the board shall notify the applicant of the denial in writing and cite the reasons for which the application was denied.

500.6(2) An applicant who has been denied licensure by the board may appeal the denial and request a hearing by submitting a request in writing within 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically describe the facts to be contested and determined at the hearing. The hearing and subsequent procedures will be held pursuant to the process outlined in Iowa Code chapters 17A and 272C and 481—Chapter 506.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.7(272C) Audit of continuing education. The board may select licensees for audit following license renewal.

500.7(1) If selected for audit, the licensee will provide certificates of completion of continuing education within 30 days of notice. The documents will contain the course date, title, contact hours, sponsor and licensee's name. An extension of time may be granted on an individual basis.

500.7(2) All licensees must retain continuing education certificates for two years after the renewal.

500.7(3) If the submitted certificates are incomplete or unsatisfactory, the licensee may submit make-up credit to cover the deficit. The deadline for make-up credit is 90 days from the date of the notice of deficit.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.8(272C,83GA,SF2325) Automatic exemption. A licensee is exempt from the continuing education requirement during the license biennium when the licensee:

1. Served on active duty in the military service; or
2. Resided in another state or district having continuing education requirements; or
3. Was a government employee working in the licensee's specialty and assigned to duty outside the United States.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.9(272C) Continuing education exemption for disability or illness. A licensee who has had a physical or mental disability or illness during the license period may apply for an exemption providing an extension of time or exemption from some or all of the continuing education requirements. An applicant shall submit a completed application form approved by the board for an exemption. If the application is from a licensee who is the primary caregiver for a relative who is ill or disabled and needs care from that primary caregiver, the physician shall verify the licensee's status as the primary caregiver. A licensee who applies for an exemption shall be notified of the decision regarding the application.

500.9(1) The board may grant an extension of time to fulfill the continuing education requirement.

500.9(2) The board may grant an exemption from the continuing education requirement for any period of time not to exceed two calendar years. If the physical or mental disability or illness for which an extension or exemption was granted continues beyond the period initially approved by the board, the licensee must reapply for a continuance of the extension or exemption.

500.9(3) The board may, as a condition of any extension or exemption granted, require the licensee to make up a portion of the continuing education requirement in the manner determined by the board.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.10(147,272C) Order for physical, mental, substance abuse or clinical competency examination. If the board has probable cause, a licensee may be required to submit to a physical, mental, substance abuse or clinical competency examination at the licensee's expense.

500.10(1) *Content of order.* A board order for a physical, mental, substance abuse or clinical competency examination shall include the following items:

a. A description of the type of examination.

b. The amount of time the licensee has to complete the examination.

c. A statement indicating that the licensee is to sign necessary releases for the board to communicate with the examiner of the evaluation or treatment facility.

d. A statement that the licensee is to communicate with the board regarding the status of the examination.

e. A statement that the licensee will have the examiner provide the examination results directly to the board within a specified period of time.

500.10(2) *Alternatives.* Following issuance of the examination order, the licensee may request additional time to schedule or complete the examination or may request that the board approve an alternative examiner or treatment facility. The board in its discretion shall determine whether to grant the request.

500.10(3) *Objection to order.* A licensee who is the subject of a board order and who objects to the order may file a request for hearing. The request for hearing must be filed within 30 days of the date of the examination order, and the request for hearing shall specifically identify the factual and legal issues upon which the licensee bases the objection. A licensee who fails to timely file a request for hearing to object to an examination order waives any future objection to the examination order in the event formal disciplinary charges are filed for failure to comply with the examination order or on any other grounds. The hearing shall be considered a contested case proceeding and shall be governed by the provisions of 481—Chapter 506. On judicial review of a board decision in a contested case involving an objection to an examination order, the case will be captioned to maintain the licensee's confidentiality.

500.10(4) *Closed hearing.* Any hearing on an objection to the examination order shall be closed pursuant to Iowa Code section 272C.6(1).

500.10(5) *Order and reports confidential.* An examination order and any subsequent examination reports issued in the course of a board investigation are confidential investigative information pursuant to Iowa Code section 272C.6(4). However, all investigative information regarding the examination order shall be provided to the licensee in the event the licensee files an objection, under subrule 500.15(3), in order to allow the licensee an opportunity to prepare for hearing.

500.10(6) *Admissibility.* In the event the licensee submits to evaluation and subsequent proceedings are held before the board, all objections shall be waived as to the admissibility of the examining physicians' or health care providers' testimony or examination reports on the grounds that they constitute privileged communication. The medical testimony or examination reports shall not be used against the licensee in any proceeding other than one relating to licensee discipline by the board.

500.10(7) *Failure to submit.* Failure of a licensee to submit to a board-ordered physical, mental, substance abuse or clinical competency examination constitutes a violation of the rules of the board and is grounds for disciplinary action.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—500.11(252J,272D) Noncompliance rules regarding child support and nonpayment of state debt. The board hereby adopts by reference 481—Chapter 8.

[**ARC 8077C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 21, 147, 252J, 272C and 272D.

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CHAPTER 501
MODEL RULES FOR LICENSURE BY VERIFICATION OR WORK EXPERIENCE
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 19]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—501.1(272C) Licensure by verification. Licensure by verification is available in accordance with the following:

501.1(1) *Eligibility.* A person may seek licensure by verification if the person is licensed in at least one other jurisdiction that has a scope of practice substantially similar to that of Iowa.

501.1(2) *Board application.* The applicant must submit the following:

a. A completed application.

b. Payment of the application fee.

c. Completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check, if required for initial licensure by the board.

d. An attestation that the applicant's license in that jurisdiction complies with the requirements of Iowa Code section 272C.12.

e. A copy of the complete criminal record if the applicant has a criminal history.

f. A copy of the relevant disciplinary documents if another jurisdiction has taken disciplinary action against the applicant.

g. A written statement from the applicant detailing the scope of practice in the other state.

h. Copies of relevant laws setting forth the scope of practice in the other state.

501.1(3) *Applicants with prior discipline.* If another jurisdiction has taken disciplinary action against an applicant, the board will determine whether the cause for the disciplinary action has been corrected and the matter has been resolved. If the board determines the disciplinary matter has not been resolved, the board will neither issue a license nor deny the application for licensure until the matter is resolved. A person who has had a license revoked, or who has voluntarily surrendered a license, in another jurisdiction is ineligible for licensure by verification.

501.1(4) *Applicants with pending licensing complaints or investigations.* If an applicant is currently the subject of a complaint, allegation, or investigation relating to unprofessional conduct pending before any regulating entity in another jurisdiction, the board will neither issue a license nor deny the application for licensure until the complaint, allegation, or investigation is resolved.

501.1(5) *Compact privileges.* A person who has a privilege to practice in Iowa by virtue of an interstate licensure compact is ineligible for licensure by verification. Licenses issued pursuant to this rule do not grant privileges to practice in any other jurisdiction pursuant to any interstate licensure compact.

[**ARC 8083C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—501.2(272C) Applicants with work experience in jurisdictions without licensure requirements.

501.2(1) *Work experience.* An applicant for initial licensure who has relocated to Iowa from another jurisdiction that did not require a professional license to practice in the profession may be considered to have met any educational and training requirements if the person has at least three years of work experience with a scope of practice substantially similar to that of the profession for which a license in Iowa is sought. The three years of work experience must be within the four years preceding the date of application for initial licensure. The applicant must satisfy all other requirements, including passing any required examinations, to receive a license.

501.2(2) *Required documentation.* An applicant who wishes to substitute work experience in lieu of satisfying applicable education or training requirements shall carry the burden of proving all of the following by submitting relevant documents as part of a completed license application:

a. Proof of Iowa residency.

b. Proof of three or more years of work experience within the four years preceding the application for licensure.

c. Proof that the work experience was in a practice with a scope of practice substantially similar to that for which the license is sought in Iowa.

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CHAPTER 502
MODEL RULES FOR USE OF CRIMINAL CONVICTIONS IN ELIGIBILITY DETERMINATIONS AND INITIAL LICENSING DECISIONS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 14]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—502.1(272C) Definitions.

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

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

"Disqualifying offense" means a conviction directly related to the duties and responsibilities of the profession pursuant to Iowa Code section 272C.1(8).

"License" means any license, registration, or permit issued by the board.

[**ARC 8082C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—502.2(272C) License application. Unless an applicant for licensure petitions the board for an eligibility determination pursuant to rule 481—502.3(272C), the applicant's convictions will be reviewed when the board receives a completed license application.

502.2(1) An applicant must disclose all convictions on a license application. Failure to disclose all convictions is grounds for license denial or disciplinary action following license issuance.

502.2(2) An applicant with one or more convictions shall submit the complete criminal record for each conviction and a personal statement regarding whether each conviction directly relates to the practice of the profession in order for the license application to be considered complete.

502.2(3) An applicant must submit all evidence of rehabilitation that the applicant wishes to be considered by the board.

502.2(4) The board may deny a license if the applicant has a disqualifying offense unless the applicant demonstrates by clear and convincing evidence that the applicant is rehabilitated pursuant to Iowa Code section 272C.15.

502.2(5) An applicant with one or more disqualifying offenses who has been found rehabilitated must still satisfy all other requirements for licensure.

502.2(6) Any application fees paid will not be refunded if the license is denied.

[**ARC 8082C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—502.3(272C) Eligibility determination.

502.3(1) An individual who has not yet submitted a completed license application may petition the board for a determination of whether one or more of the individual's convictions are disqualifying offenses that would render the individual ineligible for licensure.

502.3(2) To petition the board for an eligibility determination of whether one or more of the petitioner's convictions are disqualifying offenses, a petitioner shall submit all of the following:

a. A completed petition for eligibility determination form;

b. The complete criminal record for each of the petitioner's convictions;

c. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of the profession and why the board should find the petitioner rehabilitated;

d. All evidence of rehabilitation that the petitioner wishes to be considered by the board; and

e. Payment of a nonrefundable fee of $25.

[**ARC 8082C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—502.4(272C) Appeal. A petitioner deemed ineligible or an applicant denied a license due to a disqualifying offense may appeal the decision in the manner and time frame set forth in the board's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The board's rules governing contested case proceedings will apply unless otherwise specified in this rule. If the petitioner or applicant fails to timely appeal, the board's written decision will become a final order.

502.4(1) An administrative law judge will serve as the presiding officer of the nondisciplinary contested case proceeding, unless the board elects to serve as the presiding officer. When an administrative law judge serves as the presiding officer, the decision rendered shall be a proposed decision.

502.4(2) The contested case hearing shall be closed to the public, and the board's review of a proposed decision shall occur in closed session.

502.4(3) The office of the attorney general shall represent the board's initial ineligibility determination or license denial and shall have the burden of proof to establish that the petitioner or applicant's convictions include at least one disqualifying offense. Upon satisfaction of this burden by a preponderance of the evidence by the office of the attorney general, the burden of proof shall shift to the petitioner or applicant to establish rehabilitation by clear and convincing evidence.

502.4(4) A petitioner or applicant must appeal an ineligibility determination or license denial in order to exhaust administrative remedies. A petitioner or applicant may only seek judicial review of an ineligibility determination or license denial after the issuance of a final order following a contested case proceeding. Judicial review of the final order following a contested case proceeding shall be in accordance with Iowa Code chapter 17A.

[**ARC 8082C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—502.5(272C) Future petitions or applications. If a final order determines a petitioner is ineligible, the petitioner may not submit a subsequent petition for eligibility determination or a license application prior to the date specified in the final order. If a final order denies a license application, the applicant may not submit a subsequent license application or a petition for eligibility determination prior to the date specified in the final order.

[**ARC 8082C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapter 272C.

[Filed ARC 5751C (Notice ARC 5367C, IAB 12/30/20), IAB 7/14/21, effective 8/18/21]
[Filed ARC 8082C (Notice ARC 7311C, IAB 1/24/24), IAB 6/26/24, effective 7/31/24]
[Editorial change: IAC Supplement 9/18/24]

CHAPTER 503
MODEL RULES FOR COMPLAINTS AND INVESTIGATIONS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 9]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—503.1(272C) Complaints.

503.1(1) Complaints can be submitted online, in writing, or verbally and are to include the name and contact information of the complainant, the name of the licensee, and a concise statement of the allegations against the licensee. A complaint may also be initiated by the board.

503.1(2) A person is not civilly liable for filing a complaint in good faith or for cooperating with a board investigation.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.2(272C) Report of malpractice claims or actions or disciplinary actions. The licensee will submit any judgment or settlement in a malpractice claim or any disciplinary action taken by another licensing authority in another state or jurisdiction to the board within 30 days of the date of occurrence.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.3(272C) Report of acts or omissions. A licensee who has knowledge of rule violations committed by another licensee will file a report to the board. The report will include the name and contact information of the licensee and the date, time, and place of the incident.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.4(272C) Investigation of complaints or reports. Board staff may request additional information, solicit a response from the licensee, subpoena records, conduct interviews, gather evidence, and perform other investigatory duties to sufficiently inform the board.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.5(17A,272C) Issuance of investigatory subpoenas.

503.5(1) The board administrator or designee may, upon the written request of a board investigator or on the administrator's own initiative, subpoena books, papers, records, and other real evidence that is necessary for the board to decide whether to institute a contested case proceeding. In the case of a subpoena for mental health records, each of the following conditions shall be satisfied prior to the issuance of the subpoena:

a. The nature of the complaint reasonably justifies the issuance of a subpoena;

b. Adequate safeguards have been established to prevent unauthorized disclosure;

c. An express statutory mandate, articulated public policy, or other recognizable public interest favors access; and

d. An attempt was made to notify the patient and to secure an authorization from the patient for release of the records at issue.

503.5(2) Each subpoena will contain:

a. The name and address of the person to whom the subpoena is directed;

b. A description of the books, papers, records or other real evidence requested;

c. The date, time and location for production, or inspection and copying;

d. The deadline for a motion to quash or modify the subpoena to be filed;

e. The signature, address and telephone number of the board administrator or designee;

f. The date of issuance;

g. A return of service.

503.5(3) A person can challenge the subpoena by filing a motion to quash describing the legal justification for the motion accompanied by a legal brief or factual affidavits, within 14 days after service of the subpoena.

503.5(4) Upon receipt of a timely motion to quash or modify a subpoena, an administrative law judge will issue a decision. The administrative law judge may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

503.5(5) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving on the board administrator, either in person, via email, or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.

503.5(6) If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either (1) the person is notified the investigation has been concluded with no formal action, or (2) there is a final decision in the contested case.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.6(272C) Peer review.

503.6(1) A complaint may be assigned to a peer reviewer for review and report to the board.

503.6(2) The board determines what complaints or other matters are referred to a peer reviewer.

503.6(3) Peer reviewers are not to be liable for acts, omissions, or decisions made in connection with service made in good faith.

503.6(4) The peer reviewer will observe the requirements of confidentiality imposed by Iowa Code section 272C.6.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—503.7(17A) Appearance. The board may request that a licensee appear before a committee of the board to discuss a pending investigation. By electing to participate in the committee appearance, the licensee waives any objection to a board member both participating in the appearance and later participating as a decision maker in a contested case proceeding. By electing to participate in the committee appearance, the licensee further waives any objection to the board administrator assisting the board in the contested case proceeding.

[**ARC 8079C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

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

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[Editorial change: IAC Supplement 9/18/24]

CHAPTER 504
MODEL RULES FOR DISCIPLINE
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 13]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—504.1(272C) Definitions.

"Board" means a professional licensing board established pursuant to Iowa Code chapter 147.

"Licensee" means a person licensed under Iowa Code chapter 147.

"Licensee discipline" means the same as defined in Iowa Code section 272C.1.

[**ARC 8081C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—504.2(147,272C) Grounds for discipline. A board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in Iowa Code section 147.55:

504.2(1) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice in this state, which includes the following:

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

b. Attempting to file or filing with the board or the department of inspections, appeals, and licensing any false or forged diploma, certificate, affidavit, identification or qualification in making an application for a license in this state.

504.2(2) Professional incompetence. Professional incompetence includes but is not limited to:

a. A substantial lack of knowledge or ability to perform professional obligations within the scope of practice.

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other licensees in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average licensee acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of a licensee in this state.

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

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

504.2(3) Practice outside the scope of the profession.

504.2(4) Habitual intoxication or addiction to the use of drugs, including:

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

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

504.2(5) Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.

504.2(6) Falsification, alteration or destruction of client or patient records with the intent to deceive.

504.2(7) Acceptance of any fee by fraud or misrepresentation.

504.2(8) Negligence by the licensee in the practice of the profession, which includes a failure to exercise due care, including negligent delegation of duties or supervision of employees or other individuals, whether or not injury results; or any conduct, practice or conditions that impair the ability to safely and skillfully practice the profession.

504.2(9) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. A copy of the guilty

plea or order of conviction constitutes conclusive evidence of conviction. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or the circumstances under which the offense was committed are circumstances customary to the profession.

504.2(10) Violation of a regulation, rule, or law of this state, another state, or the United States that relates to the practice of the profession.

504.2(11) Revocation, suspension, or other disciplinary action taken by a licensing authority of this state or another state, territory or country; or failure of the licensee to report such action within 30 days of the final action by such licensing authority. A stay by an appellate court shall not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, such report shall be expunged from the records of the board.

504.2(12) Failure of a licensee or an applicant for licensure in this state to report any voluntary agreements restricting the individual's practice in another state, district, territory or country.

504.2(13) Failure to notify the board of a criminal conviction within 30 days of the action, regardless of the jurisdiction where it occurred.

504.2(14) Failure to notify the board within 30 days after occurrence of any judgment or settlement of a malpractice claim or action.

504.2(15) Engaging in any conduct that subverts or attempts to subvert a board investigation.

504.2(16) Failure to comply with a subpoena issued by the board or failure to cooperate with an investigation of the board.

504.2(17) Failure to respond within 30 days of receipt of communication from the board that was sent by registered or certified mail.

504.2(18) Failure to comply with the terms of a board order or the terms of a settlement agreement or consent order.

504.2(19) Failure to pay costs assessed in any disciplinary action.

504.2(20) Submission of a false report of continuing education or failure to submit the biennial report of continuing education.

504.2(21) Failure to report another licensee to the board for any violations listed in these rules, pursuant to Iowa Code section 272C.9.

504.2(22) Knowingly aiding, assisting, or advising a person to unlawfully practice the profession.

504.2(23) Failure to report a change of name or address within 30 days after it occurs.

504.2(24) Representing oneself as a licensee when one's license has been suspended or revoked, or when one's license is on inactive status.

504.2(25) Permitting another person to use the licensee's license for any purpose.

504.2(26) Permitting an unlicensed employee or person under the licensee's control to perform activities that require a license to practice the profession.

504.2(27) Unethical conduct. In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct may include but is not limited to the following:

a. Verbally or physically abusing a patient or client.

b. Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient, client or coworker.

c. Betrayal of a professional confidence.

d. Engaging in a professional conflict of interest.

504.2(28) Repeated failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

504.2(29) Violation of the terms of an initial agreement with the Iowa professional health committee or violation of the terms of an impaired practitioner recovery contract with the Iowa professional health committee.

[**ARC 8081C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—504.3(272C) Method of discipline. The board has the authority to impose the following disciplinary sanctions as defined in Iowa Code section 272C.3 and as follows:

1. Order a physical or mental evaluation or order alcohol and drug screening within a time specified by the board.
2. Such other sanctions allowed by law.

[**ARC 8081C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—504.4(272C) Discretion of board. The following factors may be considered by the board in determining the nature and severity of the disciplinary sanction to be imposed:

1. The relative serious nature of the violation as it relates to ensuring the citizens of this state a high standard of professional care.
2. The facts of the particular violation.
3. Any extenuating facts or other countervailing considerations.
4. The number of prior violations or complaints.
5. The seriousness of prior violations or complaints.
6. Whether remedial action has been taken.
7. Such other factors as may reflect upon the competency, ethical standards, and professional conduct of the licensee.

[**ARC 8081C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code sections 21.7, 272C.4, 272C.5, and 272C.6.

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[Editorial change: IAC Supplement 9/18/24]

CHAPTER 505
MODEL RULES FOR LICENSEE REVIEW COMMITTEE
[Prior to 7/10/24, see Public Health Department[641] Ch 193]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/8/29

481—505.1(272C) Definitions. For the purpose of these rules, the following definitions apply:

"Committee" means the licensee review committee established by a licensing board pursuant to the authority of Iowa Code section 272C.3(1)*"k."*

"Contract" means the written document establishing the terms for participation in the program.

"Impairment" means a condition identified in Iowa Code section 272C.3(1)*"k"* that renders or, if left untreated, is reasonably likely to render a licensee unable to practice the licensee's profession with reasonable skill and safety.

"Initial agreement" means the written document establishing the initial terms for participation in the program.

"Licensing board" or *"board"* means the same as defined in Iowa Code section 272C.1(6).

"Licensee" means a person licensed by a licensing board.

"Self-report" means written notification provided by the licensee to the program that the licensee has had, has, or may have an impairment. A self-report can be made even if the applicable licensing board has received a complaint or a third party has alleged the same.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24]

481—505.2(272C) Purpose. The committee assists and monitors the recovery or rehabilitation of practitioners who self-report potential impairments or who are referred by the board. The program is both an advocate for participant health and a means to protect the health and safety of the public.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24]

481—505.3(272C) Composition of the committee. The division of licensing appoints the members of the committee.

505.3(1) *Membership.* The committee may be composed of but not limited to members with the following qualifications:

a. A health care professional who has expertise in the area of substance use and addiction treatment.

b. A health care professional who has expertise in the diagnosis and treatment of mental health conditions.

c. A psychiatrist who holds a current, active Iowa license as defined in rule 481—652.1(147,148).

d. A licensee who has maintained recovery for a period of no less than two years since successfully completing a recovery program, a board-ordered probation for substance use, or a comparable monitoring program.

e. A licensed physician, physician associate or advanced registered nurse licensee whose specialty area is family practice, internal medicine, or emergency medicine or who has expertise in substance use disorders, mental health conditions or both.

f. A licensed psychiatric pharmacist.

g. A public member.

h. Non-voting members, which may include the board's executive director, the bureau chief or designee, the bureau chief of monitoring, and, if requested to join the committee for consultation during a participant review, an executive officer or board member under which a participant is regulated.

505.3(2) *Officers.* At the last meeting of each calendar year, the committee elects co-chairpersons to serve a one-year term beginning January 1.

505.3(3) *Terms.* Committee members are appointed for a three-year term, for a maximum of three terms. Each term expires on December 31 of the third year of the term. Initial terms are for a period of one to three years as designated by the division to provide continuity to the committee.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24; Editorial change: IAC Supplement 6/10/26; Editorial change: IAC Supplement 8/5/26]

481—505.4(272C) Eligibility.

505.4(1) *Eligibility.* To be eligible for participation in the program, a prospective participant must self-report or be referred by the board for an impairment or potential impairment. The committee will determine for each self-report or referral whether the prospective participant is an appropriate candidate for participation in the program. A prospective participant is ineligible if the committee finds sufficient evidence that the prospective participant:

a. Diverted medication for distribution to third parties or for personal profit;

b. Adulterated, misbranded, or otherwise tampered with medication intended for a patient;

c. Provided inaccurate, misleading, or fraudulent information or failed to fully cooperate with the committee; or

d. Caused injury or harm to a patient or client.

505.4(2) *Board referral.* The board may refer a licensee to the program privately, in a public disciplinary order, or other public order if a complaint or investigation reveals an impairment or potential impairment or the board determines that the licensee is an appropriate candidate for review by the committee.

505.4(3) *Discretion.* Eligibility for participation in the program is at the sole discretion of the committee. No person is entitled to participate in the program.

505.4(4) *Limitations.* The committee establishes the terms and monitors a participant's compliance with the program specified in the contract. The committee is not responsible for participants who fail to comply with the terms of the program or successfully complete the program. Participation in the program shall not relieve the participant's board of any duties nor divest the board of any authority or jurisdiction otherwise provided. Any violation of the statutes or rules governing the practice of the participant's profession and unrelated to their impairment will be referred to the board for appropriate action.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24]

481—505.5(272C) Terms of participation in the impaired practitioner recovery program. A participant is responsible for complying with the terms of participation established in the initial agreement and the contract, and for all expenses incurred to comply with the terms imposed by the program. Terms of participation specified in the contract shall include, but not be limited to:

505.5(1) *Duration.* Length of participation in the program may vary depending upon the review of all relevant information and the nature of the impairment.

505.5(2) *Noncompliance.* Participants are responsible for notifying the committee of any instance of noncompliance. Notification of noncompliance made to the committee by the participant, a monitoring provider, or another party may result in notice to the board for its consideration of disciplinary action.

a. First instance. After a first instance of significant noncompliance, including a relapse, the committee may give notice to the board identifying the participant by number, describing the relevant terms of the participant's contract and the noncompliance, and including the committee's recommendation for continued participation in the program.

b. Second instance. After a second instance of significant noncompliance, including a relapse, the committee may refer the case and the participant's identity to the board. In its referral, the committee may make recommendations as to continued participation in the program.

c. Referral at any time. The committee may make a referral to the board for noncompliance that identifies the participant by name at any time the circumstances warrant such a referral.

505.5(3) *Practice limitations.* The committee may impose limitations on a participant's practice as a term of the contract until such time as the committee receives a report from an approved evaluator that the licensee is capable of practicing with reasonable safety and skill. Participation in the program is conditioned upon participants agreeing to limit practice as requested by the committee and established in accordance with the terms specified in the contract. If a participant refuses to agree to or comply with the limitations established in the initial agreement or contract, the committee will refer the licensee to the board for appropriate action.

505.5(4) *Staff discretion.* Staff, in consultation with legal counsel, may provide guidance and direction to participants between regularly scheduled committee meetings, including program descriptions, interim limitations on practice, and negotiation and execution of initial agreements and contracts on behalf

of the committee. The committee retains authority to review all interim decisions at its discretion. Staff may consult with the committee chairperson or medical director if needed.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24]

481—505.6(272C) Confidentiality. Information in the possession of the board or the committee is subject to the confidentiality requirements of Iowa Code section 272C.6.

505.6(1) Participants must report their participation to the applicable monitoring program or licensing authority in any state in which the participant is currently licensed or in which the participant seeks licensure.

505.6(2) The committee is authorized to communicate information about a participant to any person assisting in the participant's treatment, recovery, rehabilitation, monitoring, or maintenance for the duration of the initial agreement or contract.

505.6(3) The committee is authorized to communicate information about a participant to the board if a participant does not comply with the terms of the contract as set forth in rule 481—505.5(272C).

505.6(4) The committee is authorized to communicate information about a current or former participant to the board if reliable information held by the committee reasonably indicates that a significant risk to the public exists.

505.6(5) If the board initiates disciplinary or other action against a participant or former participant as a result of communication from the committee, the board may include information from the program file in the public documents.

[**ARC 7753C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 7/10/24; Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapter 272C.

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[Editorial change: IAC Supplement 4/2/25]
[Editorial change: IAC Supplement 6/10/26]
[Editorial change: IAC Supplement 8/5/26]

CHAPTER 506
MODEL RULES FOR CONTESTED CASES BEFORE LICENSING BOARDS AND SETTLEMENTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 3/28/30

481—506.1(17A) Scope and applicability. This model chapter provides rules for contested cases and settlements that licensing boards and commissions may adopt for procedural consistency. This chapter is deemed applicable to any licensing board under the administrative authority of the department, excluding the department's attached units, unless the licensing board has separate rulemaking authority and has adopted rules governing contested cases and settlements.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.2(17A) Definitions. For the purpose of these rules, the following definitions apply:

"Attached units" includes the employment appeal board, office of civil rights, racing and gaming commission, and state public defender's office as described in Iowa Code chapter 10A.

"Contested case" means a proceeding defined by Iowa Code section 17A.2(5) and includes any matter defined as a no factual dispute contested case under Iowa Code section 17A.10A.

"Department" means the department of inspections, appeals, and licensing.

"Issuance" means the date of mailing of a decision or order or date of delivery if service is by other means unless another date is specified in the order.

"Licensing board" or *"board"* includes any licensing board set forth in Iowa Code section 272C.1(6) that is under the administrative authority of the department pursuant to Iowa Code chapter 10A, with the exception of the director or the department as referenced in Iowa Code section 272C.1(6)*"ad"* and *"ae,"* and also includes any other licensing board under the administrative authority of the department pursuant to Iowa Code chapter 10A that has expressly adopted this chapter.

"Party" means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party, including the state of Iowa as represented by the assistant attorney general assigned to prosecute the case on behalf of the public interest, the respondent or applicant, or an intervenor.

"Presiding officer" includes the licensing board, administrative law judge, or panel of not less than three board members who are licensed in the profession as described in Iowa Code section 272C.6(1).

"Probable cause" means a reasonable ground for belief in the existence of facts warranting the specified proceeding.

"Quorum" means a majority of the members of the board unless otherwise defined by the board's authorizing statute.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.3(17A) Time requirements.

506.3(1) Time will be computed as provided in Iowa Code section 4.1(34).

506.3(2) For good cause, the presiding officer may extend or shorten the time to take any action, except as precluded by statute or by rule. Except for good cause stated in the record, before extending or shortening the time to take any action, the presiding officer will afford all parties an opportunity to be heard or to file written arguments.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.4(17A) Probable cause. If the board finds there is probable cause for taking disciplinary action against a licensee following investigation, the board may order that a contested case hearing be commenced by the filing and service of a statement of charges and notice of hearing.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.5(17A) Statement of charges and notice of hearing.

506.5(1) *Legal review.* Every statement of charges and notice of hearing prepared by the board will be reviewed by the office of the attorney general prior to filing.

506.5(2) *Service.* Service of the statement of charges and notice of hearing constitutes the commencement of the contested case proceeding. Service may be executed by:

a. Personal service as provided in the Iowa Rules of Civil Procedure; or

b. Restricted certified mail, return receipt requested; or

c. Signed acknowledgment accepting service; or

d. Publication, as provided in the Iowa Rules of Civil Procedure, when service cannot be accomplished using the above methods.

506.5(3) *Contents.* The statement of charges and notice of hearing will contain the following information:

a. A statement of probable cause to file the statement of charges;

b. A statement of the time, place, and nature of the hearing;

c. A statement of the legal authority and jurisdiction under which the hearing is to be held;

d. A reference to the particular sections of the statutes and rules involved;

e. A short and plain statement of the matters asserted containing sufficient detail to give the respondent fair notice of the allegations so that the respondent may adequately respond to the charges, and to give the public notice of the matters at issue;

f. Identification of all parties including the name, address and telephone number of the assistant attorney general designated as prosecutor for the state and the parties' counsel, if known;

g. Reference to the procedural rules governing conduct of the contested case proceeding;

h. Reference to the procedural rules governing settlement;

i. Identification of the presiding officer;

j. Notification of the time period in which a party may request, when applicable, and pursuant to Iowa Code section 17A.11 that the presiding officer be an administrative law judge;

k. Notification of the time period in which the respondent may file an answer; and

l. Notification of the respondent's right to request a closed hearing, if applicable.

506.5(4) *Public record.* A statement of charges and notice of hearing is a public record and open for inspection under Iowa Code chapter 22. Notwithstanding, investigative information included in the statement of charges and notice of hearing as set forth in subparagraph 506.5(3)*"e"* is confidential pursuant to Iowa Code section 272C.6(4)*"a"* and should not be included in the public record. Such confidential information should be redacted from the public record or set forth in a separate document that is not included with the public record.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.6(17A,272C) Legal representation. Following the filing of the statement of charges and notice of hearing, the office of the attorney general will be responsible for the legal representation of the public interest in all proceedings before the board. The assistant attorney general assigned to prosecute a contested case before the board will not represent the board in that case but will represent the public interest. All other parties to a proceeding before the board are entitled to legal representation at their own expense.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.7(17A,272C) Presiding officer in a disciplinary contested case. The presiding officer in a disciplinary contested case may be the board, an administrative law judge delegated in accordance with rule 481—506.8(17A,272C), or a panel of the board as described in Iowa Code section 272C.6(1). The board may also request that an administrative law judge assist the board with initial rulings on prehearing matters. Decisions of the administrative law judge serving in this capacity are subject to the interlocutory appeal provisions of rule 481—506.24(17A). An administrative law judge may also assist and advise the board at the contested case hearing.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.8(17A,272C) Delegation by board to administrative law judge.

506.8(1) *Delegation.* Upon majority vote of the board, a contested case, whether disciplinary or nondisciplinary, may be delegated to an administrative law judge. The board may delegate the entirety of

the case or parts of the case to the administrative law judge. The delegation may occur at the time of filing the notice of hearing and statement of charges and should occur as early as practicable.

506.8(2) *Proposed decisions.* Decisions issued by an administrative law judge are proposed decisions in accordance with Iowa Code section 17A.15. A proposed decision issued by an administrative law judge becomes a final decision if not timely appealed or reviewed in accordance with this rule.

a. Appeal by party. Any adversely affected party may appeal a proposed decision to the board within 30 days after issuance of the proposed decision.

b. Review. The board may initiate review of the proposed decision on its own motion at any time within 30 days following the issuance of the proposed decision.

c. Exhaustion. A party must timely appeal a proposed decision to the board in order to adequately exhaust administrative remedies.

d. Notice of appeal. An appeal of a proposed decision is initiated by the filing of a timely notice of appeal with the board. The notice of appeal must be signed by the appealing party or an attorney for that party and contain a certificate of service. The notice shall specify:

(1) The party initiating the appeal;

(2) The proposed decision or order being appealed;

(3) The specific findings or conclusions to which exception is taken and any other exceptions to the decision or order;

(4) The relief sought; and

(5) The grounds for relief.

506.8(3) *Requests to present additional evidence.* A party may request the taking of additional evidence only by establishing that the evidence is material, that good cause existed for the failure to present the evidence at the hearing, and that the party has not waived the right to present the evidence. A written request to present additional evidence must be filed with the notice of appeal or by a nonappealing party within 14 days of service of the notice of appeal. The board may remand a case to the presiding officer for further hearing or may itself preside at the taking of additional evidence.

506.8(4) *Scheduling.* The board will issue a schedule for consideration of the appeal.

a. Briefs and arguments. Unless otherwise ordered, within 20 days of the notice of appeal or order for review, each appealing party may file exceptions and briefs. Within 20 days thereafter, any party may file a responsive brief. Briefs shall cite any applicable legal authority and specify relevant portions of the record in that proceeding. Written requests to present oral argument shall be filed with the briefs. The board may resolve the appeal on the briefs or provide an opportunity for oral argument. The board may shorten or extend the briefing period as appropriate.

b. Record. The record on appeal or review shall be the entire record made before the administrative law judge.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.9(17A) Presiding officer in a nondisciplinary contested case.

506.9(1) Any party in a nondisciplinary contested case who wishes to request that the presiding officer assigned to render a proposed decision be an administrative law judge employed by the department of inspections, appeals, and licensing must file a written request within 20 days after service of a notice of hearing that identifies or describes the presiding officer as the board.

506.9(2) The board may deny the request only upon a finding that one or more of the following apply:

a. There is a compelling need to expedite issuance of a final decision in order to protect the public health, safety, or welfare.

b. An administrative law judge is unavailable to hear the case within a reasonable time.

c. The case involves significant policy issues of first impression that are inextricably intertwined with the factual issues presented.

d. The demeanor of the witnesses is likely to be dispositive in resolving the disputed factual issues.

e. Funds are unavailable to pay the costs of an administrative law judge and an interagency appeal.

f. The request was not timely filed.

g. The request is not consistent with a specified statute.

506.9(3) The board will issue a written ruling specifying the grounds for its decision within 20 days after a request for an administrative law judge is filed. If the ruling is contingent upon the availability of an administrative law judge with the qualifications identified in subrule 506.9(4), the parties shall be notified at least ten days prior to hearing if a qualified administrative law judge will not be available.

506.9(4) Except as provided otherwise by another provision of law, all rulings by an administrative law judge acting as presiding officer in a nondisciplinary contested case are subject to appeal to the board. A party must seek appeal to the board in order to exhaust adequate administrative remedies. Such appeals must be filed within ten days of the date the challenged ruling was issued by the administrative law judge, but no later than the time for compliance with the order or the date of hearing, whichever is first.

506.9(5) Unless otherwise provided by law, when reviewing a proposed decision of an administrative law judge in a nondisciplinary contested case upon appeal, the board will have the powers of and will comply with the provisions of subrule 506.8(2).

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.10(17A) Disqualification.

506.10(1) A presiding officer or other person will withdraw from participation in the making of any proposed or final decision in a contested case if that person:

a. Has a personal bias or prejudice concerning a party or a representative of a party;

b. Has personally investigated, prosecuted or advocated, in connection with that case, the specific controversy underlying that case, another pending factually related contested case, or a pending factually related controversy that may culminate in a contested case involving the same parties;

c. Is subject to the authority, direction or discretion of any person who has personally investigated, prosecuted or advocated in connection with that contested case, the specific controversy underlying that contested case, or a pending factually related contested case or controversy involving the same parties;

d. Has acted as counsel to any person who is a private party to that proceeding within the past two years;

e. Has a personal financial interest in the outcome of the case or any other significant personal interest that could be substantially affected by the outcome of the case;

f. Has a spouse or relative within the third degree of relationship that is:

(1) A party to the case, or an officer, director or trustee of a party;

(2) A lawyer in the case;

(3) Known to have an interest that could be substantially affected by the outcome of the case; or

(4) Likely to be a material witness in the case; or

g. Has any other legally sufficient cause to withdraw from participation in the decision making in that case.

506.10(2) The term "personally investigated" means taking affirmative steps to interview witnesses directly or to obtain documents or other information directly. The term "personally investigated" does not include:

a. General direction and supervision of assigned investigators;

b. Unsolicited receipt of information that is relayed to assigned investigators;

c. Review of another person's investigative work product in the course of determining whether there is probable cause to initiate a proceeding; or

d. Exposure to factual information while performing other agency functions, including fact gathering for purposes other than investigation of the matter that culminates in a contested case. A person voluntarily appearing before the board or a committee of the board waives any objection to a board member or board staff both participating in the appearance and later participating as a decision maker or aid to the decision maker in a contested case.

506.10(3) Factual information relevant to the merits of a contested case received by a person who later serves as presiding officer in that case will be disclosed if required by Iowa Code section 17A.17(3), rule 481—506.10(17A), or subrule 506.22(9).

506.10(4) In a situation where a presiding officer or other person knows of information that might reasonably be deemed to be a basis for disqualification and decides voluntary withdrawal is unnecessary,

that person will submit the relevant information for the record by affidavit, including a statement of the reasons for the determination that withdrawal is unnecessary.

506.10(5) If a party asserts disqualification on any appropriate ground, including those listed in subrule 506.10(1), the party will file a motion supported by an affidavit pursuant to Iowa Code section 17A.17(7). The motion must be filed as soon as practicable after the reason alleged in the motion becomes known to the party. The board will determine the matter as part of the record in the case.

506.10(6) If, during the course of the hearing, a party first becomes aware of evidence of bias or other grounds for disqualification, the party may move for disqualification but will need to establish the grounds by the introduction of evidence into the record.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.11(17A) Consolidation—severance.

506.11(1) *Consolidation.* The presiding officer may consolidate any or all matters at issue in two or more contested case proceedings where:

a. The matters at issue involve common parties or common questions of fact or law;

b. Consolidation would expedite and simplify consideration of the issues involved; and

c. Consolidation would not adversely affect the rights of any of the parties to those proceedings.

506.11(2) *Severance.* The presiding officer may, for good cause shown, order any contested case proceedings or portions thereof severed.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.12(17A) Pleadings.

506.12(1) *Pleadings.* Pleadings may be required by rule, by the statement of charges and notice of hearing, or by order of the presiding officer.

506.12(2) *Answer or appearance.* An answer or appearance, if required, shall be filed by respondent within 20 days of service of the statement of charges and notice of hearing.

a. An answer or appearance will state the name, address, and telephone number of the person filing the answer; the person or entity on whose behalf it is filed; and the attorney representing that person, if any. If the attorney is not licensed to practice law in Iowa, the attorney must fully comply with Iowa Court Rule 31.14.

b. The presiding officer may refuse to consider any defense not raised in the answer that could have been raised on the basis of facts known when the answer was filed if any party would be prejudiced.

506.12(3) *Amendments.* Any notice of hearing or statement of charges may be amended before a responsive pleading has been filed. Otherwise, a party may amend a pleading only with the consent of the other parties or at the discretion of the presiding officer, who may impose terms or grant a continuance.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.13(17A) Service and filing.

506.13(1) *Service—when required.* Except where otherwise provided by law, every document filed in a contested case proceeding shall be served upon each of the parties of record to the proceeding, including the assistant attorney general designated as prosecutor for the state, simultaneously with its filing. Except for the original statement of charges and notice of hearing and an application for rehearing as provided in Iowa Code section 17A.16(2), the party filing a document is responsible for service on all parties.

506.13(2) *Service—how made.* Service upon a party represented by an attorney will be made upon the attorney unless otherwise ordered. Service is made by delivery or by mailing a copy to the person's last-known address. Service by mail is complete upon mailing, except where otherwise specifically provided by statute, rule, or order.

506.13(3) *Filing—when required.* After the statement of charges and notice of hearing, all pleadings and motions in a contested case proceeding shall be filed with the board. All documents that are required to be filed with the board shall be appropriately served upon all parties.

506.13(4) *Filing—when made.* Except where otherwise provided by law, a document is deemed filed at the time it is delivered to the board office at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321; delivered to an established courier service for immediate delivery to that office; mailed by first-class mail

or state interoffice mail to that office, so long as there is proof of mailing; or filed electronically through AEDMS in accordance with 481—Chapter 16.

506.13(5) *Proof of mailing.* Proof of mailing includes:

a. A legible United States Postal Service postmark on the envelope, or

b. A certificate of service, or

c. A notarized affidavit, or

d. A certification in substantially the following form:

> I certify under penalty of perjury and pursuant to the laws of Iowa that, on (date of mailing), I mailed copies of (describe document) addressed to the _____ Board, and to the names and addresses of the parties listed below by depositing the same in (a United States Post Office mailbox with correct postage properly affixed or state interoffice mail).
>
> (Date) (Signature)

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.14(17A) Discovery.

506.14(1) Discovery procedures applicable in civil actions are applicable in contested cases, with the exception of the mandatory disclosure and discovery conference requirements in Iowa Rules of Civil Procedure 1.500 and 1.507. Unless lengthened or shortened by these rules, by order of the presiding officer, or by agreement of the parties, time periods for compliance with discovery will be as provided in the Iowa Rules of Civil Procedure. Discovery will be served on all parties to the contested case proceeding but not be filed with the board.

506.14(2) Any motion relating to discovery shall allege that the moving party has previously made a good-faith attempt to resolve the discovery issues involved with the opposing party. Motions in regard to discovery will be ruled upon by the presiding officer. Opposing parties will be afforded the opportunity to respond within ten days of the filing of the motion unless the time is shortened as provided by rule. The presiding officer may rule on the basis of the written motion and any response, or may order argument on the motion.

506.14(3) Evidence obtained in discovery may be used in the contested case proceeding if that evidence would otherwise be admissible in that proceeding.

506.14(4) The board's investigative file is available to the respondent or applicant upon request only after the commencement of a contested case and prior to the resolution of the contested case. A licensee who elects to enter into a combined statement of charges and settlement agreement is not entitled to request the investigative file. In accordance with Iowa Code section 272C.6(4), information contained within an investigative file is confidential and may only be used in connection with the disciplinary proceedings.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.15(17A,272C) Subpoenas in a contested case.

506.15(1) Subpoenas issued in a contested case may compel the attendance of witnesses at depositions or hearings and may compel the production of books, papers, records, and other real evidence. A command to produce evidence or to permit inspection may be joined with a command to appear at a deposition or hearing, or may be issued separately. Subpoenas shall be issued by the board administrator or designee upon written request. A request for a subpoena of mental health records must confirm the conditions described in 481—subrule 503.5(1) prior to the issuance of the subpoena.

506.15(2) A request for a subpoena shall include the following information, as applicable, unless the subpoena is requested to compel testimony or documents for rebuttal or impeachment purposes:

a. The name, address and telephone number of the person requesting the subpoena;

b. The name and address of the person to whom the subpoena shall be directed;

c. The date, time, and location at which the person shall be commanded to attend and give testimony;

d. Whether the testimony is requested in connection with a deposition or hearing;

e. A description of the books, papers, records or other real evidence requested;

f. The date, time and location for production, or inspection and copying; and

g. In the case of a subpoena request for mental health records, confirmation that the conditions described in 481—subrule 503.5(1) have been satisfied.

506.15(3) Each subpoena will contain, as applicable:

a. The caption of the case;

b. The name, address and telephone number of the person who requested the subpoena;

c. The name and address of the person to whom the subpoena is directed;

d. The date, time, and location at which the person is commanded to appear;

e. Whether the testimony is commanded in connection with a deposition or hearing;

f. A description of the books, papers, records or other real evidence the person is commanded to produce;

g. The date, time and location for production, or inspection and copying;

h. The time within which a motion to quash or modify the subpoena must be filed;

i. The signature, address and telephone number of the board administrator or designee;

j. The date of issuance; and

k. A return of service.

506.15(4) Unless a subpoena is requested to compel testimony or documents for rebuttal or impeachment purposes, the board administrator or designee will email the subpoena to the requesting party, with a copy to the opposing party. The person who requested the subpoena is responsible for serving the subpoena upon the subject of the subpoena.

506.15(5) Any person who is aggrieved or adversely affected by compliance with the subpoena, or any party to the contested case who desires to challenge the subpoena, must file with the board a motion to quash or modify the subpoena describing the legal reasons why the subpoena should be quashed or modified before the earlier of the date specified for compliance or 14 days after the subpoena is served. The motion may be accompanied by legal briefs or factual affidavits. However, if a subpoena solely requests the production of books, papers, records, or other real evidence and does not also seek to compel testimony, the person who is aggrieved or adversely affected by compliance with the subpoena may alternatively serve written objection on the requesting party before the earlier of the date specified for compliance or 14 days after the subpoena is served. The serving party may then file a motion asking the presiding officer to issue an order compelling production.

506.15(6) Upon receipt of a timely motion to quash or modify a subpoena, the board may request an administrative law judge to issue a decision, or the board may issue a decision. Oral argument may be scheduled at the discretion of the board or the administrative law judge. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

506.15(7) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving on the board administrator, either in person, by email, or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.

506.15(8) If the person contesting the subpoena is not a party to the contested case, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is a party to the contested case, the board's decision is not final for purposes of judicial review until there is a final decision in the contested case.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.16(17A) Motions.

506.16(1) Prehearing motions must be in writing, state the grounds for relief, and state the relief sought.

506.16(2) Any party may file a written response to a motion within ten days after the motion is served unless the time period is extended or shortened by the presiding officer. The presiding officer may consider a failure to respond within the required time period in ruling on a motion.

506.16(3) The presiding officer may schedule oral argument on any motion.

506.16(4) Motions pertaining to the hearing must be filed and served at least ten days prior to the date of hearing unless there is good cause for permitting later action or the time for such action is lengthened or shortened by rule of the agency or an order of the presiding officer.

506.16(5) Dispositive motions, such as motions for summary judgment or motions to dismiss, must be filed and served on all parties at least 30 days prior to the scheduled hearing date unless otherwise ordered or permitted by the presiding officer. Any party may file a written response to a dispositive motion within ten days after the motion is served unless the time for response is otherwise lengthened or shortened by the presiding officer.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.17(17A) Prehearing conferences.

506.17(1) A prehearing conference may be ordered by the presiding officer, and any party may request a prehearing conference. Prehearing conferences will be conducted by an administrative law judge. A written request for prehearing conference or an order for prehearing conference on the board administrator's own motion will be filed prior to the contested case hearing, but no later than 20 days prior to the hearing date. Written notice of the prehearing conference will be given by the board administrator to all parties. For good cause the board administrator may permit variances from this rule.

506.17(2) The parties at a prehearing conference shall be prepared to discuss the following subjects, and the administrative law judge may issue appropriate orders concerning:

a. The possibility of settlement.

b. The entry of a scheduling order to include deadlines for completion of discovery.

c. Stipulations of law or fact.

d. Stipulations on the admissibility of exhibits.

e. Submission of expert and other witness lists. Witness lists may be amended subsequent to the prehearing conference within the time limits established by the administrative law judge at the prehearing conference. Any such amendments must be served on all parties. Witnesses not listed on the final witness list may be excluded from testifying unless there was good cause for the failure to include their names.

f. Submission of exhibit lists. Exhibit lists may be amended subsequent to the prehearing conference within the time limits established by the administrative law judge at the prehearing conference. Exhibits other than rebuttal exhibits that are not listed on the final exhibit list may be excluded from admission into evidence unless there was good cause for the failure to include them.

g. Stipulations of any provision of law.

h. Identification of matters that the parties intend to request be officially noticed.

i. Consideration of any additional matters that will expedite the hearing.

506.17(3) Prehearing conferences may be conducted by telephone unless otherwise ordered.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.18(17A) Continuances.

506.18(1) Unless otherwise provided, an application for continuance shall be filed with the board at least seven days before the date scheduled for hearing. If the application for continuance is not contested, the board administrator or designee may issue an order or delegate the matter to an administrative law judge. If the application for continuance is contested, the matter will be heard by the board or may be delegated by the board to an administrative law judge. No continuance shall be granted within seven days of the date of hearing except for extraordinary, extenuating or emergency circumstances.

506.18(2) A written application for a continuance shall:

a. Be made at the earliest possible time and no less than seven working days before the hearing, except in cases of unanticipated emergencies;

b. State the specific reasons for the request; and

c. Be signed by the requesting party or the party's representative.

506.18(3) An oral application for continuance may be made if the board or the presiding officer waives the requirement for a written motion. No application for continuance shall be made or granted without notice to all parties, except in an emergency where notice is not feasible.

506.18(4) The presiding officer may require documentation of any grounds for continuance. In determining whether to grant a continuance, the presiding officer may consider:

a. Prior continuances;

b. The interests of all parties;

c. The public interest;
d. The likelihood of informal settlement;
e. The existence of an emergency;
f. Any objection;
g. Any applicable time requirements;
h. The existence of a conflict in the schedules of counsel, parties, or witnesses;
i. The timeliness of the request; and
j. Other relevant factors.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.19(17A,272C) Hearing procedures.

506.19(1) Hearings are conducted before a quorum of the board or an administrative law judge. With respect to contested cases before the board of medicine, if an insufficient number of board members are available to hear a contested case, the executive director, or designee, may request alternate members as defined in rule 481—650.1(17A,147) and Iowa Code sections 148.2A and 148.7(4) to serve on the hearing panel. A hearing panel must include at least six members, at least half of whom must be current board members and at least half of whom must be licensed to practice medicine under Iowa Code chapter 148.

506.19(2) The presiding officer has the authority to administer oaths, to admit or exclude testimony or other evidence, and to rule on all motions and objections. The board may request that an administrative law judge perform any of these functions and may be assisted and advised by an administrative law judge.

506.19(3) All objections will be timely made and stated on the record.

506.19(4) Parties have the right to participate or to be represented in all hearings or prehearing conferences related to their case.

506.19(5) Subject to terms and conditions prescribed by the presiding officer, parties have the right to introduce evidence on issues of material fact, cross-examine witnesses present at the hearing as necessary for a full and true disclosure of the facts, present evidence in rebuttal, and submit briefs and engage in oral argument. Subject to terms and conditions prescribed by the presiding officer, parties may present the testimony of witnesses by affidavit, by written or video deposition, in person, by telephone, or by videoconference.

506.19(6) The presiding officer maintains the decorum of the hearing and may refuse to admit or may expel anyone whose conduct is disorderly.

506.19(7) Witnesses may be sequestered during the hearing.

506.19(8) The presiding officer has the authority to grant immunity from disciplinary action to a witness as provided by Iowa Code section 272C.6(3).

506.19(9) The presiding officer conducts the hearing in the following manner:

a. The presiding officer gives an opening statement briefly describing the nature of the proceedings;
b. The parties are given an opportunity to present opening statements;
c. The parties present their cases in the sequence determined by the presiding officer;
d. Each witness is sworn or affirmed by the presiding officer or the court reporter and subject to examination and cross-examination. The presiding officer may limit questioning in a manner consistent with law;
e. When all parties and witnesses have been heard, the parties may be given the opportunity to present final arguments.

506.19(10) The board members and the administrative law judge have the right to question a witness. Examination of witnesses is subject to properly raised objections.

506.19(11) The hearing will be open to the public unless the licensee requests that the hearing be closed. At the request of either party, or on the board's own motion, the presiding officer may issue a protective order to protect documents that are privileged or confidential by law.

506.19(12) Contested case hearings shall be recorded by electronic means or by a certified shorthand reporter. A party may request that a hearing be recorded by a certified shorthand reporter instead of through electronic means by filing a request with the board at least 14 days in advance of the hearing. Parties who request that a hearing be recorded by a certified shorthand reporter rather than by electronic means shall bear the cost of the certified shorthand reporter. Upon request, the board shall provide a copy of the whole

or any portion of the record costs. The cost of preparing a copy of the record or of transcribing the hearing record shall be paid by the requesting party. If the request for the hearing record is made as a result of a petition for judicial review, the party who filed the petition shall be considered the requesting party.
[**ARC 9106C**, IAB 4/16/25, effective 3/28/25; Editorial change: IAC Supplement 8/5/26]

481—506.20(17A) Evidence.

506.20(1) The presiding officer rules on admissibility of evidence and may, where appropriate, take official notice of facts in accordance with all applicable requirements of law.

506.20(2) Stipulation of facts is encouraged. The presiding officer may make a decision based on stipulated facts.

506.20(3) Evidence in the proceeding shall be confined to the issues as to which the parties received notice prior to the hearing unless a party waives the party's right to such notice or the presiding officer determines that good cause justifies expansion of the issues. If the presiding officer decides to admit evidence on issues outside the scope of the notice over the objection of a party who did not have actual notice of those issues, that party, upon timely request, will receive a continuance sufficient to amend pleadings and to prepare on the additional issue.

506.20(4) The party seeking admission of an exhibit must provide opposing parties with an opportunity to examine the exhibit prior to the ruling on its admissibility. Copies of documents should normally be provided to opposing parties. All exhibits admitted into evidence will be appropriately marked and be made part of the record.

506.20(5) Any party may object to specific evidence or may request limits on the scope of any examination or cross-examination. Such an objection shall be accompanied by a brief statement of the grounds upon which it is based. The objection, the ruling on the objection, and the reasons for the ruling shall be noted in the record. The presiding officer may rule on the objection at the time it is made or may reserve a ruling until the written decision.

506.20(6) Whenever evidence is ruled inadmissible, the party offering that evidence may submit an offer of proof on the record. The party making the offer of proof for excluded oral testimony shall briefly summarize the testimony or, with permission of the presiding officer, present the testimony. If the excluded evidence consists of a document or exhibit, it shall be marked as part of an offer of proof and inserted in the record.

506.20(7) Irrelevant, immaterial and unduly repetitious evidence should be excluded. A finding will be based upon the kind of evidence upon which reasonably prudent persons are accustomed to rely for the conduct of their serious affairs and may be based on hearsay or other types of evidence that may or would be inadmissible in a jury trial.
[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.21(17A) Default.

506.21(1) If a party fails to appear or participate in a contested case proceeding after proper service of notice, the presiding officer may, if no adjournment is granted, enter a default decision or proceed with the hearing and render a decision in the absence of the party.

506.21(2) Where appropriate and not contrary to law, any party may move for default against a party who has failed to appear after proper service.

506.21(3) Default decisions or decisions rendered on the merits after a party has failed to appear or participate in a contested case proceeding become final agency action unless, within 15 days after the date of notification or mailing of the decision, a motion to vacate is filed and served on all parties or an appeal of a decision on the merits is timely initiated. A motion to vacate must state all facts relied upon by the moving party that establish that good cause existed for that party's failure to appear or participate at the contested case proceeding. Each fact so stated must be substantiated by at least one sworn affidavit of a person with personal knowledge of each such fact, which affidavit(s) must be attached to the motion.

506.21(4) The time for further appeal of a decision for which a timely motion to vacate has been filed is stayed pending a decision on the motion to vacate.

506.21(5) Properly substantiated and timely filed motions to vacate will be granted only for good cause shown. The burden of proof as to good cause is on the moving party. Adverse parties will have ten

days to respond to a motion to vacate. Adverse parties will be allowed to conduct discovery as to the issue of good cause and to present evidence on the issue prior to a decision on the motion, if a request to do so is included in that party's response.

506.21(6) "Good cause" for purposes of this rule shall have the same meaning as "good cause" for setting aside a default judgment under the Iowa Rules of Civil Procedure.

506.21(7) A decision denying a motion to vacate is subject to further appeal within the time limit allowed for further appeal of a decision on the merits in the contested case proceeding. A decision granting a motion to vacate is subject to interlocutory appeal by the adverse party pursuant to rule 481—506.24(17A).

506.21(8) If a motion to vacate is granted and no timely interlocutory appeal has been taken, the presiding officer will issue another notice of hearing and statement of charges and the contested case will proceed accordingly.

506.21(9) A default decision may provide either that the default decision is to be stayed pending a timely motion to vacate or that the default decision is to take effect immediately, subject to a request for stay under rule 481—506.26(17A).

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.22(17A) Ex parte communication.

506.22(1) Unless required for the disposition of ex parte matters specifically authorized by statute, following issuance of the statement of charges and notice of hearing, there will be no communication, directly or indirectly, between the presiding officer and any party or representative of any party or any other person with a direct or indirect interest in such case in connection with any issue of fact or law in the case except upon notice and opportunity for all parties to participate. Nothing in this provision is intended to preclude board members from communicating with other board members or members of the board staff, other than those with a personal interest in, or those engaged in personally investigating, prosecuting, or advocating in, either the case under consideration or a pending factually related case involving the same parties, as long as those persons do not directly or indirectly communicate to the presiding officer any ex parte communications they have received of a type that the presiding officer would be prohibited from receiving or that furnish, augment, diminish, or modify the evidence in the record.

506.22(2) Prohibitions on ex parte communications commence with the issuance of the statement of charges and notice of hearing in a contested case and continue for as long as the case is pending before the board.

506.22(3) Written, oral or other forms of communication are ex parte if made without notice and opportunity for all parties to participate.

506.22(4) To avoid prohibited ex parte communications, notice must be given in a manner reasonably calculated to give all parties a fair opportunity to participate. Notice of written communications will be provided in compliance with rule 481—506.6(17A) and may be supplemented by telephone, facsimile, electronic mail or other means of notification. Where permitted, oral communications may be initiated through conference telephone call, including all parties or their representatives.

506.22(5) Persons who jointly act as presiding officer in a pending contested case may communicate with each other without notice or opportunity for parties to participate.

506.22(6) The board administrator or other persons may be present in deliberations or otherwise advise the presiding officer without notice or opportunity for parties to participate as long as they are not disqualified from participating in the making of a final decision under any provision of law and they comply with this rule.

506.22(7) Communications with the presiding officer involving uncontested scheduling or procedural matters do not require notice or opportunity for parties to participate. Parties should notify other parties prior to initiating such contact with the presiding officer when feasible, and will notify other parties when seeking to continue hearings or other deadlines.

506.22(8) A presiding officer who receives a prohibited ex parte communication during the pendency of a contested case must initially determine if the effect of the communication is so prejudicial that the presiding officer should be disqualified.

a. If the presiding officer determines that disqualification is warranted, a copy of any prohibited written communication, all written responses to the communication, a written summary stating the substance of any prohibited oral or other communication not available in written form for disclosure, all responses made, and the identity of each person from whom the presiding officer received a prohibited ex parte communication will be submitted for inclusion in the record under seal by protective order.

b. If the presiding officer determines that disqualification is not warranted, such documents will be submitted for inclusion in the record and served on all parties. Any party desiring to rebut the prohibited communication must be allowed the opportunity to do so upon written request filed within ten days after notice of the communication.

506.22(9) Promptly after being assigned to serve as presiding officer at any stage in a contested case proceeding, a presiding officer shall disclose to all parties material factual information received through ex parte communication prior to such assignment unless the factual information has already been or shortly will be disclosed pursuant to Iowa Code section 17A.13(2) or through discovery. Factual information contained in an investigative report or similar document need not be separately disclosed by the presiding officer as long as such documents have been or will shortly be provided to the parties.

506.22(10) The presiding officer may render a proposed or final decision imposing appropriate sanctions for violations of this rule, including default, a decision against the offending party, censure, suspension or revocation of the privilege to practice before the agency. Violation of ex parte communication prohibitions by board personnel will be reported to the board and its board administrator for possible sanctions, including censure, suspension, dismissal, or other disciplinary action.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.23(17A) Recording costs. Upon request, the board will provide a copy of the whole or any portion of the record at cost. The cost of preparing a copy of the record or of transcribing the hearing record is paid by the requesting party.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.24(17A) Interlocutory appeals. Upon written request of a party or on its own motion, the board may review an interlocutory order of the board administrator or an administrative law judge. Any request for interlocutory review must be filed within 14 days of issuance of the challenged order, but no later than the time for compliance with the order or the date of hearing, whichever is first. In determining whether to review an interlocutory order, the board will consider:

506.24(1) The extent to which granting the interlocutory appeal would expedite final resolution of the case; and

506.24(2) The extent to which review of that interlocutory order by the board at the time it reviews the proposed decision of the presiding officer would provide an adequate remedy.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.25(17A) Decisions.

506.25(1) *Final decisions.*

a. When a quorum of the board presides over the reception of the evidence at the hearing, its decision is a final decision. A final decision of the board is an open record. Final decisions shall be served on the parties in accordance with rule 481—506.13(17A).

b. A decision of a hearing panel of the board of medicine containing alternate members is considered a final decision of the board in accordance with Iowa Code section 148.2A.

506.25(2) *Proposed decisions.*

a. Panel of specialists for board of medicine. When a panel of three specialists for the board of medicine presides over the hearing, the panel shall issue a proposed decision that includes findings of fact but does not include conclusions of law. A proposed decision of a panel of specialists, together with a transcript of the proceedings and the exhibits presented, shall be reviewed by the board within 30 days of the date of the proposed decision was issued and a final decision issued.

b. Panel of board members or administrative law judge. When a panel of three or more board members or an administrative law judge presides over the hearing, the panel or administrative law judge

shall issue a proposed decision that includes proposed findings of fact, conclusions of law, and an order. A proposed decision shall be reviewed by the board within 30 days of the date of the proposed decision was issued. A proposed decision becomes a final decision without further proceedings unless appealed in accordance with paragraph 506.25(2)*"c."*

c. Appeal of proposed decisions. A proposed decision pursuant to paragraph 506.25(2)*"a"* or *"b"* may be appealed to the full board by either party by serving on the board administrator, either in person, by email or by certified mail, a written notice of appeal within three days after service of the proposed decision on the appealing party.

(1) Following receipt of a notice of appeal, the board will enter an order establishing a schedule for further proceedings, which may include submission of briefs and oral argument. The parties shall serve their briefs on the board and each party.

(2) Oral argument may be heard by the board and may be waived by the parties. The time granted each party for oral argument is established by the board.

(3) The record on appeal includes the entire record made before the presiding officer. Costs associated with the appeal shall be paid by the appealing party.

d. Confidentiality. At no time prior to the release of the final decision by the board shall a proposed decision be made public or distributed to any person other than the parties.

e. Requests to present additional evidence. A party may request the taking of additional evidence after the issuance of a proposed decision only by establishing that:

(1) The evidence is material; and

(2) The evidence arose after the completion of the original hearing; or

(3) Good cause exists for failure to present the evidence at the original hearing; and

(4) The party has not waived the right to present additional evidence.

A written request to present additional evidence must be filed with the notice of appeal or by a nonappealing party within 14 days of service of the notice of appeal. The board may remand a case to the hearing panel or administrative law judge for further hearing or may itself preside at the taking of additional evidence.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.26(17A) Applications for rehearing.

506.26(1) *Who may file.* Any party to a contested case proceeding may file an application for rehearing from a final order. The filing of an application for rehearing is not necessary to exhaust administrative remedies for purposes of judicial review.

506.26(2) *Content of application.* The application for rehearing will state on whose behalf it is filed, the specific grounds for rehearing, and the relief sought. In addition, the application shall state whether the applicant desires reconsideration of all or part of the agency decision on the existing record and whether the applicant requests an opportunity to submit additional evidence.

506.26(3) *Additional evidence.* A request that additional evidence be considered on rehearing is governed by paragraph 506.25(2)*"e."*

506.26(4) *Filing deadline.* The application shall be filed with the board within 20 days after issuance of the final decision.

506.26(5) *Notice to other parties.* A copy of the application shall be timely mailed by the applicant to all parties of record not joining therein.

506.26(6) *Disposition.* Any application for a rehearing is deemed denied unless the agency grants the application within 20 days after its filing.

506.26(7) *Only remedy.* Application for rehearing is the only procedure by which a party may request that the board reconsider a final board decision.

506.26(8) *Proceedings.* If the board grants an application for rehearing, the board may set the application for oral argument or for hearing if additional evidence will be received. If additional evidence will not be received, the board may issue a ruling without oral argument or hearing. The board may, on the request of a party or on its own motion, order or permit the parties to provide written argument on one or more designated issues. The board may be assisted by an administrative law judge in all proceedings related to an application for rehearing.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.27(17A) Stays of agency actions.

506.27(1) *When available.* Any party to a contested case proceeding may petition the board for a stay of an order issued in that proceeding or for other temporary remedies, pending review by the board or pending judicial review. The petition shall state the reasons justifying a stay or other temporary remedy. A party must petition the board for a stay pursuant to this rule prior to requesting a stay from the district court in a judicial review proceeding.

506.27(2) *When granted.* In determining whether to grant a stay, the board will consider the factors listed in Iowa Code section 17A.19(5)*"c."* The board will not grant a stay in any case in which the district court would be expressly prohibited by statute from granting a stay.

506.27(3) *Vacation.* A stay may be vacated by the issuing authority upon application of the board or any other party.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.28(17A) No factual dispute contested cases. If the parties agree that no dispute of material fact exists as to a matter that would be a contested case if such a dispute of fact existed, the parties may present all relevant admissible evidence either by stipulation or otherwise as agreed by the parties, without necessity for the production of evidence at an evidentiary hearing. If such agreement is reached, a jointly submitted schedule detailing the method and timetable for submission of the record, briefs and oral argument should be submitted to the presiding officer for approval as soon as practicable.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.29(17A) Emergency adjudicative proceedings.

506.29(1) *Emergency action.* To the extent necessary to prevent or avoid immediate danger to the public health, safety, or welfare, and consistent with the Constitution and other provisions of law, the board may issue a written order in compliance with Iowa Code section 17A.18A to suspend a license in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the board by emergency adjudicative order.

506.29(2) *Factors for consideration.* Before issuing an emergency adjudicative order, the board will consider factors, including but not limited to the following:

a. Whether there has been a sufficient factual investigation to ensure that the board is proceeding on the basis of reliable information;

b. Whether the specific circumstances that pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;

c. Whether the person required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;

d. Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and

e. Whether the specific action contemplated by the board is necessary to avoid the immediate danger.

506.29(3) *Issuance of order.*

a. An emergency adjudicative order contains findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the board's decision to take immediate action. The order is a public record.

b. The written emergency adjudicative order will be immediately served upon the person who is required to comply with the order by utilizing one or more of the following procedures:

(1) Personal delivery;

(2) Certified mail, return receipt requested, to the last address on file with the agency;

(3) Certified mail to the last address on file with the agency;

(4) Email to the last email on file with the agency; or

(5) Fax. Fax may be used as the sole method of delivery if the person required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

c. To the degree practicable, the board will select the procedure for providing written notice that best ensures prompt, reliable delivery.

506.29(4) *Oral notice.* Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order is issued, the board will make reasonable immediate efforts to contact by telephone the person who is required to comply with the order.

506.29(5) *Completion of proceedings.* After the issuance of an emergency adjudicative order, the board will proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

a. Issuance of a written emergency adjudicative order will include notification of the date on which board proceedings are scheduled for hearing.

b. After issuance of an emergency adjudicative order, continuance of further board proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the person who is required to comply with the order is the party requesting the continuance.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.30(17A) Appeal. Any appeal to district court from a decision in a contested case will be taken within 30 days from the date of issuance of the decision by the board pursuant to Iowa Code section 17A.19.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.31(272C) Public record. The final decision of the board in a contested case is a public record. The board will report final decisions to the appropriate organizations, which may include but are not limited to the National Practitioner Data Bank and any media or other organizations that have filed a request for public information.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.32(272C) Reinstatement.

506.32(1) Any person whose license to practice has been revoked or suspended may apply to the board for reinstatement in accordance with the terms and conditions of the order of revocation or suspension unless the order of revocation provides that the license is permanently revoked.

506.32(2) Unless otherwise provided by law, if the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

506.32(3) All proceedings for reinstatement will be initiated by the respondent, who will file with the board an application for reinstatement of the license. Such application will be docketed in the original case in which the license was revoked, suspended, or relinquished. All proceedings upon the application for reinstatement will be subject to the same rules of procedure as other cases before the board.

506.32(4) An application for reinstatement will allege facts that, if established, will be sufficient to enable the board to determine that the basis for the revocation, suspension or voluntary surrender of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts is on the respondent.

506.32(5) An order of reinstatement will be based upon a decision that incorporates findings of facts and conclusions of law. The order will be published as provided for in this chapter.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.33(17A,272C) License denial. An applicant may appeal a preliminary notice of denial of license by filing a written notice of appeal and request for hearing with the board within 30 days of the date that the preliminary notice of denial of license was mailed or emailed by the board. The hearing is a contested case conducted in accordance with this chapter.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.34(272C) Disciplinary hearings—fees and costs.

506.34(1) *Definitions.* As used in this rule in relation to formal disciplinary action filed by the board against a licensee, the following definitions apply:

"Deposition" means the testimony of a person taken pursuant to subpoena or at the request of the state of Iowa taken in a setting other than a hearing.

"Evaluation fees" means actual costs incurred by the board in a physical, mental, chemical abuse, other impairment-related examination or evaluation or clinical competency evaluation of a licensee when the examination or evaluation is conducted pursuant to an order of the board.

"Expenses" means costs incurred by persons appearing pursuant to a subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa in a hearing or other official proceeding and includes mileage reimbursement at the rate specified in Iowa Code section 70A.9 or, if commercial air or ground transportation is used, the actual cost of transportation to and from the proceeding. Also included are actual costs incurred for meals and necessary lodging.

"Transcript" means a printed verbatim reproduction of everything said on the record during a hearing or other official proceeding.

"Witness fees" means compensation paid by the board to persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa. For the purposes of this rule, compensation is the same as outlined in Iowa Code section 622.69 or 622.72, as applicable.

506.34(2) *Disciplinary hearing fee and related hearing costs.* As set forth in Iowa Code section 272C.6(6), a board created pursuant to Iowa Code chapter 147, 154A, 155, 169, 542, 542B, 543B, 543D, 544A, or 544B may charge a fee not to exceed $75 for conducting a disciplinary hearing that results in disciplinary action taken against the licensee by the board. The board may also recover from the licensee the costs for transcripts, witness fees and expenses, depositions, and medical examination fees incurred relating to a person licensed under Iowa Code chapter 147, 154A, 155, or 169. An order assessing a fee will be included as part of the board's final decision and will direct the licensee to deliver payment directly to the board. The allocation of fees and costs collected pursuant to this subrule is in accordance with Iowa Code section 272C.6(6)*"b."* The board may assess these costs in the manner it deems most equitable in accordance with the following:

a. Transcript costs. The board may recover the costs for the court reporter and assess the transcript costs against the licensee pursuant to Iowa Code section 272C.6(6), if applicable, or against the requesting party pursuant to Iowa Code section 17A.12(7).

(1) The cost of the transcript includes the transcript of the original contested case hearing before the board, as well as transcripts of any other formal proceedings before the board that occur after the notice of the contested case hearing is filed.

(2) In the event of an appeal to the full board from a proposed decision, the appealing party shall timely request and pay for the transcript necessary for use in the agency appeal process.

b. Witness fees and expenses. The parties in a contested case are responsible for any witness fees and expenses incurred by witnesses appearing at the contested case hearing. In addition, the board may assess the licensee the witness fees and expenses incurred by the witnesses called to testify on behalf of the state of Iowa, provided that the costs are calculated as follows:

(1) The costs for lay witnesses are determined in accordance with Iowa Code section 622.69. For purposes of calculating the mileage expenses allowed under that section, the provisions of Iowa Code section 625.2 do not apply.

(2) The costs for expert witnesses are determined in accordance with Iowa Code section 622.72. For purposes of calculating the mileage expenses allowed under that section, the provisions of Iowa Code section 625.2 do not apply.

(3) The provisions of Iowa Code section 622.74 regarding advance payment of witness fees and the consequences for failure to make such payment are applicable with regard to witnesses who are subpoenaed by either party to testify at the hearing.

(4) The board may assess as costs the meal and lodging expenses necessarily incurred by witnesses testifying at the request of the state of Iowa. Meal and lodging costs shall not exceed the reimbursement employees of the state of Iowa receive for these expenses under the department of revenue guidelines.

c. Deposition costs. Deposition costs for purposes of allocating costs against a licensee include only those deposition costs incurred by the state of Iowa. The licensee is directly responsible for the payment of deposition costs incurred by the licensee.

(1) The costs for depositions include the cost of transcripts, the daily charge of the court reporter for attending and transcribing the deposition, and all mileage and travel time charges of the court reporter for traveling to and from the deposition that are charged in the ordinary course of business.

(2) If the deposition is of an expert witness, the deposition cost includes a reasonable fee for an expert witness. This fee will not exceed the expert's customary hourly or daily fee and shall include the time reasonably and necessarily spent in connection with such deposition, including the time spent in travel to and from the deposition, but excluding time spent in preparation for that deposition.

d. Medical examination fees. All costs of physical or mental examinations or substance abuse evaluations or drug screening or clinical competency evaluations ordered by the board pursuant to Iowa Code section 272C.9(1) as part of an investigation of a pending complaint or as a sanction following a contested case shall be paid directly by the licensee.

506.34(3) *Certification of reimbursable costs.* The board administrator or designee will certify any reimbursable costs incurred by the board. The board administrator will calculate the specific costs, certify the cost calculated, and file the certification as part of the record in the contested case. A copy of the certification shall be served on the party responsible for payment of the certified costs at the time of the filing.

506.34(4) *Assessment of fees and costs.* A final decision of the board imposing disciplinary action against a licensee shall include the amount of any disciplinary hearing fee assessed. If the board also assesses reimbursable costs against the licensee, the board will file a certification of reimbursable costs that includes a statement of costs delineating each category of costs and the amount assessed. The board will specify the time period in which the fees and costs must be paid by the licensee.

a. Prior to seeking judicial review, a party shall file an objection to any fees or costs imposed by the board in order to exhaust administrative remedies. An objection shall be filed in the form of an application for rehearing pursuant to Iowa Code section 17A.16(2).

b. The application will be resolved by the board consistent with the procedures for ruling on an application for rehearing. Any dispute regarding the calculation of any fees or costs to be assessed may be resolved by the board upon receipt of the parties' written objections.

506.34(5) *Payment of fees and costs.* All fees and costs assessed pursuant to this rule shall be made in the form of a check or money order made payable to the board and delivered to the board office.

506.34(6) *Failure to make payment.* Failure of a licensee to pay any fees and costs within the time specified in the board order constitutes a violation of an order of the board and may be grounds for disciplinary action.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.35(17A,272C) Settlement agreements.

506.35(1) Upon a determination by the board that probable cause exists to take public disciplinary action, the board and the licensee may enter into a combined statement of charges and settlement agreement or consent order. Entering into a combined statement of charges and settlement agreement or consent order is voluntary, and no licensee is entitled to be offered a combined statement of charges and settlement agreement or consent order. The combined statement of charges and settlement agreement or consent order shall include a brief statement of the charges, the circumstances that led to the charges, and the terms of settlement. Execution of a combined statement of charges and settlement agreement or consent order constitutes the commencement and resolution of a contested case proceeding. By electing to sign a combined statement of charges and settlement agreement, the licensee waives the right to a contested case hearing on the matter and waives the right to receive the investigative file. A combined statement of charges and settlement agreement is a public record open for inspection pursuant to Iowa Code chapter 22.

506.35(2) Any contested case may be resolved by settlement agreement or consent order. Settlement negotiations may be initiated by any party at any stage of a contested case. No party is required to participate in the settlement process. The assistant attorney general representing the state of Iowa or approved department personnel are authorized to negotiate on behalf of the board.

506.35(3) The full board will not be involved in negotiations until a written proposed settlement is submitted to the full board for approval unless both parties waive this prohibition.

506.35(4) Consent to negotiation by the respondent during settlement negotiations constitutes a waiver of notice and opportunity to be heard during settlement negotiation pursuant to Iowa Code section 17A.17. Thereafter, the prosecuting attorney is authorized to discuss settlement with the board chairperson or designee or approved department personnel. By signing the proposed consent order, the respondent authorizes the prosecuting attorney or executive officer to have ex parte communications with the board related to the terms of settlement. A board member who is designated to act in negotiation of settlement is not disqualified from participating in the contested case should the case proceed to hearing.

506.35(5) Settlement agreements shall be completed at least seven days prior to the date scheduled for hearing whenever possible.

506.35(6) All settlements are subject to approval by the majority of the board. If the board fails to approve the settlement, it will be of no force or effect to either party and will not be admissible at hearing. Upon rejecting a proposed consent order, the board may suggest alternative terms of settlement that the respondent is free to accept or reject.

506.35(7) A settlement agreement is a public record open for inspection pursuant to Iowa Code chapter 22.

506.35(8) The board may accept the voluntary surrender of a license if it is accompanied by a written statement of intention. A voluntary surrender, when accepted in connection with a disciplinary proceeding, has the same force and effect as an order of revocation.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

481—506.36(17A) Waiver of procedures. Unless otherwise precluded by law, the parties in a contested case proceeding may waive any provision of this chapter. However, the board in its discretion may refuse to give effect to such a waiver if it deems the waiver to be inconsistent with the public interest.

[**ARC 9106C**, IAB 4/16/25, effective 3/28/25]

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

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[Editorial change: IAC Supplement 8/5/26]

CHAPTER 507
PROFESSIONAL LICENSING DIVISION FEES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—507.1(147,152D) Athletic training license fees. All fees are nonrefundable.

507.1(1) License fee for license to practice athletic training is $120.

507.1(2) Temporary license fee for license to practice athletic training is $120.

507.1(3) Biennial license renewal fee for each biennium is $120.

507.1(4) Late fee for failure to renew before expiration is $60.

507.1(5) Reactivation fee is $180.

507.1(6) Duplicate or reissued license certificate fee is $20.

507.1(7) Verification of license fee is $20.

507.1(8) Returned check fee is $25.

507.1(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code chapters 17A, 147, 152D and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.2 Reserved.

481—507.3(147,154D) Behavioral science license fees. All fees are nonrefundable.

507.3(1) License fee for license to practice marital and family therapy or mental health counseling is $120.

507.3(2) Temporary license fee for license to practice marital and family therapy or mental health counseling is $120.

507.3(3) License fee for license to practice as a behavior analyst or assistant behavior analyst is $120. Behavior analyst and assistant behavior analyst licenses issued for less than one year shall not be subject to a renewal fee for the first renewal.

507.3(4) Biennial license renewal fee for each biennium is $120.

507.3(5) Late fee for failure to renew before expiration is $60.

507.3(6) Reactivation fee is $180.

507.3(7) Duplicate or reissued license certificate fee is $20.

507.3(8) Verification of license fee is $20.

507.3(9) Returned check fee is $25.

507.3(10) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 154D and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.4(151) Chiropractic license fees. All fees are nonrefundable.

507.4(1) License fee for license to practice chiropractic is $270.

507.4(2) Fee for issuance of annual temporary certificate is $120.

507.4(3) Biennial license renewal fee is $120.

507.4(4) Late fee for failure to renew before the expiration date is $60.

507.4(5) Reactivation fee is $180.

507.4(6) Duplicate or reissued license certificate fee is $20.

507.4(7) Fee for verification of license is $20.

507.4(8) Returned check fee is $25.

507.4(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code chapters 17A, 151 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.5(147,157) Barbering and cosmetology arts and sciences license fees. All fees are nonrefundable.

507.5(1) License fee for license to practice barbering and cosmetology arts and sciences, license by endorsement, license by reciprocity, or an instructor's license is $60.

507.5(2) Biennial license renewal fee for each license for each biennium is $60.

507.5(3) Late fee for failure to renew before expiration is $60.

507.5(4) Reactivation fee for applicants licensed to practice barbering and cosmetology arts and sciences is $120; for establishments, $144; and for schools, $330.

507.5(5) Duplicate or reissued license certificate fee is $20.

507.5(6) Fee for verification of license is $20.

507.5(7) Returned check fee is $25.

507.5(8) Disciplinary hearing fee is a maximum of $75.

507.5(9) Fee for license to conduct a school teaching barbering and cosmetology arts and sciences is $600.

507.5(10) Fee for renewal of a school license is $270 annually.

507.5(11) Establishment license fee is $80.

507.5(12) Biennial license renewal fee for each establishment license for each biennium is $80.

507.5(13) Demonstrator and not-for-profit temporary permit fee is $42 for the first day and $12 for each day thereafter that the permit is valid.

507.5(14) An initial fee or a reactivation fee for certification to administer microdermabrasion or utilize a certified laser product or an intense pulsed light (IPL) device is $25 for each type of procedure or certified laser product or IPL device.

507.5(15) An initial fee or a reactivation fee for certification of barbers and cosmetologists to perform shaving for hair removal or administer chemical peels is $25.

507.5(16) An initial fee and renewal fee for the one-year permit allowing limited services outside of a licensed establishment as outlined in rules 481—943.16(157) and 481—943.22(157) is $40.

This rule is intended to implement Iowa Code section 147.80 and chapter 157.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.6(147,152A) Dietetics license fees. All fees are nonrefundable.

507.6(1) License fee for license to practice dietetics, license by endorsement, or license by reciprocity is $120.

507.6(2) Biennial license renewal fee for each biennium is $120.

507.6(3) Late fee for failure to renew before expiration is $60.

507.6(4) Reactivation fee is $180.

507.6(5) Duplicate or reissued license certificate fee is $20.

507.6(6) Verification of license fee is $20.

507.6(7) Returned check fee is $25.

507.6(8) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 152A and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.7(147,154A) Hearing aid specialists license fees. All fees are nonrefundable.

507.7(1) Application fee for a license to practice by examination, endorsement, or reciprocity is $156.

507.7(2) Renewal of license fee is $60.

507.7(3) Temporary permit fee is $42.

507.7(4) Late fee is $60.

507.7(5) Reactivation fee is $120.

507.7(6) Duplicate or reissued license certificate fee is $20.

507.7(7) Verification of license fee is $20.

507.7(8) Returned check fee is $25.

507.7(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code chapter 154A.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.8(147) Massage therapy license fees. All fees are nonrefundable.

507.8(1) License fee for license to practice massage therapy is $120.

507.8(2) Biennial license renewal fee for each biennium is $60.

507.8(3) Temporary license fee for up to one year is $120.

507.8(4) Late fee for failure to renew before expiration is $60.

507.8(5) Reactivation fee is $120.

507.8(6) Duplicate or reissued license certificate fee is $20.

507.8(7) Verification of license fee is $20.

507.8(8) Returned check fee is $25.

507.8(9) Disciplinary hearing fee is a maximum of $75.

507.8(10) Initial application fee for approval of massage therapy education curriculum is $120.

This rule is intended to implement Iowa Code chapters 17A, 147 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.9(147,156) Mortuary science license fees. All fees are nonrefundable.

507.9(1) License fee for license to practice funeral directing is $120.

507.9(2) Biennial funeral director's license renewal fee for each biennium is $120.

507.9(3) Late fee for failure to renew before expiration is $60.

507.9(4) Reactivation fee for a funeral director is $180 and for a funeral establishment or cremation establishment is $150.

507.9(5) Duplicate or reissued license certificate fee is $20.

507.9(6) Verification of license fee is $20.

507.9(7) Returned check fee is $25.

507.9(8) Disciplinary hearing fee is a maximum of $75.

507.9(9) Funeral establishment or cremation establishment fee is $90.

507.9(10) Three-year renewal fee of funeral establishment or cremation establishment is $90.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 156 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.10(147,155) Nursing home administrators license fees. All fees are nonrefundable.

507.10(1) License fee for license to practice nursing home administration is $120.

507.10(2) Biennial license renewal fee for each license for each biennium is $60.

507.10(3) Late fee for failure to renew before expiration is $60.

507.10(4) Reactivation fee is $120.

507.10(5) Duplicate or reissued license certificate fee is $20.

507.10(6) Verification of license fee is $20.

507.10(7) Returned check fee is $25.

507.10(8) Disciplinary hearing fee is a maximum of $75.

507.10(9) Provisional license fee is $120.

This rule is intended to implement Iowa Code section 147.80 and chapter 155.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.11(147,148B) Occupational therapy license fees. All fees are nonrefundable.

507.11(1) License fee for an occupational therapist or occupational therapist assistant license to practice occupational therapy is $120.

507.11(2) Biennial license renewal fee to practice occupational therapy is $60.

507.11(3) Biennial license renewal fee for an occupational therapy assistant is $60.

507.11(4) Late fee for failure to renew before expiration is $60.

507.11(5) Reactivation fee is $120.

507.11(6) Duplicate or reissued license certificate fee is $20.

507.11(7) Verification of license fee is $20.

507.11(8) Returned check fee is $25.

507.11(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 148B and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.12(147,154) Optometry license fees. All fees are nonrefundable.

507.12(1) License fee for license to practice optometry, license by endorsement, or license by reciprocity is $300.

507.12(2) Biennial license renewal fee for each biennium is $144.

507.12(3) Late fee for failure to renew before expiration date is $60.

507.12(4) Reactivation fee is $204.

507.12(5) Duplicate or reissued license certificate fee is $20.

507.12(6) Verification of license fee is $20.

507.12(7) Returned check fee is $25.

507.12(8) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code chapters 17A, 147, 154 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.13(147,148A) Physical therapy license fees. All fees are nonrefundable.

507.13(1) License fee for license to practice physical therapy or as a physical therapist assistant is $120.

507.13(2) Biennial license renewal fee for a physical therapist is $60.

507.13(3) Biennial license renewal fee for a physical therapist assistant is $60.

507.13(4) Late fee for failure to renew before expiration is $60.

507.13(5) Reactivation fee is $120.

507.13(6) Duplicate or reissued license certificate fee is $20.

507.13(7) Verification of license fee is $20.

507.13(8) Returned check fee is $25.

507.13(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 148A and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.14(148C) Physician associates license fees. All fees are nonrefundable.

507.14(1) Application fee for a license is $120.

507.14(2) Fee for a temporary license is $120.

507.14(3) Renewal of license fee is $120.

507.14(4) Late fee for failure to renew before expiration is $60.

507.14(5) Reactivation fee is $180.

507.14(6) Duplicate or reissued license certificate fee is $20.

507.14(7) Fee for verification of license is $20.

507.14(8) Returned check fee is $25.

507.14(9) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 148C and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—507.15(147,148F,149) Podiatry license fees. All fees are nonrefundable.

507.15(1) License fee for license to practice podiatry, license by endorsement, or license by reciprocity is $400.

507.15(2) License fee for temporary license to practice podiatry is $200.

507.15(3) The fee for a license to practice orthotics, prosthetics, or pedorthics received on or before July 1, 2015, shall be $600. The fee for a license to practice orthotics, prosthetics, or pedorthics received after July 1, 2015, shall be $400.

507.15(4) Biennial license renewal fee is $400 for each biennium.

507.15(5) Reactivation fee is $460.

507.15(6) Temporary license renewal fee is $200.
507.15(7) Late fee for failure to renew before expiration is $60.
507.15(8) Duplicate or reissued license certificate fee is $20.
507.15(9) Verification of license fee is $20.
507.15(10) Returned check fee is $25.
507.15(11) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 148F, 149 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.16(147,154B) Psychology license fees. All fees are nonrefundable.

507.16(1) License fee for license to practice psychology is $120.
507.16(2) Biennial license renewal fee is $170.
507.16(3) Late fee for failure to renew before expiration is $60.
507.16(4) Reactivation fee is $230.
507.16(5) Duplicate or reissued license certificate fee is $20.
507.16(6) Verification of license fee is $20.
507.16(7) Returned check fee is $25.
507.16(8) Disciplinary hearing fee is a maximum of $75.
507.16(9) Processing fee for exemption to licensure is $60.
507.16(10) Certification fee for a health service provider is $60.
507.16(11) Biennial renewal fee for certification as a certified health service provider in psychology is $60.
507.16(12) Reactivation fee for certification as a certified health service provider in psychology is $60.
507.16(13) Provisional license fee is $120.
507.16(14) Provisional license renewal fee is $170.

This rule is intended to implement Iowa Code sections 147.80 and 154B.6 and chapters 17A, 154B and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.17(147,152B) Respiratory care and polysomnography license fees. All fees are nonrefundable.

507.17(1) Initial license fee.

a. The initial license fee for a respiratory care practitioner license is $75, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI).

b. The initial license fee for a polysomnographic technologist license is $75, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa DCI and the FBI.

c. The initial license fee for a respiratory care and polysomnography practitioner license is $90, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa DCI and the FBI.

507.17(2) Biennial license renewal fee for each biennium.

a. The biennial license renewal fee for each biennium for a respiratory care practitioner license is $75.

b. The biennial license renewal fee for each biennium for a polysomnographic technologist license is $75.

c. The biennial license renewal fee for each biennium for a respiratory care and polysomnography practitioner license is $90.

507.17(3) Late fee for failure to renew before expiration is $60.
507.17(4) Reactivation fee.

a. The reactivation fee to practice respiratory care is $135, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa DCI and the FBI if the license has been on inactive status for two or more years.

b. The reactivation fee to practice as a polysomnographic technologist is $135, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa DCI and the FBI if the license has been on inactive status for two or more years.

c. The reactivation fee to practice respiratory care and polysomnography is $150, plus the cost for evaluation of the fingerprint packet and the criminal history background checks by the Iowa DCI and the FBI if the license has been on inactive status for two or more years.

507.17(5) Duplicate or reissued license certificate fee is $20.

507.17(6) Verification of license fee is $20.

507.17(7) Returned check fee is $25.

507.17(8) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.8 and chapters 17A, 152B and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.18(147,154E) Sign language interpreters and transliterators license fees. All fees are nonrefundable.

507.18(1) License fee for license to practice interpreting or transliterating is $120.

507.18(2) License fee for temporary license to practice interpreting or transliterating is $120.

507.18(3) Biennial license renewal fee for each biennium is $120.

507.18(4) Late fee for failure to renew before expiration is $60.

507.18(5) Duplicate or reissued license certificate fee is $20.

507.18(6) Verification of license fee is $20.

507.18(7) Returned check fee is $25.

507.18(8) Disciplinary hearing fee is a maximum of $75.

507.18(9) Reactivation fee is $180.

This rule is intended to implement Iowa Code chapters 17A, 147, 154E and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.19(147,154C) Social work license fees. All fees are nonrefundable.

507.19(1) License fee for license to practice social work is $120.

507.19(2) Biennial license renewal fee for a license at the bachelor's level is $72; at the master's level, $120; and at the independent level, $144.

507.19(3) Late fee for failure to renew before expiration is $60.

507.19(4) Reactivation fee for a license at the bachelor's level is $132; at the master's level, $180; and at the independent level, $204.

507.19(5) Duplicate or reissued license certificate fee is $20.

507.19(6) Verification of license fee is $20.

507.19(7) Returned check fee is $25.

507.19(8) Disciplinary hearing fee is a maximum of $75.

This rule is intended to implement Iowa Code section 147.80 and chapters 17A, 154C and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—507.20(147) Speech pathology and audiology license fees. All fees are nonrefundable.

507.20(1) License fee for license to practice speech pathology or audiology, temporary clinical license, license by endorsement, or license by reciprocity is $120.

507.20(2) Biennial license renewal fee for each biennium is $96.

507.20(3) Late fee for failure to renew before expiration is $60.

507.20(4) Reactivation fee is $156.

507.20(5) Duplicate or reissued license certificate fee is $20.

507.20(6) Verification of license fee is $20.

507.20(7) Returned check fee is $25.

507.20(8) Disciplinary hearing fee is a maximum of $75.

507.20(9) Temporary clinical license renewal fee is $60.

507.20(10) Temporary permit fee is $30.

This rule is intended to implement Iowa Code chapters 17A, 147 and 272C.

[**ARC 8078C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

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[Editorial change: IAC Supplement 9/18/24]
[Editorial change: IAC Supplement 6/10/26]

CHAPTERS 508 to 549
Reserved

BOARD OF PHARMACY

CHAPTER 550
DEFINITIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—550.1(124,147,155A,272C) Definitions. For the purposes of 481—Chapter 550 through Chapter 557, and in addition to the definitions found in Iowa Code sections 124.101 and 155A.3, the following definitions apply:

"3PL" means third-party logistics.

"ACPE" means the Accreditation Council for Pharmacy Education.

"AMDS" means an automated medication dispensing system.

"Board" means the board of pharmacy.

"Certified pharmacy technician" or *"certified technician"* means an individual who holds a valid current national certification and who has registered with the board as a certified pharmacy technician.

"CFR" means the United States Code of Federal Regulations.

"CGMP" means current good manufacturing practices.

"Change of ownership" occurs when the owner listed on the pharmacy's most recent application changes.

"Continuing education" means a structured educational activity that is applicable to the practice of pharmacy, that promotes problem solving and critical thinking, and that is designed or intended to support the continuing development of pharmacists while maintaining and enhancing their competence in the practice of pharmacy.

"CSA" means the Iowa controlled substances Act.

"DEA" means the United States Drug Enforcement Administration.

"DSCSA" means the federal Drug Supply Chain Security Act, Part II of the Drug Quality and Security Act, as codified in 21 U.S.C. §360eee-1 and 360eee-2 as created November 27, 2013.

"EMS program" means an emergency medical services program that is licensed with the bureau of emergency and trauma services.

"FDA" means the United States Food and Drug Administration.

"FPGEC" means the Foreign Pharmacy Graduate Examination Committee.

"NABP" means the National Association of Boards of Pharmacy.

"NAPLEX" means the North American Pharmacist Licensure Examination.

"National pharmacy technician certification" means documentation of the successful completion of a program and examination, including renewal, for the certification of pharmacy technicians that is accredited by the National Commission for Certifying Agencies.

"NCDQS" means the National Coalition for Drug Quality and Security.

"NDC" means National Drug Code.

"Office use" means the utilization of a compounded preparation from an outsourcing facility for direct patient administration by a health care practitioner in the normal course of professional practice or for dispensing by a health care practitioner or a pharmacy pursuant to a patient-specific prescription for patient self-administration.

"PMP" means the Iowa prescription monitoring program.

"Preceptor" means an Iowa-licensed pharmacist in good standing.

"U.S.C." means the United States Code.

"USP" means the United States Pharmacopoeia.

This rule is intended to implement Iowa Code sections 124.302, 147.76 and 147.80 and chapters 155A and 272C.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

[Filed ARC 9337C (Notice ARC 8420C, IAB 11/27/24), IAB 6/11/25, effective 7/16/25][1]

[1] July 16, 2025, effective date of Chapter 550 **[ARC 9337C]** delayed 70 days by the Administrative Rules Review Committee at its meeting held July 14, 2025; delay lifted at the meeting held August 11, 2025.

CHAPTER 551
LICENSES, REGISTRATIONS, AND PERMITS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—551.1(124,147,155A,272C) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.2(124,124B,147,155A,272C) General requirements.

551.2(1) *Issuance.* The board will issue or renew a license, registration or permit upon receipt of a completed application and determination that the applicant has satisfied the requirements of applicable statutes and any additional criteria specified by these rules. A license or registration is necessary prior to engaging in the authorized activity into, out of, or within this state. A permit is necessary prior to engaging in the authorized activity in this state. Except as provided in these rules, the expiration date for any newly issued license, registration or permit will be extended by one year when the initial license, registration or permit is issued within two months of the standard expiration date.

551.2(2) *Board forms.* Initial applications, renewal applications, and other forms used for licensure, registration, or other purposes will be on board forms unless specified in these rules.

551.2(3) *Fees.*

a. Fees are nonrefundable and nontransferable and will be considered a repayment receipt as defined in Iowa Code section 8.2.

b. Fees apply to applications submitted for initial, changed and renewed licenses, registrations or permits or for a criminal history background check, when applicable.

c. A license, registration or permit will be invalidated when the method of payment is returned or rejected.

551.2(4) *Fee table.*

License/ Registration	Application Fee	Background Check Fee	Renewal Period	Renewal Fee	Delinquent Renewal Fee	Reactivation Fee
Pharmacist	$180	$45	2 years	$180	$360	$630
Pharmacist-Intern	$30	N/A	N/A	N/A	N/A	N/A
Technician Trainee	$20	N/A	1 year	$20	$40	$80
Certified Pharmacy Technician	$20	N/A	2 years	$40	$80	$160
Pharmacy Support Person	$25	N/A	2 years	$25	$50	$100
CSA—Individual	$90	N/A	2 years	$90	$180	$360
CSA—Business	$90	N/A	2 years	$90	$180	$360
Nonresident Pharmacist in Charge	$75	N/A	1 year	$75	$150	$300
Pharmacy	$135	N/A	1 year	$135	$270	$540
Wholesale Distributor	$750	$45	1 year	$750	$1,500	$2,000
3PL Provider	$750	$45	1 year	$750	$1,500	$2,000
Limited Distributor	$175	N/A	1 year	$175	$350	$500
Outsourcing Facility	$400	$45	1 year	$400	$800	$1,600
Precursor Substances	$180	N/A	1 year	$180	$360	$360

551.2(5) *Criminal history background check.* The fee for a criminal history background check is $45 and, in accordance with Iowa Code section 155A.40, is necessary for:

a. Pharmacists.

b. Outsourcing facility supervising pharmacists, except as provided in subparagraph 551.14(2)*"a"*(1).

c. Wholesale distributor and 3PL facility managers, except as provided in paragraphs 551.13(3)*"a"* and 551.16(3)*"a."*

551.2(6) *Separate locations.* Each separate business location wherein activities occur that require a license, registration or permit will be separately licensed, registered or permitted.

551.2(7) *Complete applications.* An application is considered complete when all application information and fees are submitted to the board.

551.2(8) *Incomplete applications.* Applications that remain incomplete after six months from the date of initial board receipt will expire, except that applications for pharmacist licensure will expire:

a. After one year for an application for license transfer.

b. After two years for an application for license by examination or score transfer.

551.2(9) *Inspections.*

a. Prior to the issuance of a new license, registration or permit for any business that will maintain prescription drugs or for any individual CSA registrant who will maintain controlled substances, an inspection will be required, except as provided for limited distributors pursuant to subrule 551.15(1).

b. Any CSA registrant that does not maintain stocks of controlled substances will provide notice to the board at least 30 days prior to procuring controlled substances, and an inspection will be required prior to storage of controlled substances at the registered location.

551.2(10) *Denial of license, registration or permit.*

a. Grounds for denial. The board or authorized delegate may deny the issuance or renewal of a license, registration or permit for:

(1) Any violation of the laws of this state, another state, or the United States by the applicant relating to prescription drugs, controlled substances, or nonprescription drugs or for a violation of any rule of the board.

(2) The receipt of a certificate of noncompliance from child support services of the department of health and human services or the centralized collection unit of the department of revenue.

(3) The furnishing of false or fraudulent information in the application process.

(4) Noncompliance with licensing or practice standards under previously granted licenses, registrations or permits.

(5) Any other factors or qualifications the board considers relevant to and consistent with public health and safety.

b. Appeal of denial. An individual whose application is denied may, within 30 days after issuance of the notice of denial, appeal to the board for reconsideration of the application.

551.2(11) *Renewals.* Renewal applications will be submitted to the board in accordance with Iowa Code section 147.10.

551.2(12) *Untimely renewals or change applications.* Any licensee, registrant or permittee that fails to timely apply for renewal or change is provided a 30-day grace period to submit an application. The applicant may continue engaging in the authorized activity while the application is pending. Untimely applications will be subject to a late penalty fee that is equal to the application fee.

551.2(13) *Expired licenses, registrations or permits—reactivation.* Any licensee, registrant or permittee that fails to apply for renewal or change within the 30-day grace period may not engage in the authorized activity until the license, registration or permit is reactivated. An application will be subject to a fee of four times the application fee, except as provided herein.

a. A reactivation fee will not be assessed when the applicant voluntarily canceled the license, registration or permit when the applicant discontinued the authorized activity.

b. The reactivation fee for a wholesale distributor or 3PL provider license is $2,000.

c. The reactivation fee for a pharmacist license is $630.

d. The reactivation fee for a limited distributor license is $500.

e. The reactivation fee for a precursor substances permit is $360.

551.2(14) *Termination of licenses, registrations or permits.*

a. A business license, registration or permit will terminate when the business ceases to legally exist or discontinues business.

b. An individual license or registration will automatically terminate upon the death of the individual or upon the issuance of a superseding license or registration (e.g., issuance of a pharmacist license will result in the termination of the individual's intern registration).

c. When a license or registration was issued by the board based on an underlying license, certificate or other credential and the underlying license, certificate or credential expires or is suspended or revoked, the board may take action to suspend or revoke the license or registration. Board action will not be taken against a pharmacist license issued by license transfer when the pharmacist's original license upon which license transfer was granted expires.

551.2(15) *Voluntary cancellations.*

a. Businesses and CSA registrants who stock controlled substances.

(1) A licensee, registrant or permittee may voluntarily request cancellation via written notice to the board at least 30 days prior to the discontinuation of business. The notice will include the following information: the licensee, registrant or permittee name and address; the license, registration or permit number; the anticipated date of business discontinuation; and, if applicable, the identification of the licensee, registrant or permittee to whom drugs and records will be transferred. A canceled license, registration or permit is not subject to expired status or reactivation requirements.

(2) A business that has dispensed or distributed prescription or nonprescription products in the previous 18 months will provide written notice, which may include electronic communication, to its customers at least 30 days prior to the discontinuation of business that will include the anticipated date of business discontinuation and the identification of the licensee, registrant or permittee to whom the customers' records will be transferred.

b. Individuals. An individual licensee or registrant may voluntarily request cancellation via written notice to the board. Except as provided herein for pharmacists, a licensee or registrant who requests voluntary cancellation is not subject to expired status or reactivation requirements. A pharmacist who voluntarily surrenders a license is subject to the reinstatement requirements pursuant to 481—Chapter 506.

551.2(16) *Grounds for discipline.* In addition to the grounds for discipline identified in 481—Chapter 504, the board may take disciplinary action against a license or registration for the following:

a. Distribution of drugs for other than lawful purposes, which includes but is not limited to the distribution of counterfeit drugs and the disposition of drugs in violation of Iowa Code chapters 124, 126, and 155A.

b. Obtaining, diverting, possessing, or attempting to obtain or possess prescription drugs without lawful authority, including but not limited to forging or altering a prescription for personal use or for distribution.

c. Practicing pharmacy, or assisting in the practice of pharmacy, while under the influence of alcohol, illicit substances, or prescription drugs or substances for which the licensee does not have a lawful prescription or while impaired by the use of legitimately prescribed prescription drugs.

d. Noncompliance with a child support order or with a written agreement for payment of child support as evidenced by a certificate of noncompliance issued pursuant to Iowa Code chapter 252J.

551.2(17) *Agency rules adopted by reference.* The board adopts by reference the following agency rules:

a. Military service, veteran reciprocity, and spouses of active-duty service members as found in 481—Chapter 7.

b. Contested cases and informal settlement as found in 481—Chapter 506.

c. Discipline as found in 481—Chapter 504.

d. Licensing and child support noncompliance, student loan repayment noncompliance, and nonpayment of state debt as found in 481—Chapter 8.

e. Use of criminal convictions in eligibility determinations and initial licensing decisions as found in 481—Chapter 502.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.3(124,124B,147,155A,272C) Notifications to the board.

551.3(1) *Criminal convictions and pleas.* Within 30 days of adjudication, any conviction of or entry of a plea of guilty, nolo contendere, or no contest to a crime, other than a minor traffic offense, including if the judgment of conviction or sentence is deferred, will be reported to the board. Notification will include an unredacted copy of the final order of judgment. The notification requirement applies to:

a. An individual licensee or registrant.

b. A business licensee, registrant or permittee or any owner, supervising pharmacist or facility manager when the conviction is related to the practice of pharmacy or the distribution of drugs.

551.3(2) *Disciplinary action.* Any disciplinary action in another state or federal jurisdiction of a licensee, registrant or permittee or an owner, supervising pharmacist or facility manager of a license, registration or permit relating to the practice of pharmacy or the distribution of drugs will be reported to the board within 30 days of adjudication. Notification will include an unredacted copy of the action or order. Disciplinary action includes but is not limited to citations; reprimands; fines; restrictions; probation; or surrender, suspension or revocation of the license, registration, or permit.

551.3(3) *Individual licensee or registration changes.* Within 30 days of a change to the following, the licensee or registrant will provide the updated information to the board via written notice or via the board's online licensing database:

a. Address.

b. Email address.

c. Telephone number.

d. Pharmacy of employment, if applicable.

e. Name, of which a written notice will include evidence of the legal name change.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.4(147,155A,272C) Pharmacists.

551.4(1) *License by examination or score transfer.* An applicant for licensure by examination or score transfer will satisfy the requirements of Iowa Code sections 155A.8 and 155A.9 and do the following:

a. Graduate from an ACPE-accredited college of pharmacy within the United States, or, if a graduate of a foreign college of pharmacy, submit FPGEC certification and preceptor affidavit(s) of satisfactory completion of internship in accordance with subrule 551.6(3).

b. Pass the following examinations:

(1) NAPLEX. NAPLEX score transfers are accepted for one year from the date of the examination.

(2) A board-approved jurisprudence examination.

551.4(2) *License transfer—general requirements.* An applicant is eligible for license transfer when the applicant:

a. Holds a current and unencumbered license in a state or territory of the United States; and

b. Passes a board-approved jurisprudence examination.

551.4(3) *License fee and duration.* The license fee is $180, and the license will expire on June 30 two years after initial licensure.

551.4(4) *Renewal standard.*

a. Continuing education. Except for the first renewal following licensure by examination, a pharmacist will complete at least 30 hours of continuing education (CE) since the date of issuance or last renewal of the license, except as provided by Iowa Code section 272C.2(2)*"h,"* as a condition for license renewal. The type of CE completed shall be sufficient to meet the standard of care for the pharmacist's specific practice setting and be provided by an accredited CE provider. The following will be deemed compliant with the CE hours:

(1) Active-duty military personnel serving honorably during the renewal period.

(2) Nonresident pharmacists who are actively licensed in the state in which they live and who do not practice in Iowa.

b. Child and dependent adult abuse training. A pharmacist who, in the course of employment or professional practice, examines, attends, counsels, or treats a minor or dependent adult will provide evidence of completion of training relating to the identification and reporting of child abuse or dependent adult abuse in accordance with Iowa Code section 232.69(3)*"b"* or 235B.16(5)*"b,"* respectively.
[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.5(155A) Nonresident pharmacists in charge. Unless currently licensed as a pharmacist in Iowa, the pharmacist in charge of an Iowa-licensed nonresident pharmacy will be registered.

551.5(1) *Registration fee and duration.* The registration fee is $75, and the registration will expire annually on December 31.

551.5(2) *Change.* Within 30 days of a change to the home state license or registration information or status, the registrant will provide written notice of the change to the board.
[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.6(155A) Pharmacist-interns.

551.6(1) *Registration required.* Unless currently licensed as a pharmacist in Iowa, an individual completing an internship, fellowship, or residency experience will be registered.

551.6(2) *Registration fee and duration.* The registration fee is $30, and the registration will expire one year following graduation from a college of pharmacy, following completion of a residency or fellowship, upon withdrawal from a college of pharmacy, or upon pharmacist licensure in Iowa, whichever occurs first.

551.6(3) *Internship credit.* Credit for internship hours completed in Iowa will only be granted for the pharmacy practice experience completed under the supervision of a preceptor during the period the pharmacist-intern was registered. Internship hours will remain valid for application for licensure by examination or score transfer pursuant to rule 481—551.4(147,155A,272C) for three years from the earlier of the date of graduation from an ACPE-accredited college of pharmacy or the expiration of the pharmacist-intern registration.
[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.7(155A) Pharmacy technicians. Prior to engaging in technical functions in an Iowa pharmacy, an individual will register pursuant to this rule.

551.7(1) *Technician trainee.* An individual who does not hold current and active national pharmacy technician certification will register as a technician trainee. The registration fee is $20, and the registration will expire one year after initial registration. When necessary due to exceptional circumstances, a technician trainee will be limited to one renewal.

551.7(2) *Certified pharmacy technician.* An individual who holds current and active national pharmacy technician certification will register as a technician. The registration fee is $20 per annum, and the registration will expire on the date that the technician's national certification expires.
[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.8(155A) Pharmacy support persons. The registration fee is $25, and the registration will expire the last day of the birth month the second year after initial registration.
[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.9(124) CSA—individuals.

551.9(1) *Registration for independent activities.* A separate registration will be necessary for each separate independent activity as provided in 21 CFR §1301.13 as amended on April 11, 2022.

551.9(2) *Registration for separate locations—exemption.* Notwithstanding subrule 551.2(6), a registered prescriber will not be required to obtain a separate registration for each additional location where the prescriber prescribes or administers controlled substances but does not procure or maintain stocks of controlled substances under the prescriber's registration.

551.9(3) *Registration fee and duration.*

a. Researchers. The registration fee is $90, and the registration will expire the last day of the month the second year after initial registration.

b. *Practitioners.* The registration fee is $45 per annum, and the registration will expire on the date that the practitioner's Iowa professional license expires.

551.9(4) *Exempt from registration.* An individual practitioner who meets the conditions of 21 CFR §1301.22(c) amended to March 24, 1997, is exempt from registration.

551.9(5) *Changes.* Within 30 days of a change to the registered location or substances authorized, the registrant will provide the updated information to the board via written notice or via the board's online licensing database.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter; Editorial change: IAC Supplement 2/18/26]

481—551.10(124,155A) Pharmacies.

551.10(1) *License types.* Licensed pharmacy types include:

a. General pharmacy.

b. Hospital pharmacy.

c. Telepharmacy.

d. Limited-use pharmacy.

e. Nonresident pharmacy.

551.10(2) *License fee and duration.* The license fee is $135, and the license will expire annually on December 31.

551.10(3) *Changes.*

a. *Written notice.* Within 30 days of a change, except as provided herein, the pharmacy will provide the following updated information to the board via a board form.

(1) Pharmacist in charge, except that notification of a change of pharmacist in charge of a nonresident pharmacy will be submitted within ten days of the change.

(2) Ownership.

b. *Application.* A licensee will seek modification of the pharmacy license for the following changes via submission of a completed application and fee prior to the effective date of the change, except as provided herein. A resident licensee will submit the application at least 30 days prior to the anticipated change, and, except as provided, a nonresident licensee will submit the application within 30 days of the licensee's receipt of an updated license from the home state regulatory authority, if applicable, reflecting the change.

(1) Name.

(2) Location, except for a temporary relocation of limited duration due to an exceptional circumstance. An application will be submitted at least 30 days prior to the anticipated relocation.

(3) License type. An application will be submitted at least 30 days prior to the anticipated change.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.11(124) CSA—businesses.

551.11(1) *Registration for independent activities.* A separate registration will be necessary for each separate independent activity as provided in 21 CFR §1301.13 amended to April 11, 2022.

551.11(2) *Separate registrations for separate locations.*

a. A separate registration will be necessary for each location where controlled substances are manufactured, distributed, imported, exported, dispensed, stored, or collected for the purpose of disposal unless exempt from registration pursuant to Iowa Code section 124.302(2) or as provided in 21 CFR §1301.12 amended to February 28, 2024.

b. A separate registration for a pharmacy will not be required when providing an emergency kit of limited drug quantities to an entity authorized to administer such emergency drugs, such as a care facility or EMS program.

551.11(3) *Registration fee, duration, and exemptions.*

a. The registration fee is $45 per annum and will expire on the second-last day of the month following initial registration, except that the expiration may be aligned with the entity's underlying business license, if applicable.

b. The registration fee is waived for federal, state, and local law enforcement agencies and the following federal and state institutions: hospitals; health care or teaching institutions; and analytical

laboratories authorized to possess, manufacture, distribute, and dispense controlled substances in the course of official duties.

551.11(4) *Changes.*

a. Written notification. Within 30 days of a change to the following, the registrant will provide the updated information to the board via a board form or via the board's online licensing database:

(1) Substances authorized.

(2) Responsible individual, except as required in subparagraph 551.11(4)*"b"*(2).

(3) Ownership.

b. Application. A CSA—business registrant will seek modification of the registration for the following changes via submission of an application and fee within 30 days of the change, except as provided herein:

(1) Location. For an in-state registrant, an application will be submitted at least 30 days prior to the change of location.

(2) Responsible individual for outsourcing facilities, 3PL providers, and wholesale distributors.

(3) Name.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.12(124B) Precursor substances.

551.12(1) *Permit fee and duration.* The permit fee is $180, and the permit will expire annually on December 31.

551.12(2) *Exemptions.* A permit is not required for the distribution of exempt chemical mixtures or for transactions deemed excluded by 21 CFR Part 1310 as amended on October 31, 2023.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.13(155A) Wholesale distributors.

551.13(1) *License standards.*

a. To be eligible for licensure as a wholesale distributor, each application will include evidence of:

(1) Surety bond or equivalent security pursuant to the DSCSA.

(2) Current drug distributor accreditation by NABP, NCDQS, or another accreditation body approved by the board. New applicants located in Iowa that undergo an opening inspection will not be obligated to provide evidence of accreditation for initial licensure.

b. In the event the requirements in paragraph 551.13(1)*"a"* directly conflict with any federal law or regulation, the federal law or regulation will supersede the requirements in paragraph 551.13(1)*"a."*

551.13(2) *License fee and duration.* The license fee is $750, and the license will expire annually on December 31.

551.13(3) *License changes.*

a. Written notice. A licensee will provide written notice to the board within 30 days of:

(1) The designation of a temporary facility manager who will not be subject to a criminal history background check.

(2) A change of business type.

(3) A change of ownership.

b. Application. A licensee will seek modification of the license for the following changes via submission of an application and fee. A resident licensee will submit the application at least 30 days prior to the anticipated change, and, except as provided, a nonresident licensee will submit the application within 30 days of the licensee's receipt of an updated license from the home state regulatory authority, if applicable, reflecting the change.

(1) Name.

(2) Location.

(3) Permanent facility manager. A licensee will submit an application within 30 days of the identification of a new permanent facility manager and within 90 days of the initial vacancy.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.14(155A) Outsourcing facilities.

551.14(1) *License fee and duration.* The license fee is $400, and the license will expire annually on December 31.

551.14(2) *License changes.*

a. Written notice. A licensee will provide written notice to the board via a board form within 30 days of:

(1) The designation of a temporary supervising pharmacist who will not be subject to a criminal history background check.

(2) A change of ownership.

b. Application. A licensee will seek modification of the license for the following changes via submission of an application and fee. Except as provided herein, a resident licensee will submit the application at least 30 days prior to the anticipated change and a nonresident licensee will submit the application within 30 days of the change to the FDA registration or home state license, if applicable, reflecting the change.

(1) Name.

(2) Location.

(3) Permanent supervising pharmacist. A licensee will submit an application identifying the new permanent supervising pharmacist within 30 days of the identification of the permanent supervising pharmacist and within 90 days of the initial vacancy.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.15(155A) Limited distributors.

551.15(1) *Self-inspection.* Each application for a limited distributor license will include a completed self-inspection.

551.15(2) *License fee and duration.* The license fee is $175, and the license will expire annually on December 31.

551.15(3) *License changes.*

a. Written notice. The licensee will provide written notice within 30 days of a change of:

(1) Facility manager.

(2) Business type.

(3) Ownership.

b. Application. Modification of the license for the following changes will be pursuant to the submission of an application and fee at least 30 days prior to the change, except as provided herein, for a resident licensee and within 30 days of the change to the home state license for a nonresident licensee, if applicable, reflecting the change.

(1) Name.

(2) Location.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—551.16(155A) Third-party logistics providers.

551.16(1) *License standards.*

a. To be eligible for licensure, each application will include evidence of current drug distributor accreditation by NABP, NCDQS, or another accreditation body approved by the board. New applicants located in Iowa that undergo an opening inspection will not be obligated to provide evidence of accreditation for initial licensure.

b. In the event the requirements in this subrule directly conflict with any federal law or regulation, the federal law or regulation will supersede the requirements herein.

551.16(2) *License fee and duration.* The license fee is $750, and the license will expire annually on March 31.

551.16(3) *License changes.*

a. Written notice. A licensee will provide written notice to the board within 30 days of:

(1) The designation of a temporary facility manager who will not be subject to a criminal history background check.

(2) A change of ownership.

b. Application. A licensee will seek modification of the license for the following changes via submission of an application and fee. A resident licensee will submit the application at least 30 days prior to the anticipated change, and, except as provided, a nonresident licensee will submit the application within 30 days of the licensee's receipt of an updated license from the home state regulatory authority, if applicable, reflecting the change.

(1) Name.

(2) Location.

(3) Permanent facility manager. A licensee will submit an application within 30 days of the identification of a new permanent facility manager and within 90 days of the initial vacancy.

[**ARC 9337C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code sections 124.302, 147.76 and 147.80 and chapters 155A and 272C.

[Filed ARC 9337C (Notice ARC 8420C, IAB 11/27/24), IAB 6/11/25, effective 7/16/25][1]

[Editorial change: IAC Supplement 2/18/26]

[1] July 16, 2025, effective date of Chapter 551 **[ARC 9337C]** delayed 70 days by the Administrative Rules Review Committee at its meeting held July 14, 2025; delay lifted at the meeting held August 11, 2025.

CHAPTER 552
STANDARDS—PRACTICE OF PHARMACY

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—552.1(124,155A) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.
[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.2(155A) Pharmacy department.

552.2(1) *Standards.* Each pharmacy will maintain:

a. Adequate drug storage areas to ensure that drug products are maintained under sanitary conditions and in accordance with package labeling standards.

b. References and drug information as needed to meet the needs of the patients served.

c. Policies and procedures for all aspects of the pharmacy's operation that ensure that all drugs and patient records are secure from unauthorized access, maintain accountability and protect patient confidentiality.

d. Equipment as needed to meet the needs of the patients served that is maintained in accordance with manufacturer recommendations.

e. Drug storage and handling areas in compliance with USP General Chapter 800 (2019) for hazardous drug handling.

f. When open to the public and a pharmacist is working on site, the current pharmacist license certificate posted within view of the public.

552.2(2) *Notice of remodel.* A pharmacy will provide written notice to the board at least 30 days prior to any remodel involving a change to or addition of a primary engineering device or cleanroom suite.
[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.3(155A) Security.

552.3(1) *Physical security.* Each pharmacy will maintain adequate security to ensure the confidentiality of patient information and to prevent theft of, diversion of, or unauthorized access to prescription drugs or records, including when prescription drugs or records are stored outside the pharmacy department pursuant to federal law or regulation or these rules. Pharmacy staff personal items allowed in the pharmacy will be stored away from drug storage areas and monitored. Security will include a basic alarm system and video surveillance system unless the pharmacy is located within a facility that provides equivalent monitoring.

552.3(2) *Processing systems security.* Each pharmacy will maintain adequate security of any electronic device or system that is used to maintain or process patient, practitioner, drug, or prescription records to prevent and detect unauthorized access, modification, or manipulation of such records. Authentication credentials will be securely maintained by the individual to whom the credentials are issued and cannot be shared with or disclosed to any other individual.

552.3(3) *Access when pharmacy department is closed.* When the pharmacist is absent from the facility, the pharmacy department will be closed and secured to prevent unauthorized access. Policies and procedures will identify individuals, by title or designation, who are authorized to access the pharmacy department and the specific activities that are authorized.
[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.4(155A) Pharmacy personnel standards.

552.4(1) *Pharmacy personnel.* Each pharmacy will employ personnel who:

a. Are licensed or registered pursuant to 481—Chapter 551.

b. Have documented training or education for the activities within their scope of practice.

552.4(2) *Identification.* When the pharmacy is open to the public, pharmacy personnel will wear visible identification to provide the individual's first name and title.

552.4(3) *Telepharmacy certified pharmacy technicians.* Prior to working in a telepharmacy under remote pharmacist supervision, a certified pharmacy technician will have:

a. Worked at least 1,000 hours in an Iowa-licensed pharmacy.

b. Completed at least 160 hours of training in a managing pharmacy, at another pharmacy using the same audiovisual technology system, or at the telepharmacy site under the direct supervision of an on-site pharmacist.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.5(155A) Standard of care. Each licensee and registrant will provide the accepted standard of care within the individual's scope of practice that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training and experience.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.6(155A) Patient confidentiality. In the absence of express consent from the patient or an order or direction of a court, except where the best interests of the patient require, pharmacy personnel will not divulge or reveal to any person other than the patient or the patient's authorized representative, the prescriber or other licensed practitioner then caring for the patient, a licensed pharmacist, or a person duly authorized by law to receive such information any information contained in a patient's record relating to any prescription for, medical information about, or pharmacy service provided to the patient.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.7(155A) Pharmacist-interns. An internship will include no fewer than 1,500 hours of pharmacy practice experience that, at a minimum, includes community, institutional and clinical pharmacy practice settings that are licensed in the state in which they are located. A student who has been awarded a pharmacy degree from an ACPE-accredited college of pharmacy located in the United States is deemed to have satisfied this requirement.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.8(155A) Supervision of nonpharmacist personnel.

552.8(1) *Temporary absence of pharmacist.*

a. Pharmacist is not on site. Pharmacy policies and procedures may designate pharmacy personnel who may be present in the pharmacy department to perform delegated functions in accordance with subrule 552.3(3), with the exception of dispensing filled prescriptions, when the pharmacy is closed and, excluding institutional practice settings, when a pharmacist is not on site for a period of time not to exceed two hours.

b. Pharmacist is on site and absent from the pharmacy department. Pharmacy policies and procedures may designate pharmacy personnel who may be present in the pharmacy department to perform delegated functions.

552.8(2) *Remote supervision.* Pharmacist supervision of certified pharmacy technicians performing delegated functions at a location other than the licensed location will ensure that:

a. Patient information is secure and confidential.

b. The pharmacist has real-time access to the system used or record processed.

c. The technician has real-time access to the pharmacist.

552.8(3) *Telepharmacy.* Notwithstanding subrules 552.8(1) and 552.8(2), a pharmacist may provide remote supervision of pharmacy personnel in a licensed telepharmacy.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.9(155A) Delegation of functions.

552.9(1) *Technicians and pharmacy support persons.* A supervising pharmacist may delegate any nonclinical function to a pharmacy technician or pharmacy support person in accordance with the individual's registration, training, and education.

552.9(2) *Pharmacist-interns.* A preceptor or supervising pharmacist is responsible for the professional oversight of a pharmacist-intern and may delegate any task in accordance with the education and training of the pharmacist-intern.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.10(155A) Technician product verification. A pharmacy may establish a technician product verification program in accordance with this rule for the purpose of redirecting pharmacist time to clinical services.

552.10(1) *Policies and procedures.* A pharmacy will establish policies and procedures prior to initiation of a program that will include but not be limited to:

a. Utilization of barcode scanning and prohibition of technician overrides,

b. Training of checking technicians and pharmacists,

c. Authorization of checking technicians,

d. Exclusion of certain medications from the program, and

e. Documentation of each technician involved in filling or verifying prescriptions in the program.

552.10(2) *Quality assurance.* A pharmacy utilizing a technician product verification program will establish and utilize a quality assurance program to ensure ongoing compliance with its policies and procedures.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.11(155A) Unprofessional conduct. Acts or practices that constitute unprofessional conduct contrary to public interest include but are not limited to:

552.11(1) Unethical conduct that includes but is not limited to fraud, misrepresentation, negligence, concealment, negating the patient's freedom of choice for pharmacy services, or breaching the public trust with respect to the practice of pharmacy.

552.11(2) Discrimination against a patient or group of patients.

552.11(3) Unprofessional behavior that includes but is not limited to verbal abuse, coercion, intimidation, harassment, sexual advances, threats, degradation of character, indecent or obscene conduct, theft, or refusal to provide reasonable information or answer reasonable questions for the benefit of a patient.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.12(155A) Manner of issuance of prescriptions.

552.12(1) *Legitimate purpose.* Prescriptions will be valid when issued for a legitimate medical purpose by a prescriber acting in the usual course of the prescriber's professional practice to a patient within an established prescriber/patient relationship, except when issued in accordance with Iowa Code section 135.185, 135.190, 139A.41, 147A.18, or 280.16A.

552.12(2) *Security paper.* A prescription for a noncontrolled substance that is authenticated with an electronic signature and printed will be printed on security paper that ensures the prescription information is not obscured or rendered illegible during fax transmission or scanning into an electronic record system.

552.12(3) *Inaccessibility of prescriber.*

a. Once the prescriber/patient relationship is broken and the prescriber is no longer available to treat the patient or oversee the patient's use of the medication, a prescription loses its validity. Upon becoming aware of the situation, the pharmacist will cancel the prescription and any remaining refills but may exercise prudent judgment in individual circumstances to ensure sufficient patient access to continued treatment until the patient can reasonably obtain the service of another prescriber.

b. In the event that a pharmacist is unable to obtain a response from a prescriber after reasonable attempts, the pharmacist may refill a patient's prescription, excluding controlled substances, when, in the pharmacist's judgment, the patient may experience undue harm due to the lapse in therapy.

552.12(4) *Therapeutic substitution.*

a. The patient record will include the originally prescribed medication as well as the therapeutic substitution made by the pharmacist.

b. For noninstitutionalized patients, the pharmacist will obtain patient consent prior to substitution and notify the prescriber of the therapeutic substitution within three business days following dispensing.

c. For institutionalized patients, the pharmacist will follow institutional policies and procedures for therapeutic substitution and documentation.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.13(124,155A) Electronic transmission mandate—exemptions and petition.

552.13(1) *Exemptions.* In addition to the exemptions identified in Iowa Code sections 124.308 and 155A.27, the following prescriptions will be exempt from the electronic transmission requirement:

a. A prescription issued pursuant to Iowa Code section 280.16A.

b. A prescription issued in an emergency to meet the immediate care need of a patient when a prescriber is unable to access electronic prescribing capabilities. Such prescription will be limited to a quantity sufficient to meet the acute need of the patient with no authorized refills.

552.13(2) *Form.* An exemption from the electronic transmission mandate provided in Iowa Code sections 124.308 and 155A.27 may be requested on a form provided by the board.

552.13(3) *Criteria for board consideration.* Except for petitions citing the exceptional circumstances listed herein, which will be administratively reviewed for approval, each petition will be reviewed on a case-by-case basis.

a. A free or low-income clinic where health care is provided at no cost or at a reduced cost to the patient without reimbursement from a third-party payer that requests an exemption for noncontrolled substances only.

b. A licensed prescriber who issues no more than 50 noncontrolled substance prescriptions per year who requests an exemption for noncontrolled substances only.

c. The department of veterans affairs for prescriptions that are not filled at a veterans affairs pharmacy.

d. A prescriber at a student health center based at a college or university, for noncontrolled substances only.

e. A dentist seeking an exemption for prescriptions limited to toothpastes and mouthwashes.

f. A compounding pharmacy that dispenses no more than 50 prescriptions for commercially available prescription medications per year that requests an exemption for noncontrolled substances only.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.14(155A) Manner of issuance of medication orders.

552.14(1) *Required elements.* Each medication order for a hospital patient or for a noncontrolled substance for a care facility or correctional facility patient will include:

a. Patient name.

b. Drug name, strength, and dosage form.

c. Instructions for use.

d. Date of authorization.

e. Prescriber name and signature.

552.14(2) *Pharmacist verification.* Except as provided in facility policies, a pharmacist will review the entry of a new medication order completed by a nonpharmacist prior to the administration of the medication.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.15(155A) Prospective drug use review.

552.15(1) *Prior to dispensing.* Except for prescriptions issued in accordance with Iowa Code section 135.185, 135.190, 139A.41, 147A.18, or 280.16A, a pharmacist will perform a drug utilization review for each prescription dispensed.

552.15(2) *Prior to second administration from stock or emergency supply.* A pharmacist will perform a drug utilization review prior to the administration of a second dose of a new medication order when administered from a stock or emergency supply for an institutional patient.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.16(155A) Transfer of prescriptions. Transfers of prescriptions will be at the request of the patient or the patient's caregiver. Individuals authorized to transfer prescriptions include a pharmacist and, except for transfers of controlled substance prescriptions, a certified pharmacy technician and a pharmacist-intern.

552.16(1) *Limitations.* Transfers of controlled substance prescriptions are limited in accordance with 21 CFR Part 1306 as amended on August 28, 2023.

552.16(2) *Documentation.*

a. Controlled substances for initial filling. Documentation of transfers of electronic controlled substance prescriptions for initial filling will be in accordance with 21 CFR 1306.08 as amended on August 28, 2023.

b. Controlled substances for refilling. Documentation of transfers of controlled substance prescriptions for refilling will be in accordance with 21 CFR 1306.25 as amended on August 28, 2023.

c. Noncontrolled substances. Documentation of transfers of noncontrolled substance prescriptions will include the required elements identified in 21 CFR 1306.25 as amended on August 28, 2023, except for the date of original dispensing, location(s) of previous refill(s), and DEA registration numbers of the pharmacies party to the transfer.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.17(155A) Contract pharmacy services. A pharmacy may, via an executed agreement between the entities or through common ownership, utilize the services of another Iowa-licensed pharmacy for prescription processing, filling, or dispensing when:

552.17(1) The entities involved have real-time electronic access to the prescription in process that is secure from unauthorized access and maintains patient confidentiality.

552.17(2) Any prescription processing system utilized documents the identification of each individual involved in each step or function of prescription processing, filling or dispensing.

552.17(3) Patient counseling is provided by a pharmacist or pharmacist-intern in a professional setting that can maintain patient privacy.

552.17(4) The pharmacy that maintains the original prescription record maintains ultimate responsibility to ensure compliance with all laws and rules.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.18(155A) Telepharmacy.

552.18(1) *Managing pharmacy requirement.* Only an Iowa-licensed and Iowa-located pharmacy can serve as a managing pharmacy for a telepharmacy site located in Iowa.

552.18(2) *Agreement.* An agreement between a telepharmacy and a managing pharmacy will include:

a. The services to be provided by the managing pharmacy, including adequate on-site pharmacist presence to meet the needs of the pharmacy that is no less than 16 hours per month.

b. The conditions under which the telepharmacy may be operational.

552.18(3) *Requirements.* Notwithstanding other rules of the board, a telepharmacy site will:

a. Maintain a perpetual inventory system in accordance with 481—subrule 553.6(1) for all controlled substances at the telepharmacy site.

b. Maintain documentation of a monthly inspection at the telepharmacy site conducted by an on-site pharmacist in accordance with subrule 552.18(4).

552.18(4) *Monthly inspection.* The monthly inspection will include:

a. Audit and reconciliation of controlled substance perpetual and physical inventories.

b. Verification that the video recording system is functioning properly and that the recordings are available for at least 60 days beyond the recording date.

c. Compilation of data from the previous month to include the number of prescriptions filled, the number of on-site pharmacist hours, and the number of hours the telepharmacy site was open for business.

552.18(5) *Conversion to general pharmacy.* If the average number of prescriptions dispensed per day, calculated as the average number of prescriptions dispensed per day over the previous 90-day period, exceeds 150 prescriptions, the telepharmacy site will provide on-site pharmacist staffing 100 percent of the time the telepharmacy is open for business and will, within 30 days, submit an application for licensure as a general pharmacy.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.19(155A) Packaging. Medications will be packaged to ensure that:

552.19(1) The packaging is appropriate for the medication.

552.19(2) The packaging can be appropriately labeled in accordance with rule 481—552.21(155A).

552.19(3) An assigned beyond-use date is appropriate for the medication and packaging used.

552.19(4) Medications that were comingled with other medications or any medication for which storage conditions and product integrity cannot be verified, as described in pharmacy policies and procedures, will not be returned to pharmacy stock.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.20(155A) AMDS.

552.20(1) *Stocking AMDS.* Drug products will be loaded into an AMDS or component via barcode scanning by pharmacy personnel, except pharmacy support persons, as delegated by the supervising pharmacist.

552.20(2) *Pharmacist verification of AMDS-dispensed drugs.*

a. Prepackaged medications that were verified by a pharmacist prior to being stocked in the AMDS and that are not further manipulated will not require additional verification prior to dispensing to a patient.

b. Except as provided in paragraph 552.20(3)*"b,"* a pharmacist will document final verification of any medication manipulated by the AMDS (such as counting or packaging) prior to dispensing to a patient.

552.20(3) *Placement of AMDS.*

a. Except as provided in paragraph 552.20(3)*"b,"* an AMDS may only be placed outside a pharmacist's direct supervision when utilized in an approved telepharmacy or when the AMDS dispenses pharmacist-verified packages in compliance with paragraph 552.20(2)*"a."*

b. A pharmacy may place and maintain an AMDS in an Iowa-licensed institution for administration to institution patients pursuant to policies and procedures.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.21(155A) Labeling.

552.21(1) *Ambulatory prescription labeling.* The required labeling elements for a prescription dispensed for an ambulatory patient include:

a. Patient name, except as provided by the Iowa Code.

b. Prescriber name.

c. Pharmacy name, address, and telephone number.

d. Product name, strength, dosage form, and quantity.

e. Instructions for use.

f. Dispense date.

g. Unique serial number.

h. Manufacturer name or NDC.

552.21(2) *Institutional patient-specific prescription labeling.* The required labeling elements for a patient-specific supply of prescription medication dispensed for an institutional patient include:

a. On the immediate container:

(1) Patient name.

(2) Drug name, strength, and dosage form.

b. On outer packaging, if not present on the immediate container:

(1) Instructions for use.

(2) Pharmacy name, address, and telephone number unless the pharmacy is located within the institutional facility.

(3) Dispense date.

(4) Unique serial number.

(5) Beyond-use date.

552.21(3) *Non-patient-specific drug labeling.* The required labeling elements for a non-patient-specific supply of prescription medication include:

a. Drug name, strength, and dosage form.

b. Drug manufacturer or NDC.

c. Expiration or beyond-use date.

552.21(4) *Compounded patient-specific preparation labeling.* In addition to the required labeling identified in subrule 552.21(1) or 552.21(2), as applicable, a label for a compounded preparation will also include:

a. The name and concentration of each active ingredient.

b. The date that the preparation was compounded.

c. Special storage and handling instructions, if applicable.

d. Except in institutional settings, the statement "THIS IS A COMPOUNDED DRUG" or a similar statement identifying the product as a compounded preparation, including the term "STERILE" when applicable.

e. The batch identification or control number from which the preparation was dispensed, if applicable.

f. Beyond-use date.

552.21(5) *Compounded non-patient-specific preparation labeling—batch compounding or veterinary office supply.* The required labeling elements for a non-patient-specific supply of a compounded preparation include:

a. Preparation name, strength, dosage form, and quantity.

b. Name and concentration of each active ingredient.

c. Pharmacy name, address, and telephone number, except when batch compounding.

d. Preparation date.

e. Beyond-use date.

f. Storage and handling instructions.

g. Lot or batch identification or control number, if applicable.

h. The statement "THIS IS A COMPOUNDED DRUG" or a similar statement identifying the product as a compounded preparation, including the term "STERILE" when applicable, except for use within an institutional setting.

i. The statement "NOT FOR REDISTRIBUTION" or a similar statement to ensure that use of the compounded preparation is limited to direct patient administration or dispensing pursuant to a patient-specific prescription.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.22(155A) Compounding.

552.22(1) *USP standards—pharmacies.* Preparations compounded pursuant to 21 U.S.C. §353a (Food, Drug, and Cosmetic Act §503A) as amended November 27, 2013, will be prepared in accordance with the standards of USP General Chapter 795 (2023) for nonsterile compounds and USP General Chapter 797 (2023) for sterile compounds.

552.22(2) *Compounding copies of an approved drug.*

a. The compounding of a preparation that is essentially a copy of an FDA-approved drug is prohibited unless:

(1) The compounded preparation is changed to produce for an individual patient a clinically significant difference to meet a medical need as documented by the prescriber, or

(2) The FDA-approved product is identified as currently in shortage on the FDA drug shortages database.

b. The factors that indicate that a compounded preparation is essentially a copy of an approved drug include:

(1) The compounded preparation has the same active pharmaceutical ingredient(s) as the commercially available drug product;

(2) The active pharmaceutical ingredients have the same, a similar, or an easily substitutable dosage strength; and

(3) The commercially available drug product can be used by the same route of administration as prescribed for the compounded preparation.

c. A prescription issued for a compounded preparation that is essentially a copy of an approved drug will clearly document the relevant change and the significant clinical difference produced for the patient.

552.22(3) *Compounding for veterinary office use.* A pharmacy may compound preparations for distribution to a veterinarian for office use, which may include direct patient administration or dispensing pursuant to a patient-specific prescription.

552.22(4) *Reporting.* Annually, prior to April 1, each licensed pharmacy located in Iowa that dispensed compounded preparations for human use interstate in the previous calendar year will report compounding data to the NABP information-sharing network.

552.22(5) *Exemptions.* The combining of commercially manufactured, ready-to-use products is exempt from USP General Chapter 795 (2023) compounding standards under the following conditions:

a. No more than four commercially manufactured, ready-to-use products (that have not been manipulated) are used.

b. Compounding is not done in anticipation of medication orders.

c. Preparations are assigned beyond-use dates in accordance with USP General Chapter 795 (2023).

d. The use of commercially manufactured, ready-to-use flavoring agents does not exceed 5 percent of the total volume of the drug to which the flavoring agents are added.

e. The prescription label will comply with USP General Chapter 795 (2023) and subrule 552.21(4).

552.22(6) *Records.* A record for each compounded preparation will be prepared and maintained and will include:

a. All ingredients used in the preparation, including manufacturer or NDC, lot number, and expiration date.

b. The compounding steps involved in the preparation.

c. All personnel involved in compounding and reviewing the preparation.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.23(155A) Patient counseling.

552.23(1) *Counseling required.* Except for institutionalized patients, prior to dispensing a prescription that is a new or changed therapy, a pharmacist or pharmacist-intern will counsel the patient or the patient's caregiver on matters that, in the pharmacist's professional judgment, will enhance or optimize drug therapy. An offer to counsel will not satisfy this requirement.

552.23(2) *Counseling area.* Each pharmacy located in Iowa will maintain an area for patient counseling that is accessible to patients and the pharmacist, prevents patient access to prescription drugs, and ensures the confidentiality and privacy of the pharmacist/patient communication.

552.23(3) *Alternative methods.* If, in the pharmacist's professional judgment or following reasonable attempts, oral counseling is not practicable, the pharmacist may utilize an alternative method for providing prescription educational materials to the patient or the patient's caregiver, including a toll-free mechanism for the patient to contact the pharmacist. "Not practicable" does not include issues relating to pharmacy staffing, prescription volume, or manner of dispensing (by mail or courier).

552.23(4) *Refusal of counseling.* A patient's refusal for counseling will be documented by the pharmacist.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.24(155A) Provision of emergency kits. A pharmacy may provide one or more emergency kits to facilities licensed and authorized to administer medications to patients pursuant to established policies and procedures, ensuring that the drugs are stored in a location that is secure from unauthorized access and maintains product integrity. Each emergency kit will be labeled with the name, strength, and quantity of drugs contained in the kit. A pharmacy will maintain documentation of the contents of each kit provided to an authorized facility as well as the expiration dates of all drugs contained in each kit.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.25(155A) Continuous quality improvement program. Each pharmacy will utilize a continuous quality improvement or similar program to timely detect, identify, evaluate and prevent medication errors.

552.25(1) *Reportable program events.* Medication errors resulting in the incorrect dispensing of a prescribed drug received by or administered to a patient that require documentation include but are not limited to:

a. An incorrect drug strength or dosage form.

b. A drug received by the wrong patient.

c. Inadequate or incorrect packaging, labeling or directions.

d. Any error that results in or has the potential to result in serious patient harm.

552.25(2) *Documentation.* Events will be documented, with the program record to be initiated within three days following the discovery of the event, and the documentation will include:

a. A description of the event.

b. The dates of the event and its discovery.

c. The names of individuals involved in the event, the discovery, and the event review.

d. The root cause of and contributing factors to the event.

e. Remediation to prevent similar future events.

f. Review of events with all pharmacy personnel.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.26(155A) Statewide protocols. To the extent authorized in Iowa Code section 155A.46, a pharmacist may, pursuant to statewide protocols developed by the board in consultation with the department of health and human services and available on the board's website at dial.iowa.gov, order and dispense medications pursuant to the requirements identified in the statewide protocols. For the purpose of this rule, an order constitutes a prescription.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.27(155A) Collaborative pharmacy practice.

552.27(1) *Agreement.* A pharmacist or pharmacy may engage in collaborative pharmacy practice under a collaborative pharmacy practice agreement with one or more practitioners who are authorized to independently prescribe, or as established by a health system pharmacy and therapeutics committee, to provide patient care and drug therapy management services to one or more patients.

552.27(2) *Standards.*

a. A collaborative pharmacy practice agreement will be reviewed and updated as necessary by all parties every two years and will include:

(1) The identification of the parties to the agreement, including the name(s) or category of the pharmacist(s), including registered pharmacist-intern(s) under the supervision of a pharmacist, who are authorized to perform delegated activities under the agreement and the name(s) or category of the practitioner(s) who are delegating activities under the agreement;

(2) The establishment of the delegating practitioner's scope of practice authorized in the agreement and a description of the permitted activities and decisions to be performed by the pharmacist(s);

(3) The protocol, formulary, or clinical guidelines that describe or limit the pharmacist's authority to perform the patient care or drug therapy management services and, as applicable, the drug name, class or category provided under drug therapy management;

(4) A description of the process to monitor compliance with the agreement and clinical outcomes of patients;

(5) The effective date;

(6) A provision addressing termination of the agreement; and

(7) The signatures of the parties to the agreement and dates of signing unless established by a health system pharmacy and therapeutics committee.

b. Any agreement will be maintained by the pharmacist(s) or pharmacy and be available upon request or inspection.

c. Prior to engaging in activities provided by the agreement, each pharmacist will document attestation that the pharmacist has read and understands the agreement.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.28(155A) Pharmacy pilot or demonstration research projects. In accordance with Iowa Code section 155A.47, a pharmacy may submit a pilot or demonstration research project ("pilot project") to the board for approval.

552.28(1) *Petition.* A petition for a pilot project, including for renewal of a previously approved project, will include:

a. The name, email address, and pharmacist license number of each pharmacist responsible for overseeing the project.

b. The name, address, and telephone number of each specific location, including the pharmacy license number if the location is a pharmacy where the project will be conducted.

c. A detailed summary of the pilot project that includes:

(1) The goals, hypothesis, and objective(s) of the pilot project.

(2) An explanation of the project, including background information or a literature review to support the project, and how it will be conducted.

(3) The time frame for the project, including the start date and study length.

(4) The rule(s) to be waived for the project and a petition for waiver of the rule(s).

(5) Procedures to be used during the project to ensure that public health and safety are not compromised.

552.28(2) *Board decision.* Upon review of a petition for a pilot project, the board may approve or deny a petition. Project approval:

a. Will be specific for the project requested.

b. Will identify a time period for the project.

c. May include conditions to be satisfied.

552.28(3) *Final project report.* A final project report will include a written summary of the result(s) of the project and the conclusion(s) drawn from the result(s), which will be submitted to the board within three months of the conclusion or termination of the project.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.29(155A) Nuclear pharmacy.

552.29(1) *Personnel and training.*

a. An authorized nuclear pharmacist will meet all applicable requirements of the United States Nuclear Regulatory Commission pursuant to 10 CFR (2023).

b. Notwithstanding rule 481—552.9(155A), pharmacy personnel registered as a pharmacy support person trained in nuclear pharmacy operations may engage in technical functions as delegated by an authorized nuclear pharmacist.

552.29(2) *Supervision.* An authorized nuclear pharmacist is responsible for all operations of the pharmacy and, except in emergency situations, will be on site during the pharmacy's hours of operation.

552.29(3) *Preparation standards.* Radiopharmaceuticals will be prepared in accordance with the standards identified in USP General Chapter 825 (2020). Compounded radiopharmaceuticals will be prepared in accordance with the standards identified in USP Chapter 795 (2023) for nonsterile preparations or USP Chapter 797 (2023) for sterile preparations, as applicable.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—552.30(155A) Records.

552.30(1) *Types of records.* Each pharmacy will maintain the following records, if applicable to the pharmacy's operation:

a. Patient records, including demographic information, prescription or medication order information and all information needed to conduct drug utilization review pursuant to rule 481—552.15(155A).

b. Prescriber records, including demographic and prescription information.

c. Prescription or medication order records, including the unique identification number assigned, information about each fill including product NDC, and identification of the individuals(s) responsible for prescription preparation and product verification.

d. Prescription drug inventory records, including transaction records for the receipt and distribution of prescription drugs.

e. Documentation of the current license or registration of each pharmacy staff member working in the pharmacy.

f. Documentation of the initials or unique credentials used in pharmacy records and systems for each pharmacy employee.

g. Documentation of temporary pharmacy staffing, including the individual's name, license or registration number, and unique credentials used in pharmacy records and systems; the date worked; and the shift worked.

h. Documentation of pharmacy personnel training for delegated functions within the individual's scope of practice.

552.30(2) *Retention of records.*

a. Security. Records will be maintained in a secure fashion, ensuring that the records protect patient confidentiality and prevent unauthorized access.

b. Duration. All records will be retained for at least two years from the date of the last activity on the record.

c. Method. When not prohibited by federal law or regulation, records may be maintained as follows:

(1) At an alternate site in compliance with paragraph 552.30(2)*"a"* if a legible electronic copy is immediately available for inspection and copying by the board or its authorized agent.

(2) Via legible electronic copy if immediately available for inspection and copying by the board or its authorized agent.

552.30(3) *Provision of records.* Records will be provided to the board or its authorized agent within three business days of a request.

[**ARC 9338C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code sections 124.302 and 147.76 and chapter 155A.

[Filed ARC 9338C (Notice ARC 8417C, IAB 11/27/24; Amended Notice ARC 8978C, IAB 3/5/25), IAB 6/11/25, effective 7/16/25][1]

[1] July 16, 2025, effective date of Chapter 552 **[ARC 9338C]** delayed 70 days by the Administrative Rules Review Committee at its meeting held July 14, 2025; delay lifted at the meeting held August 11, 2025.

CHAPTER 553
CONTROLLED AND PRECURSOR SUBSTANCES

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—553.1(124,124B) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.2(124,124B) General requirements.

553.2(1) *Federal regulations.* Registrants will comply with applicable federal laws and regulations relating to controlled substances, scheduled listed chemical products, and listed chemicals. 21 CFR Chapter 2 as amended on September 19, 2023, is incorporated herein by reference.

553.2(2) *Records.*

a. Retention. All records relating to controlled and precursor substances will be maintained at the registered or permitted location for at least two years from the last date of the record or entry to the record.

b. Accessibility. Electronic records will be capable of producing a hard-copy printout of transactions or entries for any specific date or range of dates requested. All records will be available for inspection and copying by the board or its authorized agent.

c. Storage. Original records more than 12 months old may be maintained in a secure remote storage area unless such remote storage is prohibited by federal law or regulation. Records maintained in remote storage locations will be retrievable within three business days of a request by the board or its authorized agent.

d. Receipt. In addition to the elements found in 21 CFR §1304.21 and 21 CFR §1304.22, each record of the receipt of controlled substances, including the receipt of complementary packages, will include the signature of the individual responsible for receiving the substances.

e. Dispensing. In addition to the elements found in Iowa Code section 124.306 and 21 CFR §1304.22, each registrant will maintain a record of controlled substances dispensed to a patient or research subject that includes:

(1) The name and NDC number, strength, dosage form, and quantity of the substance dispensed.

(2) The name of the prescriber, unless dispensed by the prescriber.

(3) The unique identification of each technician, pharmacist, pharmacist-intern, prescriber, or prescriber's agent involved in dispensing.

(4) The serial number or unique identification number of the prescription.

553.2(3) *Inspections.* Pursuant to Iowa Code section 124.302(5), the board may inspect the premises of a registrant, and the inspection may:

a. Be conducted at any time during the registrant's normal operating hours without advance notification to the registrant.

b. Include the review of any record relating to the registered activity.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.3(124,124B) Security. All registrants and permittees will provide effective controls and procedures to guard against theft and diversion of controlled and precursor substances and records. Physical security controls will be commensurate with the schedules and quantities of such substances in the possession of the registrant or permittee in normal business operation and in accordance with 21 CFR Part 1301. The registrant or permittee maintains ultimate responsibility for the accountability of the controlled and precursor substances and records maintained under the registration or permit.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.4(124) Policies and procedures. Each registrant will have policies and procedures that identify, at a minimum:

553.4(1) Adequate storage to ensure security and proper storage conditions in accordance with product package labeling.

553.4(2) Access to controlled substances and records by employees of the registrant.

553.4(3) Proper disposition of controlled substances.

553.4(4) To the extent possible, the separation of duties related to the purchasing, receiving, stocking, dispensing, and reconciling of controlled substance inventory.

553.4(5) The reconciliation of controlled substances in Schedule II pursuant to subrule 553.6(3).

553.4(6) The accountability measures for controlled substances in Schedules III through V pursuant to subrule 553.6(2).

553.4(7) A controlled substance accountability program to document the review of controlled substance inventory adjustments, to review patterns of controlled substance loss, and to create an action plan following a report of theft or loss pursuant to subrule 553.7(3).

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.5(124) Physical count and record of inventory. In addition to the inventory requirements found in 21 CFR §1301.52 and 21 CFR §1304.11, each registrant will document a physical count of all on-hand stocks of controlled substances in accordance with 21 CFR §1304.11, except as provided herein.

553.5(1) *Exact quantities.* Each inventory will include the exact count or measure of all controlled substances and may not be an estimated count or measure, except for liquid products packaged in nonincremented containers, which may be estimated to the nearest one-fourth container.

553.5(2) *Annual inventory.* After the initial inventory is taken, a registrant will take a new inventory of all stocks of controlled substances on hand at least annually. The inventory may be taken on any date that is within one year and one week after the date of the previous annual inventory.

553.5(3) *Change of registered location.* An inventory will be taken following the close of business on the last day at the location being vacated that will serve as the ending inventory of the location being vacated as well as the beginning inventory at the new location.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.6(124) Controlled substance accountability. Registrants located in Iowa will ensure accountability of all controlled substances under their control in accordance with this rule.

553.6(1) *Perpetual inventory.* Each registrant will maintain a perpetual inventory that accurately reflects the on-hand inventory of all Schedule II substances at all times. A perpetual inventory may be maintained to accurately reflect the on-hand inventory of all Schedules III through V substances in addition to or in lieu of the measures identified in subrule 553.6(2). The perpetual inventory record will include the following elements, including by supplement or reference, at a minimum, for each substance:

a. Drug name and NDC number.

b. Each receipt and disbursement.

c. Current balance.

d. Incident reports pursuant to subrule 553.6(5).

e. Reconciliation reports pursuant to subrule 553.6(3).

553.6(2) *Accountability measures to ensure accountability of Schedule III through V substances.* In lieu of or in addition to a perpetual inventory pursuant to subrule 553.6(1), registrants will utilize one or more of the measures herein to ensure accountability of all Schedules III through V substances under their control.

a. Documented audit and reconciliation of all substances every six months pursuant to paragraph 553.6(3)*"b."*

b. Routine documented cycle counts, so long as all substances are counted every 90 days and reconciled pursuant to paragraph 553.6(3)*"b."*

c. Other measures preapproved by the board.

553.6(3) *Reconciliation.*

a. Perpetual inventory. Individuals responsible for a disbursement will verify that the physical inventory matches the perpetual inventory following each transaction. At least annually, the registrant will verify that the physical inventory matches the perpetual inventory for any substance that was not disbursed in the year. Reconciliation will be documented in the perpetual inventory record to include, at a minimum, the date, the initials or unique identification of the individual, and any discrepancies identified.

b. Schedules III through V reconciliation. In accordance with paragraph 553.6(2)*"a"* or *"b,"* the registrant will verify that the physical inventory matches the expected inventory and will document the reconciliation to include the date, the initials or unique identification of the individual, and any discrepancies identified.

553.6(4) *Discrepancies.* Any discrepancy discovered will be investigated and reported to the registrant or responsible individual immediately but no later than one business day following the discovery. The registrant will determine the need for further investigation, and significant losses will be reported to the board pursuant to rule 481—553.7(124) and to the DEA pursuant to 21 CFR Part 1301.

553.6(5) *Incident reports.* In any instance where a controlled substance inventory record is changed, the individual making the change will complete an incident report to document the change. An electronic record system that documents and maintains the required elements is deemed compliant with this subrule. The report will include, at a minimum:

a. The specific information that was changed, including the information before and after the change.

b. The identity of the individual making the change.

c. The date of the change.

d. A detailed explanation for the change.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.7(124) Report of theft or significant loss—controlled substances. In addition to the notification requirements found in 21 CFR §1301.74 and 21 CFR §1301.76, registrants will submit notice and reports of theft or significant loss as determined by the factors provided in 21 CFR §1301.76(b) amended June 22, 2023, of controlled substances as provided herein.

553.7(1) *Immediate notice to board.* Upon determination of theft or significant loss, a registrant will provide immediate notice to the board. The notice will include the identification of the licensee or registrant who is responsible, or believed to be responsible, for the theft or significant loss, if applicable.

553.7(2) *DEA Form 106 Report of theft or loss.* A copy of the DEA Form 106 or alternate required form will be submitted to the board via facsimile, email attachment, or personal or commercial delivery within 45 calendar days of the determination of the theft or significant loss. A copy of the report will be maintained in the registrant's files in accordance with subrule 553.2(2).

553.7(3) *Action plan following loss.* Within seven days following the report of theft or significant loss, a registrant will develop and initiate implementation of an action plan to address the conditions that contributed to the theft or significant loss. The action plan will include any directives provided by a board compliance officer, including but not limited to inventory counts, audits, and perpetual inventory counts.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.8(124,124B) Disposal of registrant stock.

553.8(1) *Destruction.* Registrants will maintain documentation of disposal of controlled substances pursuant to 21 CFR §1317.05 and 21 CFR §1317.95.

553.8(2) *Administration waste.* Registrants will document disposal of controlled substance administration waste pursuant to 21 CFR §1304.22.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.9(124) Prescription requirements—valid prescriber-patient relationship. In addition to the elements identified in Iowa Code sections 124.308 and 155A.27 and 21 CFR Parts 1306 and 1311, a prescription is based upon a valid prescriber-patient relationship. Once the prescriber-patient relationship is broken and the prescriber is no longer available to treat the patient or oversee the patient's use of the controlled substance, a prescription loses its validity. Upon becoming aware of the situation, the pharmacist will cancel the prescription and any remaining refills but may exercise prudent judgment in individual circumstances to ensure sufficient patient access to continued treatment until the patient can reasonably obtain the service of another prescriber.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.10(124) Schedule II prescription changes.

553.10(1) *Changes prohibited.* The following elements may not be added or changed on a Schedule II controlled substance prescription:

a. The patient's name.

b. The substance prescribed, except for generic substitution.

c. The prescriber's name or signature.

553.10(2) *Changes authorized.* Except as prohibited in subrule 553.10(1), elements on a Schedule II controlled substance prescription may be added or amended upon consultation with the prescriber.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.11(124) Dispensing scheduled listed chemical products without a prescription. Pursuant to 21 U.S.C. §830 as amended on October 17, 2000, 21 CFR Part 1314, and Iowa Code section 124.212A, registrants will record the retail sales of scheduled listed chemical products. If the real-time electronic pseudoephedrine tracking system (PTS) is unavailable for use, the purchase will be recorded in an alternate format and submitted to the PTS in accordance with subrule 553.11(3).

553.11(1) *Age restriction.* Sales of scheduled listed chemical products are limited to persons aged 18 and older.

553.11(2) *Reporting elements.* In addition to the identified elements in 21 U.S.C. §830, 21 CFR Part 1314, and Iowa Code section 124.212A, the following information will be recorded:

a. The purchaser's current government-issued photo identification number.

b. The total milligrams of the scheduled listed chemical contained in the product.

c. The name or unique identification of the individual who approved the sale.

d. If applicable, the reason that a PTS recommendation to deny the transaction was overridden.

553.11(3) *Alternate record format.* If needed, an alternate record will be maintained using one of the following options:

a. A hard-copy record.

b. A record in the pharmacy's electronic prescription dispensing system that is capable of producing a hard-copy printout of the record.

c. A record in an electronic data collection system that captures each of the required data elements and that is capable of producing a hard-copy printout of the record.

553.11(4) *Delayed submission to the PTS.* Sales of scheduled listed chemical products that are documented in an alternate record due to the inaccessibility of the PTS will be submitted to the PTS within 72 hours of the PTS being accessible, and such record will identify that it is a delayed entry.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.12(124) PTS access. Information collected in the PTS is confidential unless otherwise ordered by a court or released by the governor's office of drug control policy (office) pursuant to state or federal law. Information may not be released except as provided herein.

553.12(1) *PTS administrators.* PTS administrator access to PTS database information will be pursuant only to reasonable suspicion or an ongoing investigation and only directly from the PTS database. PTS administrators may share PTS database information with law enforcement for purposes of investigation.

553.12(2) *Law enforcement.* Law enforcement officer access to PTS database information will be pursuant to the officer's official duties, which will be provided as part of a request for information from the PTS. Prior to requesting information from the PTS, a law enforcement officer will register with the PTS, which will require verification of the officer's identity and approval by the office or the officer's agency administrator.

553.12(3) *Statistical data.* The PTS administrator, following establishment of confidentiality, may provide summary, statistical or aggregate data to public or private entities for statistical, research or educational purposes. Prior to release of any such data, the administrator will remove any personally identifiable information.

553.12(4) *Patients.* A patient may request and receive information regarding products reported to have been purchased by the patient. A request for a patient's purchases and attempted purchases will be

submitted to the office located at Oran Pape State Office Building, 215 East Seventh Street, Fifth Floor, Des Moines, Iowa 50319, and will include:

a. Patient name, including any aliases used by the patient; date of birth; gender; current address; and daytime phone number.

b. Any address where the patient resided during the requested time period.

c. Current government-issued photo identification, which the PTS administrator will copy and maintain in the PTS records. If the request is submitted other than in person, a copy of the patient's photo identification will be certified by a notary.

d. Patient signature. If the request is submitted other than in person, the patient's signature will be notarized.

553.12(5) *Regulatory agencies.* A regulatory agency may access PTS database information only pursuant to an order, subpoena, or other means of legal compulsion and following submission of a request on a form provided by the office.

553.12(6) *Pharmacy administrators.* A pharmacy or its authorized employees may only access PTS database information relating to the pharmacy's sales, which may be provided to the board upon request of the board or its authorized agent.

553.12(7) *Court orders and subpoenas.* The PTS administrator will provide database information in response to a court order or subpoena issued by a county attorney or a court upon a determination of probable cause.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.13(124,124B) Temporary designation of controlled and precursor substances.

553.13(1) For cannabis-derived products, the board will modify the schedule of controlled substances in accordance with Iowa Code section 124.201A.

553.13(2) Amend Iowa Code section 124.204(2) by adding the following new paragraphs:

cq. 2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other name: alpha'-Methyl butyryl fentanyl.

cr. N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide. Other name: 2',5'-Dimethoxyfentanyl.

cs. N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide. Other name: 3-Furanyl fentanyl.

ct. 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other name: Isovaleryl fentanyl.

cu. N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide. Other name: meta-Fluorofentanyl.

cv. N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide. Other name: meta-Fluoroisobutyryl fentanyl.

cw. N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide. Other name: ortho-Fluorofuranyl fentanyl.

cx. N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide. Other name: para-Methoxyfuranyl fentanyl.

cy. N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide. Other name: para-Methylcyclopropyl fentanyl.

cz. 1-(2-methyl-4-(3-phenylprop-2-en-1-yl)piperazin-1-yl)butan-1-one. Other name: 2-Methyl AP-237.

553.13(3) Amend Iowa Code section 124.204(4) by adding the following new paragraphs:

cn. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1H-indazole-3-carboxamide. Other name: ADB—BUTINACA.

co. 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one. Other name: alpha-PiHP.

cp. 2-(methylamino)-1-(3-methylphenyl)propan-1-one. Other names: 3—MMC; 3-methylmethcathinone.

553.13(4) Amend Iowa Code section 124.204(9) by adding the following new paragraphs:

o. Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate. Other name: MDMB—4en—PINACA.

p. Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate. Other names: 4F—MDMB—BUTICA; 4F—MDMB—BICA.

q. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide. Other name: ADB—4en—PINACA.

r. 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one. Other names: CUMYL—PEGACLONE; SGT—151.

s. Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate. Other names: 5F—EDMB—PICA; 5F—EDMB—2201.

t. Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate. Other name: MMB—FUBICA.

u. N-ethyl-2-(2-(4-isopropoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine, its isomers, esters, ethers, salts, and salts of isomers, esters and ethers. Other name: N-desethyl isotonitazene.

v. 2-(4-ethoxybenzyl)-5-nitro-1-(2-piperidin-1-yl)-1H-benzimidazole, its isomers, esters, ethers, salts, and salts of isomers, esters and ethers. Other names: N-piperidinyl etonitazene; etonitazepipne.

553.13(5) Amend Iowa Code section 124.210(3) by adding the following new paragraph:

bh. Zuranolone.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.14(124) Excluded and exempt substances.

553.14(1) *Excluded nonnarcotic products.* The board hereby excludes from all schedules the current list of excluded nonnarcotic products identified in 21 CFR §1308.22.

553.14(2) *Exempt substances.* With the exception of listed butalbital products, the board hereby excludes from all schedules the current list of exempted prescription products identified in 21 CFR §1308.32.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.15(124B) Precursor substances—reports. Reports relating to the delivery, receipt, or theft or loss of precursor substances will be in accordance with the requirements identified in Iowa Code chapter 124B and this rule.

553.15(1) *Receipt from out-of-state source.* A report of the receipt of a precursor substance from a source outside the state will be submitted no more than 14 days following such receipt.

553.15(2) *Report elements—receipts and deliveries.* In addition to the elements identified in Iowa Code section 124B.7(1), a report will include the signature of the person or the signature of an officer, authorized agent, or authorized employee of the business receiving or selling, transferring, or furnishing the substance.

553.15(3) *Report elements—theft or loss.* In addition to the elements identified in Iowa Code section 124B.7(1), a report will include the following relating to the missing quantity:

a. The permit number of the reporting person or business.

b. The signature of the reporting person or an officer, authorized agent, or authorized employee of the reporting business.

c. The name and address of the person who transported the substance and the date of the shipment, if applicable.

553.15(4) *Alternative reporting options.* Pursuant to Iowa Code section 124B.7(2), the board may consider requests from permittees to submit reports monthly or via electronic or computer-generated submission.

a. A request to submit transaction reports on a monthly basis or via electronic or computer-generated means will be submitted to the board at least 21 days prior to the board meeting at which the request will be considered.

b. The board will notify the permittee of its decision and identify the reporting format that is authorized. The permittee will be responsible for the accuracy of all reports and the prompt correction of any data entry or transmission errors.

c. Authorization to report monthly or via electronic or computer-generated means is at the board's discretion and may be rescinded with 30 days' advance notice.

553.15(5) *Exemptions.* Reports are not required for the distribution of exempt chemical mixtures or for transactions deemed excluded by 21 CFR Part 1310 as amended on October 31, 2023.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—553.16(124B) Precursor substances—identification of purchaser or other recipient.

553.16(1) *Face-to-face transactions.* In addition to the elements identified in Iowa Code section 124B.3(2)*"c,"* a letter of authorization will include:

a. The name of the purchaser's representative authorized to receive the substance.

b. The signature of the purchaser's representative, completed in the presence of the permittee.

553.16(2) *Non-face-to-face transactions.* Prior to furnishing any precursor substance via a transaction that is not face-to-face, the permittee will require a letter of authorization that includes all of the following:

a. The entity name, address, telephone number, and license number.

b. A description that identifies how the substance will be used.

c. The signature of an officer, authorized agent, or authorized employee of the entity.

d. The typed or printed name and title of the signatory.

[**ARC 9339C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code section 124.301 and chapter 124B.

[Filed ARC 9339C (Notice ARC 8428C, IAB 11/27/24), IAB 6/11/25, effective 7/16/25][1]

[1] July 16, 2025, effective date of Chapter 553 **[ARC 9339C]** delayed 70 days by the Administrative Rules Review Committee at its meeting held July 14, 2025; delay lifted at the meeting held August 11, 2025.

CHAPTER 554
OPERATIONAL STANDARDS—DISTRIBUTION AND DRUG SUPPLY CHAIN

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—554.1(124,124B) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.
[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.2(155A) Compliance with federal laws and regulations.

554.2(1) *Distribution of finished drug products.* Licensees will comply with applicable federal laws and regulations relating to the distribution of products as defined in 21 U.S.C. §360eee. 21 U.S.C. Chapter 9, Subchapter V, Part H, as enacted November 27, 2013, is incorporated herein by reference.

554.2(2) *Distribution of compounded preparations.* Licensees will comply with applicable federal laws and regulations relating to the distribution of compounded preparations as found in 21 U.S.C. §353b (Food, Drug, and Cosmetic Act §503B), as enacted November 27, 2013.
[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.3(155A) Policies and procedures. Licensees will establish, maintain, and adhere to written policies and procedures that address, at a minimum:

554.3(1) Receipt, security, storage, inventory, and distribution of prescription drugs and devices, including for drugs and devices supplied to a salesperson or representative or dispensed pursuant to patient-specific prescriptions.

554.3(2) Identification, record, and report of a theft or loss of prescription drugs and devices.

554.3(3) Correction of all errors and inaccuracies in inventories.

554.3(4) Recalls and market withdrawals, except for returns processors.

554.3(5) Emergency and disaster plan.

554.3(6) Outdated, adulterated, or suspect drugs and devices.

554.3(7) Personnel education and experience requirements.

554.3(8) Storage and security of records.

554.3(9) Drug and device diversion prevention and detection.

554.3(10) Routine environmental monitoring of drug storage areas, except for returns processors.

554.3(11) Source verification.
[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.4(155A) Records.

554.4(1) *Retention.* All records relating to distribution will be maintained at the licensed location for at least two years from the date of the record or entry to the record.

554.4(2) *Accessibility.* Electronic records will be capable of producing a hard-copy printout of transactions or entries for any specific date or range of dates requested. All records will be available for inspection and copying by the board or its authorized agent.

554.4(3) *Storage.* Original records more than 12 months old may be maintained in a secure remote storage area unless such remote storage is prohibited by federal law or regulation. Records maintained in remote storage locations will be retrievable within three business days of a request by the board or its authorized agent.
[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.5(155A) Facilities. Facilities involved in the distribution of prescription drugs will:

554.5(1) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations.

554.5(2) Have adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions.

554.5(3) Except for returns processors, have a quarantine area for storage of outdated, damaged, unsafe, deteriorated, misbranded, or adulterated prescription drugs; for drugs that are in immediate or

sealed outer or sealed secondary containers that have been opened; for drugs that have been identified as being defective or are believed to be defective; and for drugs that do not meet the FDA-approved criteria for the product.

554.5(4) Be secure from unauthorized entry, facilitated by an alarm and security system, including video surveillance.

[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.6(155A) Standards for outsourcing facilities.

554.6(1) *Preparation standards.* Compounded preparations will be prepared in accordance with the standards of CGMP in accordance with 21 CFR Part 210 as amended on December 10, 2009, and Part 211 as amended on November 18, 2016.

554.6(2) *Labeling standards.* Labels for compounded preparations will include:

a. The statement "This is a compounded drug" or a reasonable comparable alternative statement that prominently identifies the drug as a compounded preparation.

b. The statement "Not for distribution or resale."

c. The name, address, and telephone number of the outsourcing facility that compounded the preparation.

d. The established name, strength, dosage form, and quantity of the preparation.

e. The date the preparation was compounded.

f. The beyond-use date of the preparation.

g. Storage and handling instructions.

h. The lot or batch identification or control number.

i. The national drug code number, if applicable.

j. The following additional information, which can be included on the labeling of a container from which individual units of the preparation are removed for administration or dispensing:

(1) Directions for use, including, as appropriate, dosage and administration;

(2) A list of the active and inactive ingredients, identified by established name and quantity or proportion of each ingredient;

(3) FDA contact information (www.fda.gov/medwatch and 1.800.FDA.1088 or successor website or telephone number) to facilitate adverse event reporting; and

(4) The name of the practitioner or pharmacy to which the preparation is distributed.

[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—554.7(155A) Standards for limited distributors.

554.7(1) *Examination of materials.* Limited distributors will ensure, upon receipt and prior to distribution, that a drug or device is suitable for distribution.

554.7(2) *Verification.* Orders will be verified, prior to distribution, to ensure that the drug or device being distributed matches the order.

554.7(3) *Instructions for use.* When a drug or device is distributed pursuant to a prescription order, the patient or patient's caregiver will be provided adequate instructions for use.

554.7(4) *Transaction records.* Each party to a transaction for the transfer of prescription drugs or devices will maintain documentation that includes the:

a. Source of the drugs or devices, including the name and address of the seller and the address of the location from which the drugs or devices were distributed.

b. Identity and quantity of the drugs or devices distributed. Medical gas prescriptions are valid for no more than 13 months.

c. Date of distribution.

d. Identity of the purchaser, including the name and address of the purchaser and the address of the location to which the drugs or devices were distributed.

554.7(5) *Prescription order records.* Each prescription for which a prescription drug or device is distributed will be maintained in the original format received.

554.7(6) *Patient confidentiality.* Any patient information in the possession of a limited distributor will be maintained in a secure and confidential manner.

[**ARC 9340C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code sections 155A.13C, 155A.17, 155A.17A, 155A.19, 155A.24 and 155A.42.

[Filed ARC 9340C (Notice ARC 8421C, IAB 11/27/24), IAB 6/11/25, effective 7/16/25][1]

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CHAPTER 555
STANDARDS—DRUGS IN EMERGENCY MEDICAL SERVICES PROGRAMS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—555.1(124,155A) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.2(124) Registration required. Pursuant to Iowa Code section 124.302, an EMS program that intends to administer controlled substances in or into Iowa will obtain a controlled substances Act registration in accordance with rule 481—551.11(124). The registration will secondarily identify the medical director or pharmacy that owns the controlled substances used at the EMS program, if applicable.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.3(124,155A) Identification.

555.3(1) A log of EMS program personnel who have access to prescription drugs and records will be maintained and include personnel name, unique identification used in program records, and level of certification.

555.3(2) EMS program personnel who are authorized to access replenishment drugs from an AMDS will access the AMDS using unique identification credentials.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.4(124,155A) Policies and procedures. Each EMS program will, in collaboration with the medical director or pharmacy that owns the drugs used at the EMS program, establish and follow policies and procedures for the handling and utilization of prescription drugs and the storage and security of program and drug records.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.5(124,155A) Storage.

555.5(1) *Environmental standards.* Prescription drugs in the EMS program will be stored in a manner that ensures the drugs are maintained within the environmental requirements provided in the drug labeling. Storage temperatures will be monitored and documented to prevent and detect exposure to extreme temperatures that render the drugs unusable, as determined by the drugs' manufacturer.

555.5(2) *Security.* The EMS program will ensure security of prescription drugs and records to prevent and detect unauthorized access.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.6(124,155A) Removal of drugs from program stock.

555.6(1) Prescription drugs will not be administered beyond the labeled expiration date and, no later than the expiration date, will be removed from EMS program stock.

555.6(2) Prescription drugs subject to a product recall will be removed from EMS program stock.

555.6(3) Prescription drugs removed from EMS program stock will be returned to the owner of the drugs, as applicable, for return to stock or for disposal, as appropriate.
[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.7(124,155A) Administration wastage.

555.7(1) The unused portion of a controlled substance resulting from patient administration may be destroyed by the administering EMS program personnel, the medical director, or a pharmacist pursuant to EMS program policies and procedures.

555.7(2) Documentation of the administration wastage will include:

a. The signatures or unique identifications of the individual wasting and the witness,

b. The name, strength, and quantity of the substance wasted,

c. The date and manner of the wastage,

d. The identification of the patient to whom the substance was partially administered, and

e. The legibly printed first and last name(s) and title(s) of the individual(s) involved who are not identified in the EMS program identification log.

[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.8(124,155A) Monthly inspections. The medical director or pharmacy that owns the prescription drugs used in the EMS program will ensure the completion and documentation of a monthly inspection of all such drugs maintained at the EMS program and any program substation. Inspection will include the removal of outdated or adulterated drugs. If the drugs are owned by the medical director, the monthly inspection will be conducted by the medical director, or another individual designated by the medical director, and documentation of the inspection will be maintained at the EMS program. If the drugs are owned by the pharmacy, the inspection will be conducted by a pharmacist, or another individual designated by the pharmacist, and documentation of the inspection will be maintained at the pharmacy.

[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—555.9(124,155A) Records. Records required by 481—Chapter 553 and these rules will be maintained for at least two years from the date of the record or the last date of employment for personnel records and will be available for inspection and copying by the board or its authorized agent.

[**ARC 9341C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code sections 124.302 and 147.76 and chapter 155A.

[Filed ARC 9341C (Notice ARC 8419C, IAB 11/27/24), IAB 6/11/25, effective 7/16/25][1]

[1] July 16, 2025, effective date of Chapter 555 **[ARC 9341C]** delayed 70 days by the Administrative Rules Review Committee at its meeting held July 14, 2025; delay lifted at the meeting held August 11, 2025.

CHAPTER 556
IOWA PRESCRIPTION MONITORING PROGRAM

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—556.1(124,155A) Definitions. The definitions found in 481—Chapter 550 are incorporated by reference into these rules.
[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—556.2(124) PMP advisory committee.

556.2(1) *Membership.* The members of the PMP advisory committee will include prescribing practitioners as identified in Iowa Code section 124.555(1) and may include a multidisciplinary coalition of authorized users who routinely interact with the PMP and one member of the public who is not eligible to register with the PMP.

556.2(2) *Term of appointment.* Committee members will be appointed by the board for a three-year term and may be reappointed by the board for no more than two additional terms. Each term will expire on June 30 of the third year of the term.

556.2(3) *Quorum.* A quorum will be a majority of the appointed members.

556.2(4) *Termination of appointment.* A committee member who is no longer eligible or able to serve on the committee will submit a written resignation to the board. A committee member who fails to attend three consecutive regular committee meetings is deemed to have resigned.
[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—556.3(124) Registration.

556.3(1) *Registration.* Authorized access to PMP information pursuant to Iowa Code section 124.553 will be available only to registered users, except as provided herein.

556.3(2) *Registration not needed.* Individuals seeking their own individual prescription records need not register with the PMP.

556.3(3) *Practitioner's delegates.* A practitioner may authorize an adequate number of credentialed health care professionals, not exceeding 30, who are directly involved in the care of the patient to access PMP information. The practitioner is responsible for the PMP information access of the delegates.
[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—556.4(124) Reporting requirements.

556.4(1) *Reportable data.* The following will be reported to the PMP in accordance with Iowa Code sections 124.551, 124.552, and 124.554(1)*"g"*:

a. Controlled substances dispensed to a patient for self-administration.

b. Opioid antagonists dispensed or administered by a practitioner, including:

(1) To an emergency department patient, and

(2) To a patient upon discharge from a hospital, correctional facility or care facility.

c. If the pharmacy did not dispense or administer any reportable prescriptions during a reporting period, a zero report.

556.4(2) *Required data elements.*

a. In addition to the information required in Iowa Code section 124.552(1), the following elements will be reported:

(1) Form of transmission of prescription origin.

(2) Refill number.

(3) Number of refills authorized.

b. In an exceptional circumstance, a practitioner may request an extension of time for transmitting program information.

556.4(3) *Exemptions—practitioners.* The following are exempt from reporting controlled substances:

a. A licensed veterinarian in the normal course of professional practice.

b. A DEA-registered narcotic treatment program that is subject to the recordkeeping provisions of 21 CFR 1304.24 as amended on June 28, 2021.

556.4(4) *Board notification.* A pharmacy that does not engage in any reportable dispensing or administration will notify the board at the time of licensure.

556.4(5) *Submission format.* Data will be transmitted via the PMP's current version of data upload or electronic submission.

556.4(6) *Submission errors.* Upon notification of a potential error in program information, the reporting practitioner will promptly correct the error.

[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—556.5(124) Security.

556.5(1) *Board.* The board will collect, store, and disseminate program information using technology that utilizes encryption as defined in Iowa Code section 715C.1.

556.5(2) *Integrated systems.* A practitioner, pharmacy, or health care system utilizing an integrated system to connect its electronic health record or data processing system with the PMP will:

a. Ensure the maintenance of user access logs for four years from the date of access, including the identification of the practitioner for which a delegate accessed program information.

b. Ensure the maintenance of adequate security to prevent unauthorized access, disclosure, or theft of program information.

c. Notify the board within 72 hours of any breach in the electronic health record or data processing system that may have included program information.

[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

481—556.6(124) Access to and reporting of PMP information.

556.6(1) *Patient requests.* An individual patient or a patient's authorized representative may request the patient's own prescription history report via submission of a completed PMP patient request form via personal, mail, or commercial delivery. A patient's authorized representative includes an individual with medical power of attorney for the patient, the patient's attorney, an executor of the patient's estate, or the patient's next of kin as defined in Iowa Code section 523A.102.

556.6(2) *Authorized user requests.* An individual authorized to receive program information may request program information pursuant to and in accordance with Iowa Code section 124.553 via the program platform, which request will include verification of the requestor's authorization to receive the information.

556.6(3) *Statistical data.* The board or its designee may provide summary, statistical, or aggregate data to public or private entities for statistical, public research, public policy, or educational purposes.

556.6(4) *Prescriber activity reports.* At least annually, the board will electronically issue to each prescriber whose prescribed controlled substances were reported to the program during the preceding reporting period an activity report in accordance with Iowa Code section 124.554(3)*"a."*

556.6(5) *Proactive notifications.* When a patient meets or exceeds the criteria and thresholds determined by the board and the advisory committee, the board will issue a notification to a practitioner that the patient may be at risk of abusing or misusing a controlled substance and suggest review of the patient's program information.

[**ARC 9342C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter]

These rules are intended to implement Iowa Code chapter 124, subchapter VI.

[Filed ARC 9342C (Notice ARC 8423C, IAB 11/27/24; Amended Notice ARC 8979C, IAB 3/5/25), IAB 6/11/25, effective 7/16/25][1]

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CHAPTER 557
BOARD OF PHARMACY OPERATIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/11/30

481—557.1(17A,147,155A,272C) Board of pharmacy operations.

557.1(1) *Authority.* The board's authority for regulating the practice of pharmacy and the legal distribution and dispensing of prescription drugs and devices, including controlled substances, in the state of Iowa is found in Iowa Code chapters 124, 124B, 126, 147, 155A, 205 and 272C.

557.1(2) *Responsibilities.* The responsibilities of the board include but are not limited to:

a. Licensing of individuals. Licensing or registering qualified individuals in the practice of pharmacy and the handling or prescribing of controlled substances.

b. Licensing of practice locations. Licensing or registering authorized entities engaged in the legal distribution or dispensing of prescription drugs, devices and controlled substances within or into Iowa.

c. Conducting compliance inspections, audits and investigations of any persons or entities licensed or registered with the board.

d. Instituting disciplinary actions, hearing contested cases, issuing decisions and orders, and enforcing the terms of filed disciplinary orders.

557.1(3) *Meetings.* All meetings of the board will be open to the public except as authorized by the Iowa Code. Meeting notices will be routinely posted on the department of inspections, appeals, and licensing's website.

557.1(4) *Administrative fees.* The following nonrefundable fees will be assessed for the following administrative services:

a. Written license or registration verification: $15.

b. Provision of licensee data files: variable, $35 minimum.

c. Returned payment: $20.

d. Original pharmacist license certificate: $20.

e. Certification of pharmacist-intern internship hours: $15.

f. Petition for eligibility determination: $25.

557.1(5) *Overpayment of fees.* Payment for any administrative service or license fee in excess of the required fee amount of $10 or less will not be refunded.

557.1(6) *Adoption of agency rules by reference.* The board adopts by reference the following rules of the department:

a. Public records and fair information practices as found in 7—Chapter 2505.

b. Petitions for rulemaking as found in 7—Chapter 2502.

c. Declaratory orders as found in 7—Chapter 2503.

d. Agency procedure for rulemaking as found in 7—Chapter 2501.

e. Sales of goods and services as found in rule 481—1.5(10A,68B).

f. Licensee review committee as found in 481—Chapter 505.

g. Waivers as found in 7—Chapter 2504.

h. Model rules for board administrative processes as found in 481—Chapter 500.

i. Model rules for complaints and investigations as found in 481—Chapter 503.

This rule is intended to implement Iowa Code chapters 17A, 21, 124, 124B, 155A and 272C and section 147.80.

[**ARC 9343C**, IAB 6/11/25, effective 7/16/25; see Delay note at end of chapter; Editorial change: IAC Supplement 2/18/26; Editorial change: IAC Supplement 8/5/26]

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CHAPTERS 558 to 569
Reserved

DENTAL BOARD

CHAPTER 570
DENTAL BOARD ADMINISTRATION

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—570.1(153) Definitions. As used in these rules:

"ACC" means the anesthesia credentials committee of the board.

"Accredited school" means a dental, dental hygiene, or dental assisting education program accredited by the American Dental Association Commission on Dental Accreditation.

"Active patient" means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the previous two years.

"ASA" refers to the American Society of Anesthesiologists Patient Physical Status Classification System. Category I means normal healthy patients, and category II means patients with mild systemic disease. Category III means patients with severe systemic disease, and category IV means patients with severe systemic disease that is a constant threat to life.

"Authorized delegate" means a licensed or registered health care professional who has obtained prescription monitoring program (PMP) log-in credentials. A dental assistant trainee cannot serve as an authorized delegate.

"Board" means the dental board.

"Capnography" means the monitoring of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during anesthesia.

"Chapter" means Iowa Code chapter 153.

"Clinical training" means training that includes patient experiences.

"Contested case" means a proceeding defined by Iowa Code section 17A.2(5) and includes any matter defined as a no factual dispute contested case under Iowa Code section 17A.10A.

"Continuing dental education" consists of education activities designed to review and update concepts, techniques, and knowledge on advances in dental and medical sciences. The objective of continuing dental education is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and professions. Continuing dental education programs should make it possible for practitioners to adapt dental practice to new knowledge as it becomes available. All continuing dental education should strengthen judgment and professional technique.

"Controlled substance" means a drug, substance, or immediate precursor in schedules I through V listed in subchapter II of Iowa Code chapter 124.

"Coronal polish" means an adjunctive procedure that must also include removal of any calculus, if present, by a dentist or dental hygienist. Coronal polishing of teeth using only a rotary instrument and a rubber cup or brush for such purpose, when performed at the direction of and under the supervision of a licensed dentist, is deemed not to be the giving of prophylactic treatment.

"DAANCE" means the dental anesthesia assistant national certification examination as offered by the American Association of Oral and Maxillofacial Surgeons (AAOMS).

"Deep sedation" means drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

"Dental assistant" means any person who, under the supervision of a dentist, performs any extraoral services including infection control or the use of hazardous materials or performs any intraoral services on patients. The term "dental assistant" does not include persons otherwise actively licensed in Iowa to practice dental hygiene or nursing who are engaged in the practice of said profession.

"Dental assistant trainee" means any person who is engaging in on-the-job training to meet the requirements for registration in accordance with Iowa Code section 153.39 and who is practicing in accordance with 481—Chapter 575.

"Dental hygiene committee" means the same as described in Iowa Code section 153.33A.

"Dental laboratory technician" as used in these rules includes a person other than a licensed dentist, dental hygienist or registered dental assistant who fabricates, constructs, makes, or repairs oral prosthetic appliances solely and exclusively for a licensed dentist and under a dentist's supervision or direction. A dental laboratory technician who performs any of the duties of a dental assistant, as defined in this chapter, must be registered with the board as a dental assistant.

"Dental public health" is the science and system of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice in which the community serves as the patient rather than the individual. It is concerned with the dental health education of the public, applied dental research, the administration of group dental care programs, and the prevention and control of dental diseases.

"Dental radiography" means the application of X-radiation to human teeth and supporting structures for diagnostic purposes only.

"Department" means the department of inspections, appeals, and licensing.

"Deposition" means the testimony of a person pursuant to subpoena or at the request of the state of Iowa taken in a setting other than a hearing.

"Didactic training" means educational instruction.

"Direct supervision" means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room, or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

"Expenses" means costs incurred by persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa in a hearing or other official proceeding. Mileage shall be reimbursed in accordance with Iowa Code section 70A.9 or, if commercial air or ground transportation is used, the actual cost of transportation to and from the proceeding. Also included are actual costs incurred for meals and necessary lodging.

"Fabrication" means the construction or creation of an impression, occlusal registration, provisional restoration or denture, as defined in this chapter.

"Facility" means any dental office or clinic where sedation is used in the practice of dentistry. The term "facility" does not include a hospital.

"Fee" means the amount charged for the services described in this chapter.

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

"General supervision" means that a dentist has examined the patient, prior-prescribed in the patient record, and delegated the services to be provided because the dentist will be neither present in the facility nor available by live video. Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment. The dental assistant or dental hygienist must consent to the arrangement and be capable of implementing basic emergency procedures, which have been established.

"Hour of continuing education" means one unit of credit granted for each hour of instruction.

"Issuance" means, for the purposes of contested cases, the date of mailing of a decision or order or date of delivery if service is by other means unless another date is specified in the order.

"Knowledge" means any information or evidence acquired from personal observation, from a reliable or authoritative source, or under circumstances that cause the licensee or registrant to believe that there exists a substantial likelihood that an act or omission may have occurred.

"Laboratory training" means training that is hands-on, that may include simulation, and that prepares a dental hygienist or dental assistant for patient experiences. Laboratory training can be done with an approved training provider or with a supervising dentist as part of an approved course.

"Lapsed license," "lapsed permit," or *"lapsed registration"* means a license, permit, or registration that a person has failed to renew as required or the license, permit, or registration of a person who failed to meet stated obligations for renewal within a stated time. A person whose license, permit, or registration has lapsed continues to hold the privilege of licensure or registration in Iowa but may not practice dentistry, dental hygiene, or dental radiography or as a registered dental assistant until the license, permit, or registration is reinstated.

"License" means a certificate issued to a person to practice as a dentist or dental hygienist under the laws of this state.

"Licensed sedation provider" means a physician anesthesiologist currently licensed by the board of medicine or a certified registered nurse anesthetist (CRNA) currently licensed by the board of nursing.

"Licensee" means a person who has been issued a certificate to practice as a dentist or dental hygienist under the laws of this state.

"Medical examination fees" means actual costs incurred by the board in a physical, mental, chemical abuse, or other impairment-related examination or evaluation of a licensee when the examination or evaluation is conducted pursuant to an order of the board.

"Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. A patient whose only response reflex is withdrawal from repeated painful stimuli is not considered to be in a state of minimal sedation.

"Moderate sedation" means a drug-induced depression of consciousness, either by enteral or parenteral means, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. A patient whose only response reflex is withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

"Monitoring nitrous oxide inhalation analgesia" means continually observing the patient receiving nitrous oxide and recognizing and notifying the dentist of any adverse reactions or complications.

"MRD" means the manufacturer's maximum recommended dose of a drug as printed in FDA-approved labeling.

"Nitrous oxide inhalation analgesia" refers to the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

"Observational supervision" is intended for expanded function training purposes only and means that the dentist is physically present in the treatment room to oversee and direct all services being provided as part of clinical training.

"Opioid" means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

"Overpayment" means payment in excess of the required fee. Overpayment shall result in the return of the original request and payment, prior to processing, with a clarification of the total amount due.

"Party" means the state or the respondent for the purposes of contested cases.

"Patient experiences" are procedures that are performed on a patient during the course of clinical training. For the purposes of expanded function training, patient experiences will be completed under the observational supervision of a dentist.

"Patient monitor" means a dental assistant, dental hygienist, nurse or dentist whose primary responsibility is to continuously monitor a patient receiving moderate sedation, deep sedation or general anesthesia until the patient meets the criteria to be discharged to the recovery area.

"Pediatric" means patients aged 12 or under.

"Peer review" is defined in Iowa Code section 272C.1(7).

"Permit holder" means an Iowa licensed dentist who has been issued a moderate sedation or general anesthesia permit by the board.

"Personal supervision" means a licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.

"Practice of dentistry," as defined in Iowa Code section 153.13, includes persons who publicly claim to be dentists, dental surgeons, or skilled in the science of dentistry and are deemed to be practicing dentistry. Performance of, or assistance with, any of the following also constitutes the practice of dentistry: examination, diagnosis, treatment, or attempted correction of any disease, condition, disorder, lesion, injury, deformity, or defect of the oral cavity and maxillofacial area, or any phase of any operation incident to tooth whitening, including the instruction or application of tooth whitening materials or procedures. "Tooth whitening" is any process to whiten or lighten the appearance of human teeth by the application of chemicals, whether or not in conjunction with a light source.

"Prescription drug" means a drug, as classified by the United States Food and Drug Administration, that is required to be prescribed or administered to a patient by a practitioner prior to dispensation.

"Prescription monitoring program" or *"PMP"* means the program administered by the board of pharmacy for the collection and provision of information related to drug prescribing and dispensing.

"Presiding officer" means the dental board or a panel of the board. In a contested case proceeding, the board may request that an administrative law judge make initial rulings on prehearing matters and assist and advise the board in presiding at the disciplinary contested case hearing. Pursuant to Iowa Code section 272C.6, the board may delegate the hearing of contested cases to an administrative law judge.

"Proposed decision" means recommended findings of fact, conclusions of law, decision, and order in a contested case issued by an administrative law judge or hearing panel and for which the full board did not preside.

"Prosthetic" means, for the purposes of expanded function training, any provisional or permanent restoration intended to replace a tooth or teeth.

"Provisional restoration" means, for the purposes of expanded function training, a restoration or appliance that is formed or preformed for temporary purposes, used over a limited period of time.

"Public health settings" means schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; the armed forces; and federal, state, or local public health programs.

"Public health supervision" means that a licensed dentist has entered into a written supervision agreement with a licensed dental hygienist or registered dental assistant and authorized and delegated the services to be provided in a public health setting. Services provided under public health supervision may be rendered without the patient's first being examined by a licensed dentist. Additionally, the supervising dentist is not required to provide future dental treatment to patients served under public health supervision.

"Radiography qualification" means authorization to engage in dental radiography issued by the board.

"Registered dental assistant" means any person who has met the requirements for registration and has been issued a certificate of registration.

"Registrant" means a person who has been issued a certificate to practice as a dental assistant under the laws of this state.

"Registration" means a certificate issued to a person to practice as a dental assistant under the laws of this state.

"Reportable act or omission" means any conduct that may constitute a basis for disciplinary action under the rules or statutory provisions governing the practice of dentistry, dental hygiene, or dental assisting in Iowa.

"Self-study activities" means, for the purposes of continuing education, the study of something by oneself, without direct supervision or attendance in a class. Self-study activities include Internet-based coursework, video programs, correspondence work, research, or programs that are interactive and require participation and decision making on the part of the viewer. Webinars that include instruction in real time and allow for real-time communication with the instructor are not construed to be self-study activities.

"Service charge" means the amount charged for making a service available online and is in addition to the actual fee for a service itself.

"Sponsor" means a person, educational institution, or organization sponsoring continuing education activities. All continuing education activities of such person or organization are deemed approved provided the content complies with the requirements of 481—Chapter 573.

"Time-oriented anesthesia record" means documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

"Trainee status expiration date" means 12 months from the date of employment as a dental assistant trainee.

"Transcript" means a printed verbatim reproduction of everything said on the record during a hearing or other official proceeding.

"Witness fees" means compensation paid by the board to persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa. For the purposes of this rule, compensation shall be the same as outlined in Iowa Code section 622.69 or 622.72, as the case may be.

This rule is intended to implement Iowa Code chapters 147, 153, and 272C.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—570.2(17A,147,153,272C) Purpose of the board. The purpose of the board is to protect public health, safety, and welfare by administering, interpreting, and enforcing the provisions of law that relate to the practice of dentistry, dental hygiene, and dental assisting. In pursuit of this mission, the board performs these primary functions:

570.2(1) Administers examinations for the testing of dentists, dental hygienists, and dental assistants;

570.2(2) Issues licenses, registrations, certificates, and permits to qualified practitioners;

570.2(3) Sets standards for license, registration, and permit renewal and continuing education;

570.2(4) Enforces Iowa laws regulating the practice of dentistry, dental hygiene, and dental assisting;

570.2(5) Investigates complaints concerning violations of the dental practice Act and rules;

570.2(6) Conducts disciplinary hearings and monitors the compliance of licensees or registrants with board orders; and

570.2(7) Adopts rules and establishes standards for practitioners pursuant to its authority under the Iowa Code and administrative rules.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25]

481—570.3(17A,147,153) Organization of the board.

570.3(1) The board shall be composed in accordance with Iowa Code sections 147.14(1)*"c"* and 147.19.

570.3(2) A simple majority of the members of the board shall constitute a quorum for the purpose of conducting business.

570.3(3) The board and dental hygiene committee shall elect chairpersons. The board shall also elect officers and should consist of a chairperson, vice chairperson, and other officers as deemed appropriate. Officers will assume their duties immediately following their election.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25]

481—570.4(153) Organization of the dental hygiene committee.

570.4(1) The dental hygiene committee is composed in accordance with Iowa Code sections 147.14(1)*"c"* and 153.33A. A simple majority of the members of the committee constitutes a quorum for the purpose of conducting business.

570.4(2) Pursuant to Iowa Code section 153.33A, the committee:

a. Has authority to and may adopt recommendations in regard to matters pertaining to the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out other duties as assigned by the board. Recommendations by the committee will be reported to the board. The board shall review and ratify all committee recommendations unless the board makes a specific finding that the recommendation exceeds the jurisdiction of the committee, expands the scope of the committee beyond the authority granted in subrule 1.4(4), creates an undue financial impact, or is not supported by the record.

The board may not amend a committee recommendation without the concurrence of the majority of the members of the committee; and

b. Does not have regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or other auxiliary dental personnel.

570.4(3) Pursuant to Iowa Code section 153.33A, this rule will not be construed as impacting or changing the scope of practice of the profession of dental hygiene or authorizing the independent practice of dental hygiene.

This rule is intended to implement Iowa Code sections 147.14, 153.33 and 153.33A.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25]

481—570.5(153) Committees of the board.

570.5(1) Pursuant to Iowa Code chapter 272C and section 153.33, the board may establish and utilize ad hoc advisory committees to conduct business. The board chairperson may appoint committee members and chairpersons.

a. The board should annually review its committees to determine ongoing needs and compliance with the following:

(1) The committees may not constitute a quorum of the board; and

(2) Appointments to a standing committee of the board specified in subrule 1.5(2) are subject to board approval.

b. Committee appointments will be for 12 months unless specified otherwise at the time of appointment. Pursuant to Iowa Code section 153.33(1)*"f,"* committee members may be reimbursed for actual expenses.

c. Committees may hold meetings as needed to conduct the duties authorized by the board.

570.5(2) The standing committees of the board may include the executive committee, anesthesia credentials committee, and licensure and registration committee.

a. The executive committee may include up to four members of the board. The committee should be composed of the chairperson, vice-chairperson and other members as elected by the board.

b. The anesthesia credentials committee should include but not be limited to a dentist member of the board, two members who hold a moderate sedation permit, and two members who hold a general anesthesia permit issued in accordance with 481—Chapter 579. The committee may perform the following duties:

(1) Review and take action on all applications for moderate sedation or general anesthesia permits;

(2) Review and take action on requests for approval of courses that provide training in the administration of moderate sedation, deep sedation, general anesthesia, or a combination thereof for the purposes of qualifying a licensee for a sedation permit in accordance with 481—Chapter 579;

(3) Perform peer reviews or evaluations as deemed necessary and report to the board; and

(4) Other duties authorized by the board.

c. The license registration committee should include three members of the board, two of which are dentists.

(1) The license registration committee may review applications for licensure, registration and permit and take action as authorized by the board; and

(2) Perform other duties authorized by the board.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25]

481—570.6(17A,21,147,153) Meetings.

570.6(1) The board and dental hygiene committee may hold meetings as needed or as requested by the chairperson, the vice chairperson, or a majority of the board or committee.

570.6(2) Written notices stating the time and place of the meetings shall be provided consistent with Iowa Code chapter 21. Except as otherwise provided by statute, all board meetings shall be open and the public shall be permitted to attend.

570.6(3) Dates and locations of board and committee meetings may be obtained from the department's website.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25]

481—570.7(17A,272C) Adoption of uniform and model rules. The board hereby adopts by reference the following:

570.7(1) Uniform Rules on Agency Procedure, 7—Chapters 2501 through 2505.

570.7(2) Military Service, Veteran Reciprocity, and Spouses of Active-Duty Service Members, 481—Chapter 7.

570.7(3) Licensing and Child Support Noncompliance, Student Loan Repayment Noncompliance, and Nonpayment of State Debt, 481—Chapter 8.

570.7(4) Model Rules for Use of Criminal Convictions in Eligibility Determinations and Initial Licensing Decisions, 481—Chapter 502.

570.7(5) Model Rules for Contested Cases Before Licensing Boards, 481—Chapter 506.

570.7(6) Model Rules for Licensee Review Committee, 481—Chapter 505.

[**ARC 8984C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapter 21 and sections 17A.3, 147.14(1)*"c,"* 147.22, and 153.33A(1).

[Filed ARC 8984C (Notice ARC 8504C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 571
DENTAL BOARD FEES

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—571.1(147,153) Establishment of fees. The board is self-supporting through the collection of fees and does not receive an appropriation from the general fund. Pursuant to Iowa Code section 147.80, the department is required to annually prepare an estimate of projected revenues and expenses to ensure that there are sufficient funds to cover projected expenses. The department shall establish fees by rule in accordance with Iowa Code section 147.80.

571.1(1) In addition to the fees specified in this rule, an applicant shall incur a service charge for submitting payments online.

571.1(2) All fees are nonrefundable.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.2(153) Application fees.

571.2(1) *Dental licensure.* The fees for a dental license are as follows:

a. The application fee for a dental license on the basis of examination is $200.

b. The application fee for a dental license on the basis of credentials is $550.

c. The application fee for a dental license on the basis of verification is $550.

571.2(2) *Dental hygiene licensure.* The fees for a dental hygiene license are as follows:

a. The application fee for a dental hygiene license on the basis of examination is $100.

b. The application fee for a dental hygiene license on the basis of credentials is $200.

c. The application fee for a dental hygiene license on the basis of verification is $200.

571.2(3) *Resident license.* The application fee for a resident license is $120.

571.2(4) *Faculty permit.* The application fee for a faculty permit is $200.

571.2(5) *Fingerprint packet and criminal history check.* The fee for evaluation of a fingerprint packet and criminal history background check is $46.

571.2(6) *Dental assistant registration and radiography qualification.* The fees for registration and qualification are as follows:

a. The application fee for a registered dental assistant is $40.

b. The fee for a combined application as a registered dental assistant with a radiography qualification is $60.

c. The application fee for a radiography qualification is $40.

571.2(7) *Anesthesia and sedation permits.* The fees for an anesthesia or sedation permit are as follows:

a. The application fee for a local anesthesia permit is $70.

b. The application fee for a moderate sedation permit is $500.

c. The application fee for a general anesthesia permit is $500.

571.2(8) *Temporary permit—urgent need or educational services.* The fee for an application for a temporary permit to serve an urgent need or provide educational services is $100.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.3(153) Renewal fees. Biennial renewal fees are as follows:

571.3(1) *Dental license.* The renewal fee for a dental license is $315.

571.3(2) *Dental hygiene license.* The renewal fee for a dental hygiene license is $150.

571.3(3) *General anesthesia permit.* The renewal fee for a general anesthesia permit is $125.

571.3(4) *Moderate sedation permit.* The renewal fee for a moderate sedation permit is $125.

571.3(5) *Local anesthesia permit.* The renewal fee for a local anesthesia permit is $25.

571.3(6) *Dental assistant registration.* The renewal fee for registration as a registered dental assistant is $75.

571.3(7) *Combined dental assistant registration and qualification in radiography.* The renewal fee for both a registration as a registered dental assistant and a radiography qualification is $115.

571.3(8) *Dental assistant qualification in radiography.* The renewal fee for a qualification in dental radiography is $40.

571.3(9) *Faculty permit.* The renewal fees for a faculty permit are as follows:

a. The renewal fee for a dental faculty permit is $315.

b. The renewal fee for a dental hygiene faculty permit is $150.

571.3(10) *Resident license extension.* The fee for extension of a resident license is $40.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.4(153) Late renewal fees. A licensee, registrant or permit holder who fails to renew a license, registration or permit by the expiration date is subject to late renewal fees as described in this rule.

571.4(1) *Dental or dental hygiene license or faculty permit.*

a. Renewals completed between September 1 and September 30 are subject to a late fee of $100, in addition to the renewal fee.

b. Renewals completed between October 1 and October 31 are subject to a late fee of $150, in addition to the renewal fee.

571.4(2) *Dental assistant registration or dental radiography qualification.*

a. Renewals completed between September 1 and September 30 are subject to a late fee of $20, in addition to the renewal fee.

b. Renewals completed between October 1 and October 31 are subject to a late fee of $40, in addition to the renewal fee.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.5(147,153) Reinstatement fees. Licensees, registrants or permit holders who make an application for reinstatement are subject to fees as described in this rule.

571.5(1) *Reinstatement application fees.* The application fees for reinstatement are as follows:

a. The reinstatement application fee for a dental license is $150.

b. The reinstatement application fee for a dental hygiene license is $100.

c. The reinstatement application fee for a dental assistant registration is $50.

d. The reinstatement application fee for a qualification in dental radiography without registration is $40.

571.5(2) *Past due renewal fees.* In addition to the application fee for reinstatement specified in this rule, the applicant must pay the additional fees as follows:

a. The past due renewal fee for a dental license is $315.

b. The past due renewal fee for a dental hygiene license is $150.

c. The past due renewal fee for a dental assistant registration is $75.

d. The past due renewal fee for a dental assistant registration and qualification in dental radiography without registration is $115.

e. The past due renewal fee for a qualification in dental radiography without registration is $40.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.6(153) Miscellaneous fees. Fees for additional requests are as follows:

571.6(1) *Duplicates.* The fee for issuance of a hard-copy duplicate license, permit or registration certificate or current renewal is $25. Electronic copies are provided at no cost.

571.6(2) *Certification or verification.* The fee for a written certification or written verification of an Iowa license, permit or registration is $25. Results of an online licensee search are available at no cost.

571.6(3) *Iowa practitioner review committee (IPRC) monitoring.* The monitoring fee for compliance with an IPRC agreement is $100 per quarter, unless otherwise stated in the health practitioner contract entered into pursuant to 481—Chapter 505.

571.6(4) *Monitoring for compliance with board orders.* The monitoring fee for compliance with a board order is $300 per quarter, unless otherwise stated in the board order.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.7(153) Contested case hearings—fees and costs. The board may request reimbursement of certain costs associated with contested case hearings.

571.7(1) *Hearing fee.* The board may charge a fee not to exceed $75 for conducting a contested case hearing that results in action being taken against the licensee or registrant.

571.7(2) *Procedure and personnel costs.* The board may recover from the licensee or registrant costs for the following:

a. Court reporter and transcript.

b. Witness fees and expenses. The parties in a contested case shall be responsible for any witness fees and expenses incurred by witnesses appearing at the contested case hearing and may also include witness fees and expenses incurred by witnesses called to testify on behalf of the state of Iowa.

c. Depositions. Deposition costs, for the purposes of allocating costs against a licensee, include only those deposition costs incurred by the state of Iowa. The licensee or registrant is directly responsible for the payment of deposition costs incurred by the licensee or registrant.

d. Medical examination fees incurred relating to a person licensed under Iowa Code chapter 147. All costs of physical or mental examinations, substance abuse evaluations or drug screening, or clinical competency evaluations ordered by the board pursuant to Iowa Code section 272C.9(1) as part of an investigation or pending complaint or as a sanction following a contested case shall be paid directly by the licensee or registrant.

571.7(3) *Certification of reimbursable costs.* The executive director or designee shall calculate and certify any reimbursable costs incurred by the board.

571.7(4) *Assessment of fees and costs.* A final decision of the board imposing action against a licensee or registrant shall include the amount of any contested case hearing fee assessed pursuant to 481—Chapter 11. If the board also assesses reimbursable costs against the licensee or registrant, the board shall file a certification of reimbursable costs that includes a statement of costs delineating each category of costs and the amount assessed. Fees and costs that cannot be calculated at the time of the issuance of the board's final order may be invoiced at a later time, provided the board's final order states that the fees and costs will be invoiced at a later date. The board order will specify the time period in which the fees and costs must be paid.

571.7(5) *Failure to pay assessed fees, costs.* Failure of a licensee or registrant to pay the fees and costs assessed herein within the time period specified in the board's final order shall constitute a violation of an order of the board and may be grounds for disciplinary action.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.8(153) Facility inspection fee. The actual costs for an on-site evaluation of a dental facility at which moderate sedation, deep sedation, or general anesthesia is authorized pursuant to 481—Chapter 579 will not exceed $500 per facility per inspection.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.9(22,147,153) Public records. Public records are available according to 7—Chapter 2505. The department will release the records upon receipt of payment.

571.9(1) Copies of public records will be calculated at $0.25 per page plus labor.

571.9(2) A $16 per hour fee may be charged for labor in excess of one-half hour for searching, retrieving, and copying documents.

571.9(3) No additional fee will be charged for delivery of the records.

571.9(4) The department will not require payment when the fees for the request would be less than $5 total.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 8/5/26]

481—571.10(22,147,153) Data or mailing lists.

571.10(1) The department will provide data and mailing lists in electronic format following receipt of payment.

a. The standard mailing list includes active licensees, registrants, and resident licensees and faculty permit holders when applicable.

b. The standard data list includes the mailing address, license, registration or permit number, status, original issue date, expiration date, specialty (if applicable), and whether disciplinary action has been

taken. The standard data list includes active licensees, registrants, and resident licensees and faculty permit holders when applicable.

571.10(2) Data and mailing list fees.

a. The fee for a standard mailing list is $35 per profession requested.

b. The fee for a standard data list is $45 per profession requested.

c. Additional data elements, programming or sorting increases the fees by $25 per profession.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.11(147,153) Returned checks. The department shall charge a fee of $39 for a check returned for any reason. The department will request payment by certified check or money order. If the fees are not paid within two weeks of notification of the returned check by certified mail, the licensee or registrant may be subject to disciplinary action for noncompliance with board rules.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.12(147,153,272C) Copies of the laws and rules. Copies of laws and rules pertaining to the practice of dentistry, dental hygiene, or dental assisting are available as follows:

1. Iowa Code and Iowa Administrative Code access, no fee, available at www.legis.iowa.gov/law/administrativeRules/agencies.
2. Printed copies of the Iowa Code chapters that pertain to the practice of dentistry, $10.
3. Printed copies of dental board rules in the Iowa Administrative Code, $15.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25]

481—571.13(17A,147,153,272C) Waiver prohibited. Rules in this chapter are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

[**ARC 8985C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code sections 147.10, 147.80 and 153.22.

[Filed ARC 8985C (Notice ARC 8476C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 572
DENTAL LICENSURE, REGISTRATION, RENEWAL, REACTIVATION AND REINSTATEMENT

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—572.1(147,153) Applicant responsibilities. Applicants for licensure, permit, registration or qualification, including applicants for renewal, reactivation and reinstatement, bear full responsibility for complying with the provisions of this rule.

572.1(1) Applicants will make application on forms provided by the department and submit the required information and documentation, which includes the following:

a. Paying all applicable fees required by this chapter pursuant to 481—Chapter 571, which may also include fees charged by other agencies, organizations, or institutions to provide the information required to complete an application;

b. Providing evidence of current certification in cardiopulmonary resuscitation (CPR) that included a hands-on component unless exempted by rule;

c. Providing a detailed statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges;

d. Providing accurate, up-to-date, and truthful information, including but not limited to prior professional experience, education, training, examination scores, and disciplinary history; and

e. Signing and verifying the application as to the truth of the statements contained therein.

572.1(2) An application for a dental or dental hygiene license or faculty permit, including reactivation of a license, may be considered complete prior to completion of the criminal history background check on the applicant conducted by the division of criminal investigation (DCI) or Federal Bureau of Investigation (FBI) for purposes of review and consideration by the executive director, the committee, or the board. However, an applicant is required to submit an additional completed fingerprint packet and fee within 30 days of a request by the department if an earlier fingerprint submission has been determined to be unacceptable by the DCI or FBI.

572.1(3) If an applicant for license, permit, registration, or qualification applies within four months of the date of expiration, the applicant may pay the renewal fee in addition to the applicable application fees specified in 481—Chapter 571. Payment of the renewal fee at the time of application will result in the renewal of the license, permit, registration or qualification upon issuance.

572.1(4) Applicants must ensure that an application for initial license, permit, registration or qualification, or for reinstatement or reactivation of the same, is completed within 180 days from the date the application is received.

a. For purposes of establishing timely filing, the postmark on a paper submittal will be used, and for applications submitted online, the electronic timestamp of the date of payment will be deemed the date of filing. If the applicant does not submit all required materials within this time period, or if the applicant does not meet the requirements for the license, permit, registration, reinstatement or reactivation, the application will be considered incomplete.

b. If an application is considered incomplete, the applicant will need to submit a new application and pay all applicable fees for further consideration.

This rule is intended to implement Iowa Code sections 147.2, 147.11, 272C.12 and 272C.12A and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.2(147,153) Review of applications.

572.2(1) Upon receipt of a completed application, the executive director as authorized by the board has discretion to:

a. Require additional information relating to the character, education, and experience of the applicant.

b. Authorize the issuance of the license, permit, or registration.

c. Refer the application to the committee for review and consideration for matters including but not limited to prior criminal history pursuant to Iowa Code section 272C.15, chemical dependence, competency, physical or psychological illness, malpractice claims or settlements, or professional disciplinary history that are relevant in determining the applicant's qualifications.

572.2(2) Following review and consideration of an application referred by the executive director, the committee may:

a. Authorize the executive director to issue the license, permit, registration, or qualification.

b. Forward the application to the board for further review and consideration.

572.2(3) Following board review and consideration of an application, the board will:

a. Authorize the issuance of the license, permit, registration or qualification; or

b. Initiate other action in accordance with rule 481—572.22(147,153,272C).

572.2(4) The committee or board may require an applicant to appear for an interview as part of the application process.

572.2(5) The committee or board may defer final decision making on an application if there is a pending investigation or disciplinary action against an applicant who may otherwise meet the requirements for license, permit, registration or qualification, until such time as the matter has been resolved.

This rule is intended to implement Iowa Code chapters 147, 153 and 272C.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.3(147,153) Licensure.

572.3(1) Applicants for licensure to practice dentistry or dental hygiene in this state who meet the requirements of this rule may be eligible for a license on the basis of examination or credentials.

a. Applicants who have held a license issued in another state, district or territory for one year or longer must apply for licensure by credentials.

b. Applicants who are licensed in another jurisdiction and who are unable to satisfy the requirements for licensure by examination or credentials may be eligible for licensure by verification pursuant to rule 481—572.7(272C).

572.3(2) Applications for licensure on the basis of examination or credentials must include the following:

a. Satisfactory evidence of graduation from an accredited dental or dental hygiene school.

(1) Applicants for dental license must have been issued a doctor of dental surgery (DDS) or doctor of medicine in dentistry (DMD) degree.

(2) Graduates of foreign dental schools who have not obtained a DDS or DMD degree from an accredited dental school shall also satisfy the requirements of rule 481—572.4(153).

b. Certification by an authorized representative of the school that the applicant was a student in good standing while attending that school.

c. Evidence of successful passage of the examination administered by the Joint Commission on National Dental Examinations (JCNDE). Applicants who have lawfully practiced dentistry or dental hygiene in another state, district or territory for five or more years are exempt from presenting this evidence.

d. Evidence of successful passage of a board-approved clinical examination pursuant to rule 481—572.14(147,153) and a statement of all other clinical examinations taken by the applicant with an indication of pass/fail for each.

(1) Applicants on the basis of examination must have successfully completed the clinical examination within five years of the date of application.

(2) Applicants who have lawfully practiced dentistry or dental hygiene in another state, district or territory for five or more years may be exempt from presenting this evidence.

e. Certification of all licenses issued to the applicant. The certification should include, at a minimum, the name, license number, status, expiration date, and an indication of whether the applicant has been subject to disciplinary action.

f. The applicable application fees, including the background check fee, as specified in 481—Chapter 571.

g. A completed packet to facilitate a criminal history background check by the DCI and FBI.

h. Evidence of successful completion of a jurisprudence examination pursuant to rule 481—572.15(147,153).

572.3(3) Applicants on the basis of credentials must also submit the following:

a. Pursuant to Iowa Code section 153.21, evidence that the applicant has met at least one of the following:

(1) Holds a license in another state, district, or territory under requirements substantially similar to those of this state, and has three consecutive years of lawful practice immediately prior to the date of application; or

(2) Has less than three consecutive years of practice immediately prior to the filing of the application and evidence of successful passage within the previous five-year period of a board-approved clinical examination pursuant to rule 481—572.14(147,153).

b. Results of a self-query of the National Practitioner Data Bank (NPDB).

572.3(4) The board or committee may also require such examinations as may be necessary to evaluate the applicant for licensure by credentials.

This rule is intended to implement Iowa Code section 272C.12 and chapters 147 and 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.4(153) Graduates of foreign dental schools. If a graduate of a foreign dental school does not meet the educational requirements for a license by examination or credentials, and does not qualify for licensure by verification pursuant to Iowa Code section 272C.12, the applicant must meet the requirements of this rule in addition to meeting the other requirements for licensure specified in rule 481—572.3(147,153).

572.4(1) Applications for licensure of graduates of foreign dental schools shall include the following:

a. Evidence of successful completion of dental education that is substantially equivalent to a DDS or DMD degree issued by an accredited school. The applicant may demonstrate this by meeting one of the following requirements:

(1) Successful completion of an undergraduate supplemental dental education program of at least two academic years at an accredited dental school and receipt of a dental diploma, degree or certificate substantially equivalent to a DDS or DMD degree;

(2) Successful completion of a postgraduate general practice residency program of at least one academic year at an accredited dental college; or

(3) Results of a formal evaluation of the applicant's foreign dental education by a board-approved professional credentialing organization. The results of the evaluation must indicate that the nonaccredited dental education completed was substantially equivalent to that of an accredited dental school.

b. A final, official transcript verifying graduation from the foreign dental school at which the applicant originally obtained a dental degree. If the transcript is written in a language other than English, an original, official translation will also be submitted.

c. Verification, when applicable, from the appropriate governmental authority that the applicant was licensed or otherwise authorized by law to practice dentistry in another country and that no adverse action was taken against the license.

d. The applicant will demonstrate to the satisfaction of the board an ability to read, write, speak, understand, and be understood in the English language. The applicant may demonstrate English proficiency by achieving a score sufficient to be rated in the highest level of ability on each section of the Test of English as a Foreign Language (TOEFL) as administered by the Educational Testing Service (ETS), or other evidence approved by the board.

572.4(2) An applicant for licensure who is a graduate of a foreign dental school shall comply with one of the following:

a. Has practiced dentistry in another state, district, territory or country within three years of the date of application; or

b. Has successfully completed a clinical examination or assessment within three years of the date of application to demonstrate ongoing clinical competency.

This rule is intended to implement Iowa Code section 272C.12 and chapters 147 and 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.5(153) Dental assistant registration.

572.5(1) Applications for dental assistant registration must include the following:

a. Evidence of board-approved education and training. Education and clinical training may be satisfied by meeting one of the following:

(1) Clinical experience as a dental assistant trainee until competency is achieved as determined by the supervising dentist;

(2) Clinical experience as a dental assistant in another state, district or territory within five years prior to the date of application and competency is verified by the supervising dentist; or

(3) Graduation from an accredited dental assisting program.

b. The application fee as specified in 481—Chapter 571.

c. Evidence of successful completion of board-approved examination in the areas of infection control, hazardous materials, and jurisprudence as specified in rules 481—572.15(147,153) and 481—572.16(147,153), and dental radiography, if the applicant is also applying for a qualification in dental radiography.

d. Evidence of meeting the requirements of rule 481—572.6(136C,153) if the applicant intends to engage in dental radiography.

572.5(2) A dental assistant who is licensed or registered in another jurisdiction but who is unable to satisfy the requirements for registration in this rule may be eligible to apply for registration by verification pursuant to rule 481—572.7(272C).

This rule is intended to implement Iowa Code sections 147.34, 153.39 and 272C.12.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.6(136C,153) Dental radiography qualification.

572.6(1) Applicants for a radiography qualification must also be a dental assistant pursuant to Iowa Code chapter 153 or hold an active license issued by the board of nursing.

572.6(2) Applications for dental radiography qualification must include the following:

a. Evidence of successful completion, within the previous five years, of education and clinical training in the area of dental radiography. The education and clinical training may be satisfied by meeting one of the following:

(1) Completion of on-the-job training in dental radiography until competency is achieved as determined by the supervising dentist;

(2) Practice as a dental assistant in another state that included clinical experience taking dental radiographs within the previous five years;

(3) Graduation from an accredited dental assisting program; or

(4) Certification from the Dental Assisting National Board (DANB) that includes dental radiography and was issued within five years of the date of application.

b. The application fee as specified in 481—Chapter 571.

c. Evidence of successful completion a board-approved examination in the area of dental radiography in accordance with rule 481—572.16(147,153).

This rule is intended to implement Iowa Code sections 136C.3 and 153.39.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—572.7(272C) Licensure or registration by verification. Applicants may be eligible for licensure or registration by verification pursuant to Iowa Code section 272C.12. Applicants are required to hold a current license or registration in the same profession in at least one other jurisdiction that has a scope or practice that is substantially similar to that of Iowa.

572.7(1) Applications must include the following:

a. The applicable application fees, including the background check fee for applicants of a dental or dental hygiene license, as specified in 481—Chapter 571.

b. For dental or dental hygiene applicants, a completed packet to facilitate a criminal history background check.

c. A verification form, completed by the licensing authority in the jurisdiction that issued the applicant's license or registration, verifying that the applicant's license or registration in that jurisdiction

complies with the requirements of Iowa Code section 272C.12. The completed verification form must be sent directly from the licensing authority to the board.

d. Evidence of successful completion of a board-approved jurisprudence examination, pursuant to rule 481—572.15(147,153).

e. Copies of a complete criminal record, if the applicant has a criminal history.

f. A copy of the relevant disciplinary documents, if another jurisdiction has taken disciplinary action against the applicant.

g. A written statement from the applicant detailing the scope of practice in the other state.

h. Copies of relevant laws setting forth the scope of practice in the other state.

572.7(2) If another jurisdiction has taken disciplinary action against an applicant, the board will determine whether the cause for the disciplinary action has been corrected and the matter has been resolved. If the board determines the disciplinary matter has not been resolved, the board will neither issue nor deny a license or registration until the matter is resolved. A person who has had a license or registration revoked, or voluntarily surrendered a license or registration, in another jurisdiction is ineligible for licensure or registration by verification.

572.7(3) If an applicant is currently the subject of a complaint, allegation, or investigation relating to unprofessional conduct pending before any regulating entity in another jurisdiction, the board will neither issue nor deny a license or registration until the complaint, allegation, or investigation is resolved.

572.7(4) Applicants who satisfy all requirements for a license or registration under this rule except for passing the jurisprudence examination may be issued a temporary license or registration in accordance with the following:

a. A temporary license or registration is valid for a period of three months.

b. A temporary license or registration may be renewed once for an additional period of three months if the applicant has not failed the jurisprudence examination.

c. A temporary licensee or registrant shall display the board-issued license or registration renewal card that indicates the license or registration is temporary, which will satisfy the requirements in rule 481—574.2(147,153).

d. The temporary licensee or registrant must submit proof of passing the jurisprudence examination before the temporary license or registration expires. When the temporary licensee or registrant submits proof of passing the jurisprudence examination, the temporary license or registration will convert to a standard license or registration and be assigned an expiration date consistent with standard licenses or registrations.

e. If the temporary licensee or registrant does not submit proof of passing the jurisprudence examination prior to the expiration of the temporary license or registration, the temporary licensee or registrant must cease practice until a standard license or registration is issued.

This rule is intended to implement Iowa Code section 272C.12.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.8(153) Resident license.

572.8(1) A dentist or dental hygienist seeking permission to practice as a resident, intern or graduate student at an accredited teaching or educational institution offering advanced education courses may apply for a resident license in lieu of a permanent license.

572.8(2) Applicants for a resident license are exempt from providing evidence of current CPR certification. Applications for resident license must include the following:

a. Evidence from the dean or designated administrative officer of the accredited school confirming enrollment as a resident, intern or graduate student.

b. A signed written statement that includes the anticipated date of completion of the program from a dentist who holds an active Iowa license or faculty permit, who proposes to exercise supervision and direction over said applicant.

c. Satisfactory evidence of graduation from an accredited school of dentistry, dental hygiene, or other school approved by the board or license registration committee as authorized by the board.

d. The appropriate fee as specified in 481—Chapter 571.

e. Clinical experience or assessment as evidenced by one of the following:

(1) The applicant has practiced clinically in another state, district, territory or country within three years of the date of application; or

(2) The applicant has successfully completed a clinical examination or assessment within three years of the date of application to demonstrate ongoing clinical competency.

572.8(3) If approved, a resident license shall allow the licensee to serve as a resident, intern, or graduate student under the supervision of a licensed or permitted faculty member at an accredited school or program approved by the board.

a. A resident license will expire on the expected date of completion of the resident training program as reported on the application.

b. If a licensee leaves the institution during the anticipated term of the resident license, the license shall be considered null and void. The director of the resident training program should notify the board within 30 days of the licensee's terminating from the program.

c. A resident license may be extended past the original expected completion date of the training program at the discretion of the board or the license and registration committee as authorized by the board. A licensee who wishes to extend the expiration date of the license shall submit an extension application that includes the following:

(1) A statement explaining the need for an extension;

(2) The fee in the amount specified in 481—Chapter 571; and

(3) A statement from the director of the resident training program attesting to the progress of the resident; the new expected date of completion; and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

d. The director of the resident training program should report any warnings that have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

e. A resident licensee who changes resident training programs, including the pursuit of another postgraduate degree, shall apply for a new resident license and include a statement from the program director documenting the applicant's progress.

572.8(4) No examination or continuing education will be required for this license.

This rule is intended to implement Iowa Code section 153.22.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.9(153) Dental college and dental hygiene program faculty permits.

572.9(1) The board may issue a faculty permit entitling the holder to practice dentistry or dental hygiene as a faculty member within an accredited school or program and affiliated teaching facilities in lieu of a permanent license.

572.9(2) Applications for a faculty permit shall include the following:

a. Evidence from the dean or designated administrative officer of the accredited school confirming the employment of the applicant as faculty member who is not licensed to practice dentistry or dental hygiene in Iowa.

b. The nonrefundable application fees, including the fingerprint packet and background check fee as specified in 481—Chapter 571.

c. Information regarding the professional qualifications and background of the applicant, including evidence of having graduated from an accredited school or other program approved by the board or the license and registration committee as authorized by the board.

d. A completed packet to facilitate the criminal history background check by the DCI and FBI.

e. If the applicant is licensed by another jurisdiction, the applicant shall furnish evidence from the licensing board of that jurisdiction that the applicant is licensed in good standing and has not been the subject of final or pending disciplinary action.

f. The results of a self-query of the NPDB.

g. Evidence of successful completion of a jurisprudence examination pursuant to rule 481—572.15(147,153).

h. Clinical experience or assessment as evidenced by one of the following:

(1) The applicant has practiced clinically in another state, district, territory or country within three years of the date of application; or

(2) The applicant has successfully completed a clinical examination or assessment within three years of the date of application to demonstrate ongoing clinical competency.

572.9(3) A faculty permit shall expire on August 31 of every even-numbered year and may be renewed on a biennial basis. The faculty permit will be valid so long as the holder remains a faculty member at an accredited school in Iowa.

572.9(4) A faculty permit may be renewed in accordance with rule 481—572.20(147,153,272C) and 481—Chapter 573.

This rule is intended to implement Iowa Code section 153.37.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.10(147,153) Requirements for issuance and renewal of a local anesthesia permit. To administer local anesthesia, a dental hygienist shall hold a current permit pursuant to 481—Chapter 576.

572.10(1) Applicants for local anesthesia permits are exempt from providing evidence of current CPR certification. Applications for a local anesthesia permit must include the following:

a. The fee for a local anesthesia permit as specified in 481—Chapter 571; and

b. Evidence that the applicant meets one of the following requirements:

(1) Successful completion, within the previous 36 months, of formal training in the administration of local anesthesia that includes training in block and infiltration anesthesia at an accredited school or other training program approved by the dental hygiene committee;

(2) Successful completion, within the previous 36 months, of a clinical examination in the administration of local anesthesia by a testing center approved by the board in accordance with rule 481—572.14(147,153); or

(3) For applicants who completed training or examination more than 36 months prior to application, evidence of formal training in the administration of local anesthesia and a statement attesting to ongoing practice within the previous 36 months in the administration of local anesthesia in another state or jurisdiction that authorizes a dental hygienist to administer local anesthesia.

572.10(2) The permit shall expire on August 31 of every odd-numbered year. To renew the permit, the dental hygienist must submit a timely application for renewal with evidence of holding an active Iowa dental hygiene license and submit the renewal fee as specified in 481—Chapter 571.

572.10(3) Failure to meet the requirements for renewal prior to November 1 following the permit's expiration will cause the permit to lapse and become invalid.

572.10(4) A permit that has lapsed may be reactivated upon the permit holder's application for reactivation, payment of the reactivation fee as specified in 481—Chapter 571, and evidence of a current Iowa dental hygiene license. A permit that has been lapsed for more than 36 months may be reinstated if the applicant also submits evidence of satisfying the requirements of paragraph 572.10(1)*"b."*

This rule is intended to implement Iowa Code sections 147.10 and 147.80 and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 1/7/26]

481—572.11(153) Requirements for issuance or renewal of a moderate sedation or general anesthesia permit. Pursuant to 481—Chapter 579, dentists who wish to utilize moderate sedation, deep sedation, or general anesthesia in Iowa must possess a current permit issued by the board.

572.11(1) Applications for moderate sedation or general anesthesia permits must include the following:

a. The fee specified in 481—Chapter 571.

b. To qualify for a moderate sedation permit, evidence of having successfully completed approved education and training, which includes the following:

(1) A minimum of 60 hours of instruction and management of at least 20 patients, or an accredited residency program that includes formal training and clinical experience in moderate sedation;

(2) Rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications;

(3) For a dentist who intends to administer moderate sedation to pediatric or American Society of Anesthesiologists (ASA) III or IV patients, an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA III or IV patients; and

(4) Current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certification.

c. To qualify for a general anesthesia permit, evidence of having successfully completed the following education and training:

(1) An accredited advanced education program that provides training in moderate sedation, deep sedation and general anesthesia;

(2) A minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level at an accredited advanced education program;

(3) Formal training in airway management; and

(4) Current ACLS certification.

572.11(2) Prior to issuance of a new permit, all facilities where the applicant intends to provide sedation services must have passed inspection by the board or designated agent pursuant to 481—Chapter 579.

572.11(3) The applicant may be required to complete a peer review evaluation or comply with any additional requirements deemed necessary to determine competency in the administration of moderate sedation, deep sedation, or general anesthesia, if requested by the board or the Anesthesia Credentials Committee (ACC), prior to issuance of a permit.

572.11(4) Applications for a moderate sedation or general anesthesia permit will be reviewed by the ACC or the board as deemed necessary to ensure compliance with this rule and 481—Chapter 579. Following review of an application, the ACC or the board may take action, in accordance with rule 481—572.22(147,153,272C).

572.11(5) Moderate sedation and general anesthesia permits will expire on August 31 of every even-numbered year. A permit may be renewed by submitting an application for renewal, maintaining an active Iowa dental license or faculty permit, and complying with the following:

a. Payment of the renewal fee as specified in 481—Chapter 571;

b. Evidence of current ACLS or PALS certification; and

c. Evidence of a minimum of six hours of continuing education in the area of sedation. These hours may also be applied toward the renewal of a dental license or faculty permit.

572.11(6) Failure to renew the permit prior to November 1 following its expiration will cause the permit to lapse and become invalid for practice. Permits that have lapsed may be reactivated upon submission of a new application in compliance with this rule. Applications for reactivation of a lapsed permit within six months may be administratively approved, so long as the application satisfies the requirements of this rule.

This rule is intended to implement Iowa Code sections 147.10, 147.11 and 272C.3 and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.12(153) Temporary permit.

572.12(1) The board may issue a temporary permit authorizing the permit holder to practice dentistry or dental hygiene on a short-term basis in Iowa at a specific location or locations to fulfill an urgent need, serve an educational purpose, or provide volunteer services. A temporary permit is not meant as a way to practice before a permanent license is granted or as a means to practice because the applicant does not fulfill the requirements for permanent licensure. A temporary permit may be granted on a case-by-case basis.

a. The board may issue a temporary permit for a specified period up to six months.

b. A person may be issued no more than two temporary permits to fulfill an urgent need or serve an educational purpose unless the request is prior-approved by the board.

c. If the permit expires, the need changes or the permit holder wishes to continue in short-term assignments in other Iowa locations, the permit holder will be required to apply for a new temporary permit or seek permanent licensure, except when volunteering dental services in accordance with this rule.

d. A temporary permit to provide volunteer services is restricted to free clinics or dental clinics for nonprofit organizations as described under Section 501(c)(3) of the Internal Revenue Code. Temporary permit holders will not receive compensation for dental services provided.

572.12(2) Applications for a temporary permit to fulfill an urgent need or serve an educational purpose must include the following:

a. Satisfactory evidence of graduation with a DDS or DMD degree for applicants seeking a temporary permit to practice dentistry, or satisfactory evidence of graduation from an accredited dental hygiene school for applicants seeking a temporary permit to practice dental hygiene.

b. The fee for a temporary permit to fulfill an urgent need or serve an educational purpose as specified in 481—Chapter 571.

c. Certification from the state board of dentistry, or equivalent authority, from a state in which the applicant has been licensed and practicing for at least three years immediately preceding the date of application. Applicants who have been the subject of final or pending disciplinary action may not be eligible for a temporary permit.

d. Evidence that at least one license was issued on the basis of clinical examination.

e. A request from those individuals or organizations seeking the applicant's services that establishes, to the board's satisfaction, justification for the temporary permit, the dates the applicant's services are needed, and the location or locations where those services will be delivered.

572.12(3) Applications for temporary permits to provide volunteer services must include the following:

a. The name, address, and contact information of the applicant; the location of the free clinic or dental clinic for a nonprofit organization; and the dates on which the volunteer services will be provided.

b. A certification of license (or substantially similar document) from the appropriate licensing board of the applicant's primary jurisdiction.

c. A detailed statement disclosing any pending disciplinary actions or criminal charges against the applicant.

d. A statement from the applicant seeking the temporary permit that the applicant will practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant will not receive compensation directly or indirectly for providing dental services.

This rule is intended to implement Iowa Code section 153.19.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.13(153) Retired volunteer license.

572.13(1) Upon application and qualification, the board may issue a retired volunteer license to a dentist or dental hygienist who has retired from the practice of dentistry or dental hygiene to enable the dentist or dental hygienist to provide volunteer dental or dental hygiene services without remuneration. A person holding a retired volunteer license must comply with the following:

a. Cannot charge a fee or receive compensation in any form from any person or third-party payer, including but not limited to an insurance company, health plan, or state or federal benefit program.

b. Cannot prescribe, administer, or dispense prescription drugs and all controlled substances.

c. Comply with all rules and regulations governing the practice of dentistry or dental hygiene except those related to the payment of fees, license renewal, and continuing education.

572.13(2) Applicants for a retired volunteer license are exempted from providing evidence of current CPR certification. Applications for retired volunteer licenses must include the following:

a. Satisfactory evidence that the applicant has retired from practice; and

b. Satisfactory evidence demonstrating that:

(1) The applicant has held an active dental or dental hygiene license within the previous five years; or

(2) The applicant possesses sufficient knowledge and skill to practice safely and competently if the applicant has not held an active dental or dental hygiene license within the previous five years.

572.13(3) The board will not charge an application or licensing fee for issuance of a retired volunteer license.

572.13(4) An applicant who has surrendered, resigned, converted, or allowed a license to lapse or expire as the result of or in lieu of disciplinary action is not eligible for a retired volunteer license.

572.13(5) A retired volunteer license is valid for 12 months from the date of issuance, at which time it expires and becomes invalid. A retired volunteer license holder whose license has become invalid is prohibited from the practice of dentistry or dental hygiene until a new retired volunteer license is issued.

572.13(6) A retired volunteer license is not considered to be an active license to practice dentistry or dental hygiene and cannot be converted to any regular license type.

572.13(7) A person holding an inactive Iowa dental or dental hygiene license may also hold a retired volunteer license.

572.13(8) A person holding a retired volunteer license will notify the board of any change in name or home address within seven days of the change. A copy of a certified marriage license or copy of certified court documents is required for proof of a name change.

This rule is intended to implement Iowa Code section 153.23.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.14(147,153) Clinical examination required for licensure.

572.14(1) Pursuant to Iowa Code section 147.34, the board and dental hygiene committee will approve examinations for the purposes of licensure. Applicants shall comply with the following:

a. Examinees must meet the requirements for testing and follow procedures established by each respective testing agency. Examinees must take all parts offered by the respective testing agency, including the periodontal scaling component for dental examinees if offered by the testing agency.

b. The examinee must attain a passing score on each clinical and written portion of the examination.

c. Applicants for licensure pursuant to rule 481—572.3(147,153) must provide evidence of successful completion of a board-approved clinical examination unless exempted by rule.

572.14(2) For the purposes of licensure, the board accepts patient-based and simulated clinical examinations administered by the testing agencies as follows:

a. Central Regional Dental Testing Service, Inc. (CRDTS);

b. CDCA-WREB-CITA, which was previously the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), and the Council of Interstate Testing Agencies, Inc. (CITA); and

c. The States Resources for Testing and Assessments (SRTA), previously known as the Southern Regional Testing Agency, Inc.

572.14(3) The board on its own motion may monitor or review any clinical examinations already approved by the board. Upon evidence that a clinical examination fails to satisfactorily demonstrate clinical competency to practice dentistry or dental hygiene, the board may revoke the approval of a clinical examination.

572.14(4) For the purposes of counting examination failures, the board and dental hygiene committee may utilize policies adopted by each respective testing agency. An examinee will only need to retake those parts of the examination that the examinee failed. However, an examinee who has not passed all parts of the examination within the time frame specified by the testing agency may be required to retake the entire examination at the discretion of the testing agency. The examinee should refer to the policies of the testing agency to determine applicable standards and time frames.

572.14(5) Following a second or subsequent failure, an examinee must complete additional formal education or clinical experience at an accredited school or other program approved by the board. Ongoing education and training completed by the examinee prior to graduation from an accredited school will be accepted for the purposes of remediation. The applicant will provide evidence of remediation upon request.

a. Prior to the third examination attempt, an examinee must complete additional formal education or clinical experience.

b. Prior to the fourth examination attempt, an examinee must successfully complete a minimum of 40 hours of formal education or clinical experience.

c. For subsequent examination attempts, an examinee must successfully complete a minimum of 40 hours of formal education or clinical experience following each failure.

572.14(6) If an examinee applies for an examination after having failed any other state or regional examination, the failure shall be counted for the purposes of retakes.

This rule is intended to implement Iowa Code sections 147.34, 147.36, 272C.3, 272C.9, and 272C.13 and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.15(147,153) Jurisprudence examination.

572.15(1) An applicant for a dental or dental hygiene license, faculty permit, or registration as a dental assistant must successfully complete a board-approved examination in the area of Iowa jurisprudence with a minimum score of 75 percent. An examinee may be required to meet such other requirements as may be imposed by the board's approved testing locations.

572.15(2) The following examinations are approved for the purposes of this chapter:

a. Board-approved examinations;

b. Examinations administered by accredited schools or programs located in Iowa; and

c. Board-approved continuing education courses that include a posttest examination and that have been approved by the board.

This rule is intended to implement Iowa Code sections 147.34, 147.36, 272C.3, 272C.9 and 272C.13 and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.16(147,153) Examinations for registration or qualification.

572.16(1) An applicant for dental assistant registration must successfully complete examinations as required pursuant to rule 481—572.5(153).

572.16(2) An application for radiography qualification must successfully complete the examination as required pursuant to rule 481—572.6(136C,153).

572.16(3) An applicant may complete a single comprehensive examination or complete separate board-approved examinations in the required areas.

a. The following examinations are approved for the purposes of this subrule:

(1) Board-approved examinations;

(2) The DANB's Infection Control Examination (ICE);

(3) The DANB's Radiation Health and Safety (RHS) Examination;

(4) Examinations administered by accredited schools' dental assisting programs; or

(5) Board-approved continuing education courses that include posttest examination.

b. A score of 75 percent or better on the board-approved examinations will be considered successful completion of the examination. The board also accepts the passing standard established by the DANB for applicants who take the ICE or RHS examination.

c. An examinee may be required to meet such other requirements as may be imposed by the board's approved testing locations.

This rule is intended to implement Iowa Code sections 147.34, 147.36, 272C.3, 272C.9 and 272C.13 and chapter 153.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.17(147,153,272C) Renewal of a license, permit, registration, or qualification.

572.17(1) To continue practicing in Iowa, a license, permit, registration, or qualification must be renewed prior to its expiration date.

a. Dental hygiene licenses, local anesthesia permits, dental assistant registrations, and dental radiography qualifications expire on August 31 of every odd-numbered year.

b. Dental licenses, faculty permits, moderate sedation permits, and general anesthesia permits expire August 31 of every even-numbered year.

572.17(2) The department will email a renewal notice to each licensee, registrant and permit holder at the most recent email address of record.

a. The licensee, registrant, or permit holder is responsible for successfully completing renewal prior to the license's, registration's or permit's expiration. Failure to receive the renewal notice does not eliminate the responsibility for submitting a timely-filed renewal in order to continue practicing in the state of Iowa.

b. Renewal applications are not considered timely and complete until received by the department and accompanied by all material required for renewal and all applicable fees. Incomplete applications will not be issued renewal.

572.17(3) Applications for renewal must include the following:

a. The appropriate fee, including a penalty for late renewal when applicable, as specified in 481—Chapter 571 must accompany the application for renewal.

b. Licensees, registrants, and permit holders are required to complete continuing education in accordance with 481—Chapter 573 unless claiming a permissible exemption.

572.17(4) Iowa-licensed nurses applying for renewal of a radiography qualification are exempt from providing evidence of current CPR certification.

This rule is intended to implement Iowa Code sections 147.10, 147.25 and 147.80 and chapters 136C, 153 and 272C.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.18(147,153,272C) Grounds for nonrenewal. The board may refuse to renew a license, registration, permit or qualification on the following grounds:

572.18(1) After proper notice and hearing for a violation of these rules or Iowa Code chapter 147, 153 or 272C.

572.18(2) Failure to pay required fees.

572.18(3) Failure to obtain required continuing education.

572.18(4) Failure to maintain current certification in CPR that includes a hands-on component, or ACLS or PALS certification when required by rule.

572.18(5) Receipt of a certificate of noncompliance from the child support recovery unit of the department of health and human services in accordance with 481—Chapter 8.

This rule is intended to implement Iowa Code section 153.31 and chapters 147, 252J and 272C.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.19(147,153,272C) Late renewal. Failure to renew a license, permit, registration or qualification prior to the expiration date will result in the assessment of a late fee in the amount specified in 481—Chapter 571 in addition to the renewal fee.

572.19(1) Failure to renew prior to September 1 following expiration will result in the assessment of a late fee in the amount specified in 481—Chapter 571 in addition to the renewal fee.

572.19(2) Failure to renew prior to October 1 following expiration will result in the assessment of a late fee in the amount specified in 481—Chapter 571 in addition to the renewal fee.

572.19(3) Failure to renew prior to November 1 following expiration will cause the license, permit, registration, or qualification to lapse and become invalid. A licensee, permit holder, or registrant whose license, permit, registration, or qualification has lapsed is prohibited from the practice of dentistry, dental hygiene, dental assisting or dental radiography until the license, permit, registration or qualification is reinstated in accordance with rule 481—571.20(147,153,272C).

This rule is intended to implement Iowa Code sections 147.10, 147.11 and 272C.2.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.20(147,153,272C) Reinstatement or reactivation of a lapsed license, permit, registration or qualification.

572.20(1) A lapsed license, permit, registration or qualification may be reactivated at the discretion of the board. Applications for reactivation must include the following:

a. Payment of a reactivation application fee plus one past-due renewal fee as specified in 481—Chapter 571;

b. For reactivation of a lapsed dental or dental hygiene license, a completed criminal history background packet, including the fee as specified in 481—Chapter 571, to facilitate a criminal history background check by the DCI and the FBI;

c. Evidence of completion of continuing education required for renewal in accordance with 481—Chapter 573 that has not been previously reported to the board, or evidence of the full- or part-time practice of the profession in another state, district or territory for a minimum of two years within the previous five-year period;

d. If licensed or registered in another state, district or territory, certification by the licensing authority of the license or registration status and that the licensee or registrant has not been the subject of final or pending disciplinary action;

e. A detailed statement disclosing any disciplinary actions, investigations, claims, complaints, judgments, settlements or criminal charges.

f. Pursuant to Iowa Code section 147.11, applicants for reinstatement, following the revocation, suspension, or acceptance of a voluntary surrender by this board, must comply with any additional stipulations issued by the board prior to the reactivation of the license, registration, permit or qualification.

572.20(2) The board or dental hygiene committee may require a licensee or registrant who is applying for reactivation, and who has not actively practiced clinically within five years immediately preceding the date of application, to successfully complete a board-approved examination or assessment for the purpose of ensuring that the applicant possesses sufficient knowledge and skill to practice safely.

This rule is intended to implement Iowa Code sections 147.10, 147.11 and 272C.2.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

481—572.21(136C,153) Reactivation of lapsed radiography qualification.

572.21(1) A registered dental assistant or licensed nurse whose radiography qualification has lapsed may have the radiography qualification reactivated at the discretion of the board. In addition to the application requirements specified in rule 481—572.20(147,153,272C), applicants for reactivation must also submit evidence of the following:

a. Current practice as a dental assistant or an Iowa nursing license; and

b. Evidence of one of the following:

(1) If the radiography qualification has been lapsed for less than five years, a minimum of two hours of continuing education in the subject area of dental radiography, taken within the previous two-year period;

(2) If the radiography qualification has been lapsed for more than five years, the applicant has retaken and successfully completed a board-approved examination in dental radiography; or

(3) Current radiography qualification issued by another state, district or territory, and a statement detailing the clinical practice in dental radiography in that jurisdiction for a minimum of two years in the previous five-year period.

572.21(2) Iowa-licensed nurses applying for reactivation of a radiography qualification are exempt from providing evidence of current CPR certification.

This rule is intended to implement Iowa Code sections 147.10, 147.25 and 147.80 and chapters 136C, 153 and 272C.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—572.22(147,153,272C) Grounds for action against a license, permit, registration or qualification.

572.22(1) Following review of an application, including applications for reinstatement or reactivation, the board may take action against a license, permit, registration or qualification if the board finds that any of the following apply to the applicant:

a. Has been the subject of disciplinary action taken against a license or registration in another state, district, or territory, and the violations that resulted in such action would also be grounds for discipline in Iowa in accordance with 481—Chapter 581;

b. Failed to justify the need for a temporary permit;

c. Practiced outside the scope of practice as permitted by Iowa law; or

d. Found probable cause for any of the grounds for which licensure or registration may be subject to disciplinary action, including revocation or suspension, as specified in Iowa Code chapters 147, 153 and 272C and 481—Chapter 581.

572.22(2) The board may take action against an applicant for license, permit, registration or qualification as follows:

a. Impose applicable restrictions or sanctions pursuant to rule 481—581.1(147,153,272C) as a condition of licensure, permit, registration, qualification or reinstatement;

b. Issue a notice of intent to cancel a temporary permit or retired volunteer license;

c. Issue a notice of intent to deny issuance or reactivation of a license, permit, registration or qualification;

d. Initiate disciplinary action against the license, permit, registration or qualification; or

e. Initiate other confidential action as permitted by Iowa law.

572.22(3) If the board pursues formal action against an applicant pursuant to this rule, the board will promptly notify the applicant by certified mail at the applicant's last-known address or by personal service.

572.22(4) The provisions of 481—Chapter 506 shall govern a contested case proceeding.

572.22(5) The procedure for appealing a decision of the board in a contested case is set forth in 481—Chapter 506.

[**ARC 8986C**, IAB 3/5/25, effective 4/9/25]

This rule is intended to implement Iowa Code chapters 147, 153 and 272C.

[Filed ARC 8986C (Notice ARC 8487C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

[Editorial change: IAC Supplement 1/7/26]

[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

CHAPTER 573
DENTAL CONTINUING EDUCATION

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—573.1(153) Continuing education requirements.

573.1(1) Prior to renewal, licensees and registrants are responsible for completing continuing education as follows unless claiming a permissible extension or exemption:

a. Each person who holds a license or faculty permit to practice dentistry: a minimum of 30 hours.

b. Each person who holds a license or faculty permit to practice dental hygiene: a minimum of 30 hours.

c. Each person registered to practice dental assisting: a minimum of 20 hours.

d. Each dental assistant or licensed nurse who holds a radiography qualification: a minimum of two hours in the area of dental radiography. These hours may also be applied toward the requirements as stipulated in paragraph 573.1(1)*"c."*

e. Pursuant to Iowa Code chapters 232 and 235B, mandatory reporter training for child abuse and dependent adult abuse. Licensees and registrants who regularly provide or assist with dental services to patients in Iowa are responsible for completing mandatory reporter training within six months of employment or prior to the expiration of a current certificate.

(1) Licensees and registrants who regularly provide dental services to children shall complete training pertaining to identifying and reporting abuse in children. Completion of this component of the mandatory reporter training results in two hours of continuing education credit.

(2) Licensees and registrants who regularly provide dental services to adults shall complete training pertaining to identifying and reporting abuse in dependent adults. Completion of this component of the mandatory reporter training results in two hours of continuing education credit.

f. Pursuant to 481—Chapter 572, cardiopulmonary certification, which results in a maximum of three hours of continuing education credit. Certification in pediatric advanced life support (PALS) or advanced cardiac life support (ACLS) results in hour-for-hour credit.

g. A minimum of one hour of continuing education in the area of infection control. The course content should focus on infection control standards, as required by the U.S. Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.

h. A minimum of one hour of continuing education in the area of Iowa jurisprudence related to the practice of dentistry, dental hygiene and dental assisting.

i. As a condition of license renewal, for a licensed dentist who has prescribed opioids to a patient during the biennium renewal period, a minimum of one hour of continuing education on opioids.

(1) This training shall include guidelines for prescribing opioids, including recommendations on limitations of dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacological therapy options. If the continuing education did not cover the U.S. Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, the licensee shall read the guideline prior to license renewal.

(2) A licensed dentist who did not prescribe opioids during the biennium renewal period may attest that the dentist is not subject to this requirement due to the fact that the dentist did not prescribe opioids during the time period.

573.1(2) Licensees and registrants may apply completed continuing education hours that meet the requirements of paragraphs 573.1(1)*"d"* through *"h"* toward the requirements for renewal of the license or registration.

573.1(3) The continuing education compliance period shall be the 24-month period commencing September 1 and ending on August 31 of the renewal cycle, except when applying continuing education hours from the previous renewal period in accordance with this rule.

573.1(4) Licensees and registrants may obtain continuing education credit by attending and participating in continuing education activities that meet the requirements of this chapter.

573.1(5) Pursuant to Iowa Code section 272C.2(2)*"h,"* licensees and registrants who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Hours may be carried forward as follows:

a. Licensees and faculty permit holders may apply a maximum of 15 hours from the previous renewal period.

b. Registered dental assistants may apply a maximum of ten hours from the previous renewal period.

c. Licensees and registrants may not carry forward hours for courses in the areas of cardiopulmonary resuscitation (CPR), infection control, jurisprudence, dental radiography, or opioids completed during the previous renewal period.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—573.2(153) Documentation of continuing education hours.

573.2(1) Licensees and registrants are responsible for obtaining evidence of successful completion for courses attended. The course sponsor should verify credit hours on the proof of attendance.

573.2(2) When applying for renewal, licensees and registrants will report the number of continuing education credit hours completed unless claiming an exemption pursuant to rule 481—573.5(153).

573.2(3) Every licensee and registrant should maintain a record of all courses attended by keeping evidence of continuing education for four years following renewal. The board reserves the right to audit the continuing education hours reported by any licensee or registrant. If selected for audit, the licensee or registrant is responsible for submitting copies of the certificates or other evidence.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.3(153) Acceptable programs and activities.

573.3(1) A continuing education activity is deemed to be acceptable if it meets the following criteria:

a. It constitutes an organized program of learning that contributes directly to the professional competency of the licensee or registrant and is of value to dentistry, is applicable to oral health care, or otherwise pertains to patient care;

b. It pertains to common subjects or other subject matters that relate to the practice of dentistry, dental hygiene, or dental assisting and that are intended to review or update knowledge of new or existing concepts and techniques and enhance the dental health of the public; and

c. It is developed or conducted by individuals who have sufficient education, training and experience to be knowledgeable in the subject matter. Continuing education activities that are developed or approved for continuing education credit by a nationally recognized organization, such as the American Dental Association, the Academy of General Dentistry or another dental specialty organization, would meet these criteria.

573.3(2) Types of activities acceptable for continuing dental education credit include:

a. A dental science course that includes topics that address the clinical practice of dentistry, dental hygiene, dental assisting and dental public health.

b. Courses pertaining to the practice of dentistry that include areas such as recordkeeping, medical conditions that may have an effect on oral health, ergonomics related to clinical practice, the Health Insurance Portability and Accountability Act (HIPAA), risk management, sexual boundaries, communication with patients, Occupational Safety and Health Administration (OSHA) regulations, and the discontinuation of practice related to the transition of patient care and patient records.

c. Sessions attended at a convention-type meeting that includes a variety of concurrent educational experiences directly related to the practice of dentistry. Attendees at a multiday convention may receive a maximum of 1.5 hours of credit per day with the maximum of 6 hours of credit allowed per biennium.

(1) Attendance of table clinic sessions will result in two hours of credit as verified by the sponsor, provided the subject matter conforms to this chapter.

(2) Presentation of an original table clinic session will result in four hours of continuing education credit as verified by the sponsor, provided the subject matter conforms to this chapter.

d. Postgraduate study relating to health sciences, which will result in 15 hours of continuing education per semester.

e. Successful completion of a recognized specialty examination or the Dental Assisting National Board (DANB) examination, which will result in 15 hours of continuing education credit.

f. Self-study activities, which are permitted with a maximum of 12 hours of continuing credit per renewal period.

g. Original presentation of continuing dental education courses, which will result in credit double that which is awarded to participants. Additional credit will not be granted for the repeating of presentations within the renewal period.

h. Teaching. Licensees and registrants who serve as adjunct faculty at an accredited school may claim continuing education credit for teaching that is part of the normal academic duties. Licensees and registrants may apply a maximum of six hours of credit per renewal period.

i. Publication of scientific articles in professional journals related to dentistry, dental hygiene, or dental assisting, which will result in 5 hours of continuing education credit per article with a maximum of 20 hours allowed per renewal period.

j. Delivery of volunteer dental services without compensation through a free clinic, the purpose of which is the delivery of health care services to low-income or underserved individuals. Licensees and registrants may claim one hour of continuing education credit for every three hours of volunteer dental services.

(1) The volunteer hours must be verified by the free clinic or the organization sponsoring the event where the volunteer services are provided.

(2) Licensees and faculty permit holders may apply a maximum of six hours of credit per renewal period.

(3) Registrants may apply a maximum of four hours of credit per renewal period.

573.3(3) Credit may be given for other continuing education activities upon approval by the board.

573.3(4) Continuing education courses in the areas of expanded functions or sedation must receive prior approval from the board, or committee approval as authorized, pursuant to 481—Chapter 577 and 481—subrule 572.11(1).

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.4(153) Unacceptable programs and activities. Unacceptable subject matter and activity types for the purposes of renewal include but are not limited to personal development, business aspects of practice, business strategy, financial management, marketing, sales, practice growth, personnel management, insurance, and collective bargaining. While desirable, those subjects and activities are not applicable to dental skills, knowledge, and competence. Therefore, such courses will receive no credit toward renewal.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.5(153) Extensions and exemptions.

573.5(1) The board may, in individual cases involving physical disability or illness, grant an extension of the time to meet, or an exemption from, the continuing education requirements. Requests for extension or exemption should include a statement from a licensed health care professional confirming the disability or illness that resulted in the need for such a request. The board may, as a condition of the exemption, require the applicant to make up a certain portion or all of the continuing education requirements.

573.5(2) Extensions of or exemptions for continuing education requirements will be considered by the board on an individual basis. Licensees or registrants are exempt from the continuing education requirements for:

a. Periods that the person serves honorably on active duty in the military services;

b. Periods that the person practices the person's profession in another state, district, or territory that has a continuing education requirement for which the licensee or registrant meets all requirements;

c. Periods that the person is a government employee working in the person's licensed or registered specialty and assigned to duty outside the United States;

d. Other periods of active practice and absence from the state approved by the board; or

e. The first renewal period, or portion thereof, following original issuance of the license, permit or registration.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.6(153) Continuing education sponsors.

573.6(1) An organization or person that desires to offer continuing education courses or programs or other continuing education activities may do so provided that the sponsor complies with the requirements of this chapter. The board may request a sponsor to provide information about continuing education activities it offers, including names and qualifications of instructors.

573.6(2) The person or organization sponsoring continuing education activities is responsible for keeping a written record of the Iowa licensees or registrants in attendance, maintain the written record for a minimum of five years, and submit the record to the board upon the request. The sponsor of the continuing education activity will also provide proof of attendance and the number of credit hours awarded to the licensee or registrant who participates in the continuing education activity.

573.6(3) Programs sponsored by individuals or institutions for commercial or proprietary purposes, especially programs in which the speaker advertises or urges the use of any particular dental product or appliance should notify attendees of such. Sponsors may offer noncredit courses provided the participants are informed that no credit will be awarded.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.7(153) Review of programs or sponsors. The board reserves the right to monitor or review any continuing education program offered to Iowa licensees and registrants. Upon evidence of a failure to meet the requirements of this chapter, the board may deny credit for the purposes of renewal. The board may deny all or any part of the hours granted by the program. A provider that wishes to appeal the board's decision regarding continuing education credit may file an appeal within 30 days of the board's decision. A timely appeal initiates a contested case proceeding. The contested case will be conducted pursuant to Iowa Code chapter 17A and 481—Chapter 506. The written decision issued at the conclusion of a contested case hearing shall be considered final agency action.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.8(153) Noncompliance with continuing dental education requirements. It is the licensee's or registrant's personal responsibility to comply with these rules. Failure to comply may result in disciplinary action by the board, including nonrenewal of the license or registration.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

481—573.9(153) Dental hygiene continuing education. The dental hygiene committee, in its discretion, may make recommendations to the board for approval or denial of requests pertaining to dental hygiene education. The following items will be forwarded to the dental hygiene committee for review:

1. Requests by dental hygienists for waivers, extensions and exemptions of the continuing education requirements.
2. Appeals of denial of dental hygiene continuing education and conduct of hearings as necessary.

[**ARC 8987C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code sections 147.10, 147.11, 153.15A and 153.39 and chapter 272C.

[Filed ARC 8987C (Notice ARC 8495C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]
[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

CHAPTER 574
GENERAL REQUIREMENTS AND STANDARDS OF PRACTICE

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—574.1(153) Licensed, registered or trained personnel. In accordance with Iowa Code chapters 147 and 153, persons engaged in the practice of dentistry, dental hygiene or dental assisting in Iowa must be licensed by the board as a dentist or dental hygienist or registered or trained pursuant to Iowa Code chapter 153 as a dental assistant.

This rule is intended to implement Iowa Code chapters 147 and 153.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—574.2(147,153) Display of current license, registration, permit or qualification. In accordance with Iowa Code section 147.7, the certificate of every license, permit, registration or qualification and evidence of current renewal must be prominently displayed at each permanent practice location.

574.2(1) Additional certificates may be obtained from the board. Evidence of renewal may be obtained from the board's online licensing database at no cost or by request to the board. The board may assess a fee for a replacement certificate or evidence of renewal pursuant to 481—Chapter 571.

574.2(2) Practice locations may display evidence of license, permit, registration or qualification by electronic means in conjunction with primary source verification.

This rule is intended to implement Iowa Code chapter 147.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.3(147,153,272C) Change of name or address.

574.3(1) *Change of name.* Each person licensed or registered by the board must notify the board and submit evidence of a legal name change within 60 days of such change.

574.3(2) *Change of address.* Pursuant to Iowa Code section 147.9, each person licensed or registered by the board must notify the board within 60 days of changes in email for the purpose of electronic communications from the board, primary mailing address, and all full- and part-time practice locations.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.4(147,153,272C) Other requirements.

574.4(1) *Child and dependent adult abuse training.* Licensees or dental assistants who regularly examine, attend, counsel or treat children or adults in Iowa must obtain mandatory training in child and dependent adult abuse identification and reporting in accordance with Iowa Code sections 232.69 and 235B.16 and 481—Chapter 573.

574.4(2) *Cardiopulmonary resuscitation.* Licensees and dental assistants may practice in Iowa if they obtain and maintain current certification in a cardiopulmonary resuscitation (CPR) course that included a hands-on component. The board reserves the right to request that licensees and registrants provide evidence of current certification.

This rule is intended to implement Iowa Code sections 232.69 and 235B.16 and chapter 153.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—574.5(153) Use of personnel. Dentists are obligated to protect the health of their patients by assigning to qualified personnel only those duties that can be legally delegated. Dentists will supervise the work of all personnel working under their direction and control.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.6(153,272C) Patient acceptance. Dentists, in serving the public, may exercise reasonable discretion in accepting patients; however, pursuant to state and federal law, dentists may not discriminate against legally protected classes by refusing to accept patients into their practice or denying dental service to patients for reasons such as race, creed, sex or national origin.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.7(153) Emergency service. Emergency services in dentistry are deemed to be those services necessary for the relief of pain or to thwart infection and prevent its spread. When consulted in an emergency by patients, dentists shall make reasonable arrangements for emergency care.
[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.8(153) Consultation and referral.

574.8(1) Dentists are responsible for meeting the minimum standard of care and should seek consultation or referral, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those practitioners who have special skills, knowledge and experience.

574.8(2) The specialist or consulting dentist shall comply with the following:

a. Upon completion of the consultation or specialty treatment, return the patient, unless the patient expressly states a different preference, to the referring dentist or, if none, to the dentist of record for future care.

b. When there is no referring dentist, upon completion of the treatment, inform the patient when there is a need for further dental care.

574.8(3) A dentist who has a patient referred for a second opinion regarding a diagnosis or treatment plan should render the requested second opinion in accordance with these rules. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.
[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.9(153,272C) Patient records.

574.9(1) Patient records may be entered or retained electronically or by other means. Dentists must maintain patient records in a manner consistent with the protection of the welfare of the patient and comply with the following:

a. Preserve and maintain the confidentiality of patient records as required by state and federal law.

b. Ensure that all entries into patient records are permanent, timely, accurate, legible, and easily understandable.

c. Update and correct errors in the patient record electronically, or legibly in ink, with no erasures or white-outs. If incorrect information is placed in the record, cross out the error with a single nondeleting line and include the initials or other means of identification for the licensee or registrant who updated the record.

d. Safeguard the records from destructive elements.

e. Maintain a duplicate hard copy or use an unalterable record when electronic records are kept.

574.9(2) Dentists will create and maintain dental records for each patient that contain all of the following:

a. Patient information that includes the following:

(1) Name, date of birth, address, and, if a minor, name of parent or guardian.

(2) Name and telephone number of person to contact in case of emergency.

b. Dental and medical history information sufficient to support the recommended treatment plan from the patient or the patient's parent or guardian.

c. Patient's stated reasons related to oral health when a patient presents with a chief complaint.

d. Dental records shall include chronological entries, including dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;

(2) Plan of intended treatment and treatment sequence;

(3) Services rendered and any treatment complications;

(4) All radiographs, study models, and periodontal charting, if applicable;

(5) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and

(6) Name of dentist, dental hygienist, or any other auxiliary, who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.

e. Documentation, at a minimum, of informed consent that includes an overview of the discussion of proposed procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment.

574.9(3) Transfer of records. Upon request of the patient or patient's legal guardian, the dentist shall furnish copies of the complete dental records, including copies of the radiographs that are of diagnostic quality.

a. The dentist may not refuse to transfer records for any reason, including but not limited to nonpayment of any fees.

b. The dentist may charge a nominal fee for duplication of records.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.10(153) Teledentistry. Only dentists, dental hygienists, or dental assistants currently licensed or registered by the board may use teledentistry to provide dental care to patients located in Iowa. This rule establishes the standards of practice for teledentistry.

574.10(1) "Teledentistry" means a dentist is providing or supervising dental services using technology when the patient is in another location.

574.10(2) A dentist may not provide teledentistry services to a patient based solely on the responses to an electronic questionnaire consisting of a static set of questions.

574.10(3) The standard of dental care is the same whether a patient is seen in person or through a teledentistry encounter.

a. The use of teledentistry is not an expansion of the scope of practice for dental hygienists or dental assistants.

b. A dentist may only use teledentistry if utilizing evidence-based standards of practice and practice guidelines to ensure patient safety, quality of care, and positive outcomes.

574.10(4) When teledentistry will be utilized, a dentist, in addition to the requirements of rule 481—574.8(153), is responsible for ensuring informed consent covers the following:

a. A description of the types of dental care services provided via teledentistry, including limitations on services;

b. The identity, contact information, practice location, licensure, credentials, and qualifications of all licensees and registrants involved in the patient's dental care, which should be publicly displayed on a website or provided in writing to the patient; and

c. Precautions for technological failures or emergency situations.

574.10(5) A dentist may only use teledentistry to conduct an examination for a new patient or for a new diagnosis if the examination is conducted in accordance with evidence-based standards of practice to sufficiently establish an informed diagnosis.

a. A dentist shall not conduct a dental examination using teledentistry if the standard of care necessitates an in-person dental examination.

b. Once an examination has been conducted, a dentist may delegate the services to be provided by a licensed dental hygienist or registered dental assistant. A dentist shall not delegate expanded functions when teledentistry is being utilized.

c. A dentist may only delegate services to licensees and registrants employing the levels of supervision as permitted in this chapter and 481—Chapters 570, 575, 576 and 577.

d. A supervising dentist may authorize the use of teledentistry in conjunction with public health supervision.

574.10(6) A dentist may only use teledentistry if the dentist has adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care as needed. A dentist shall refer a patient to an acute care facility or an emergency department when necessary for the safety of the patient or in the case of emergency.

574.10(7) A teledentistry encounter shall be clearly characterized as such in a patient record.

574.10(8) All dentists, dental hygienists, and dental assistants shall ensure that the use of teledentistry complies with the privacy, breach and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Part 160, Part 162, and Part 164, and any amendments of as of August 30, 2024.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.11(153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist or registered dental assistant if the dentist has an active Iowa license and the services are provided in public health settings as defined in rule 481—570.1(153).

574.11(1) *Minimum clinical practice required.* A licensed dental hygienist or registered dental assistant is eligible to practice under public health supervision and provide services if the hygienist or assistant has an active license or registration and a minimum of one year of clinical practice experience.

574.11(2) *Public health supervision agreements.* When working under a public health supervision relationship, a dental hygienist or dental assistant shall enter into a written agreement with a dentist that addresses and complies with the following items:

a. Specify the location or locations where the public health services will be provided.

b. Include the preferred method of contact for ongoing communication and consultation between the dental hygienist or dental assistant.

c. Have age- and procedure-specific standing orders for the performance of services. The standing orders should include consideration for medically compromised patients and medical conditions for which the standard of care would dictate that a dental evaluation occur prior to the provision of services.

d. Specify a period of time in which an examination by a dentist must occur prior to providing further services. This examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement.

e. Specify whether the agreement permits the dental hygienists to apply silver diamine fluoride. The supervision agreement may include provisions for use of silver diamine fluoride if the dentist and the dental hygienist complete board-approved training and the provisions comply with board-approved protocols.

f. Specify a procedure for creating and maintaining dental records for the patients who are treated by the dental hygienist or dental assistant, including where these records are to be located.

g. Review the written agreement a minimum of once every two years, and maintain a copy of the agreement for reference.

h. File a copy of the agreement with dental and oral health program of the department of health and human services within 30 days of entering into or updating an agreement and provide a copy of the agreement to the board upon request.

574.11(3) *Dental hygiene and dental assistant services.* A dental hygienist or dental assistant may provide the services specified in the public health supervision agreement pursuant to the following:

a. A dental hygienist may provide services that fall within the scope of practice pursuant to 481—Chapter 576, except for the administration of local anesthesia or nitrous oxide inhalation analgesia.

b. A registered dental assistant providing services under public health supervision may perform all extraoral duties, take dental radiographs, assist with intraoral suctioning, use a curing light and take images using an intraoral camera.

c. Each patient shall sign a consent form that clarifies that dental public health services do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to dental services.

d. After receiving dental public health services, the dental hygienist or dental assistant will provide to the patient, parent or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.

574.11(4) *Reporting requirements.* Each dental hygienist or dental assistant who rendered services under public health supervision at any time during the calendar year is obligated to complete a summary report at least annually or at the completion of a program. The dental hygienist or dental assistant will file the report with the dental and oral health program of the department of health and human services to assess the impact of the program.

a. The report filed by each dental hygienist should include, at a minimum, information related to the number of patients seen and services provided.

b. The report filed by each dental assistant should include, at a minimum, information related to the number of patients seen, the services provided to patients and the infection control protocols followed at each public health location. The department will provide summary reports to the board on an annual basis.

c. The dental and oral health program should provide summary reports to the board annually or upon request.

This rule is intended to implement Iowa Code chapter 153.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.12(153) Representation of treatment and fees. Licensees and registrants shall not represent the care being rendered to their patients or the fees being charged for providing the care in a false or misleading manner.

574.12(1) The following billing practices are deemed to constitute deception, misrepresentation, overbilling, fraud or a combination thereof:

a. Accepting a third-party payment under a copayment plan as payment in full and not collecting the patient's portion without disclosing that to the third-party payer.

b. Increasing a fee to a patient merely because the patient has insurance.

c. Submitting a claim form to a third party and knowingly reporting incorrect treatment dates.

d. Describing a dental procedure incorrectly on a third-party claim form in order to receive a greater payment or intentionally making a noncovered procedure appear to be a covered procedure.

e. Recommending or performing unnecessary dental services or procedures.

f. Billing for services not rendered. A dentist may bill for those services that have started or been rendered, for actual costs incurred in the treatment of the patient, or for missed appointments.

g. Billing or drawing on a patient's line of credit prior to services being started or rendered. A dentist may bill or draw on a patient's line of credit for those services that have been rendered or for actual costs incurred in the treatment of the patient.

574.12(2) A dentist may allow patients to prepay for services, in whole or in part, on a voluntary basis.

574.12(3) Payments accepted by a dentist under a government-funded program, a sponsored access program, or a participating agreement entered into under a program of a third party are not considered as evidence of overbilling when determining whether a charge to a patient or to another third party on behalf of a patient not covered under any of these programs constitutes overbilling under this rule.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.13(153) Retention of patient records and discontinuance of practice.

574.13(1) *Retention of dental records.* A dentist shall maintain a patient's dental record for a minimum period of time as follows:

a. For adults, six years after the date of last examination, prescription, or treatment.

b. For minors, either until the patient reaches the age of nineteen, or six years after the date of last examination, prescription, or treatment, whichever is longer.

c. For study models and casts, six years after the date of completion of treatment. Alternatively, one year after completion of treatment, study models and casts may be provided to the patient for retention.

574.13(2) *Discontinuation of practice.* When a dentist intends to discontinue practice at a practice, or upon death or incapacitation, the following provisions apply to minimize disruptions in patients' access to dental care:

a. A licensee or appointed representative shall notify all active patients in writing, by making the same notification available on the website of the dental practice for no less than 30 days, or by publication once a week for three consecutive weeks in a newspaper of general circulation that the licensee intends to discontinue the practice of dentistry and include guidance for the continuance of dental care, or how to make reasonable arrangements for the transfer of patient records or complete copies thereof to the patient, patient's guardian, or succeeding licensee.

b. A dentist should appoint another Iowa licensee, representative or entity who, upon the death or incapacitation of the dentist, is able to retain the patient records and assist patients with access to their records in compliance with state and federal law.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.14(153) Unethical and unprofessional conduct.

574.14(1) Unethical or unprofessional conduct includes the following:

a. Taking actions that the board deems to be abusive, coercive, intimidating, harassing, untruthful or threatening in connection with the practice of dentistry.

b. Knowingly providing false or misleading information to the board or an agent of the board.

c. Knowingly interfering with a person filing a complaint with the board, or entering an agreement with a person that prohibits that person from filing a complaint with the board.

d. Failing to fully explain a treatment regimen and obtain patient authorization before treatment begins.

574.14(2) A licensee or registrant who has been diagnosed with a communicable or infectious disease shall comply with Iowa Code chapter 139A. Failure to do so constitutes unethical and unprofessional conduct and may be grounds for disciplinary action by the board.

574.14(3) Employing a licensee or registrant as an unregistered dental assistant who has been previously disciplined by the board without board approval constitutes unethical conduct and may be grounds for disciplinary action by the board.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—574.15(153) Communications. Communications by inclusion or omission to the public must be accurate.

574.15(1) The following standards apply to the communications related to the practice of dentistry:

a. Statements, testimonials, photographs, graphics or other means of communication shall not convey false, untrue, deceptive, or misleading information.

b. Communications should not incite an individual's anxiety in an excessive or unfair way, and they should not create unjustified expectations of results.

c. Communications that refer to benefits or other attributes of dental procedures or products that involve significant risks must also include realistic assessments of the safety and efficacy of those procedures or products. Communications should also include information about alternatives where necessary to avoid deception.

d. Communications must neither misrepresent a dentist's credentials, training, experience or ability nor contain claims of superiority that cannot be substantiated.

574.15(2) Dentists are encouraged to engage in truthful, nondeceptive advertising. Dentists who engage in the types of advertising that do the following shall take care to ensure that ads are consistent with these rules:

a. Include claims that the service performed or the materials used are professionally superior to those which are deemed to be consistent with standard practice or that assert that one licensee is better than another when superiority of service or materials cannot be substantiated.

b. Reference an unearned or nonhealth degree.

c. Reference attainment of an honorary fellowship. An honorary fellowship does not include an award based on merit, study or research. The attainment of fellowship status may be indicated in scientific papers, curriculum vitae, third-party payment forms, and letterhead and stationery that is not used for the direct solicitation of patients.

d. Promote a professional service that the dentist knows or should know is beyond the dentist's ability to perform or that creates an unjustified expectation concerning the potential result of any dental treatment.

e. Include communication that is likely to intimidate or exert undue pressure or influence over a prospective patient.

f. Include a testimonial attesting to a quality of competence of a service or treatment offered by a licensee that is not reasonably verifiable.

g. Utilize statistical data or other information that creates an unjustified expectation about results that the dentist can achieve.

h. Include personally identifiable facts, data or other information about a patient without first obtaining patient consent.

i. Include any misrepresentation of a material fact.

j. Suppress, omit, or conceal any material fact or law without which the communication would be deceptive.

k. Include circumstances that indicate bait-and-switch advertising. The board may require the advertiser to furnish data or other evidence pertaining to those sales at the advertised price as well as other sales. Where the circumstances indicate deceptive advertising, the board may initiate an investigation or disciplinary action as warranted.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.16(153) Advertising standards. The board may request a dentist to substantiate the truthfulness of any assertion or representation of material fact in an advertisement.

574.16(1) The dentist must possess and rely upon information that, when produced, would substantiate the truthfulness of any assertion, omission, or representation of material fact in the advertisement.

574.16(2) The failure or refusal to comply with the requirements of this rule may be deemed professional misconduct.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.17(153) Fees. Advertising that states a fee must clearly define the professional service being offered in the advertisement. Advertised offers will be presumed to include everything ordinarily required for such a service.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.18(153) Public representation. All advertisements and public representations should include the name and contact information of the practitioner who placed the ad.

574.18(1) If the advertisement refers to one's practice, the ad may state either "general/family practice" or "specialist," "specializes," or "specializing." A dentist may not advertise or represent oneself as a specialist unless the dentist complies with the other provisions of this rule.

574.18(2) A dentist may advertise as a specialist if the dentist is a diplomate of, or board-eligible for, a national certifying board of a specialty recognized by the American Dental Association (ADA) or the American Board of Dental Specialties (ABDS). A dentist should consult with the ADA or ABDS for a current list of recognized specialties.

574.18(3) A certifying board may apply for a new area of specialty by submitting information regarding the area of specialty, including an explanation of how the proposed specialty is within the scope of practice of dentistry in Iowa, and proof of the following:

a. The proposed specialty is separate and distinct from any preexisting specialty recognized by the ADA or ABDS;

b. The proposed specialty is a distinct and well-defined field that requires unique knowledge and skills beyond those commonly possessed by dental school graduates;

c. The certifying board is an independent entity that is comprised of licensed dentists, whose membership is reflective of the proposed specialty, and that is incorporated and governed solely by the licensed dentists/board members;

d. The certifying board has a permanent headquarters and staff;

e. The certifying board has issued diplomate certificates to licensed dentists for at least five years;

f. The certifying board requires passing an oral and written examination based on psychometric principles that tests the applicant's knowledge and skill in the proposed specialty;

g. The certifying board requires all dentists who seek certification in the proposed specialty to have successfully completed a specified, objectively verifiable amount of post-DDS or -DMD education and experience that is appropriate for the proposed specialty area, as determined by the certifying board; and

h. The certifying board's website includes online resources for the consumer to verify the certifying board's certification requirements and a list of the names and location of the dentists who have been awarded certification.

574.18(4) The use of the terms "specialist," "specializes," "orthodontist," "oral and maxillofacial surgeon," "oral and maxillofacial radiologist," "periodontist," "pediatric dentist," "prosthodontist," "endodontist," "oral pathologist," "public health dentist," "dental anesthesiologist," or other similar terms that imply that the dentist is a specialist may only be used by a licensed dentist who meets the requirements of this rule. A dentist who advertises as a specialist must avoid any implication that other dentists associated with the same practice are specialists unless the dentists also meet the requirements of this rule.

574.18(5) The term "diplomate" or "board-certified" may only be used by a dentist who has successfully completed the qualifying examination of the appropriate certifying board of one or more of the specialties recognized by the ADA or the ABDS, or as otherwise permitted pursuant to these rules.

574.18(6) A dentist may only advertise as a specialist pursuant to these rules if the advertisement includes the name of the national certifying board and the name of the entity that recognizes the board in the advertisement.

574.18(7) A dentist may advertise the areas in which the dentist practices, including but not limited to specialty services, using other descriptive terms such as "emphasis on _____" or other similar terms as long as all other provisions of these rules regarding advertising are met.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.19(153) Responsibility for advertisements. Each professional who is a principal partner, officer, or licensed professional employee, acting as an agent of the firm or entity identified in the advertisement, is jointly and severally responsible for the form and content of any advertisement offering services or materials. The dentist should maintain a recording or copy of every advertisement for a period of two years that should be made available for review upon request by the board or its designee. The record should indicate the date and place of the advertisement.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.20(147,153,272C) Mandatory reporting requirements. Pursuant to Iowa Code chapters 147, 153 and 272C, each licensee, registrant or committee of the board shall be responsible for reporting to the board the following matters:

574.20(1) *Standards of practice.* Within 30 days of acquiring knowledge, the following:

a. Instances of gross or continually faulty treatment.

b. Acts or omissions by other licensees or registrants that may constitute a basis for disciplinary action under the rules and statutory provisions governing the practice of dentistry, dental hygiene, or dental assisting in Iowa.

574.20(2) *Immediate threats to patient safety.* Within 24 hours of acquiring knowledge of a reportable act or omission that poses an immediate threat to patient safety, information regarding that act or omission.

574.20(3) *Adverse occurrences related to nitrous oxide or sedation.* Within seven days, any mortality related to sedation or nitrous oxide or any other incident related to sedation or nitrous oxide that results in the patient receiving inpatient treatment at a hospital or clinic. The licensee must submit a detailed report and include a complete copy of the patient record. The report should include, at a minimum, the following information:

a. Description of dental procedure.

b. Description of preoperative physical condition of patient.

c. List of drugs and dosage administered.

d. Description, in detail, of techniques utilized in administering the drugs utilized.

e. Description of adverse occurrence:

(1) Description, in detail, of symptoms of any complications, to include but not be limited to onset and type of symptoms in patient.

(2) Treatment instituted on the patient.

(3) Response of the patient to the treatment.

f. Description of the patient's condition on termination of any procedures undertaken.

574.20(4) *Judgments, settlements, or disciplinary action.* Within 30 days, any of the following:

a. Any instance of disciplinary action taken by a licensing authority of another state, territory or country or another licensing authority in this state. A stay by an appellate court does not negate this requirement; however, if the disciplinary action is overturned or reversed by a court of last resort, the report will be expunged from the records of the board upon such notification;

b. Any adverse judgment in a professional malpractice action to which the licensee or registrant was a party;

c. Any settlement of a claim against the licensee or registrant alleging malpractice;

d. Any restriction of practice imposed by a hospital, clinic or other practicing setting; or

e. Being party to, or assisting in the violation of, any provision of Iowa law or rule of the board.

574.20(5) *Criminal convictions.* Within 60 days, any misdemeanor or felony conviction, excluding traffic offenses. Conviction of driving under the influence or while intoxicated is a reportable offense.

574.20(6) *Mandatory reporter information.* Mandatory reports filed with the board should include the following information:

a. Name of any licensee or registrant who committed or was involved in the act or omission;

b. Date on which the reportable offense occurred;

c. Location where the reportable offense occurred;

d. Names of patients, licensees, registrants or other parties that may have been adversely impacted by the act or omission;

e. Disposition of the judgment, action or conviction; and

f. All other applicable details.

This rule is intended to implement Iowa Code chapters 147, 153 and 272C.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25]

481—574.21(17A,147,153,272C) Waiver prohibited. Rules in this chapter, except for rules 481—574.3(147,153,272C), 481—574.4(147,153,272C), 481—574.11(153), 481—574.15(153), 481—574.16(153), 481—574.18(153), and 481—574.19(153), are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

[**ARC 8988C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code sections 153.33 and 153.34.

[Filed ARC 8988C (Notice ARC 8496C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 575
DENTAL ASSISTANTS, DENTAL RADIOGRAPHY QUALIFICATIONS, AND DENTAL LABORATORY TECHNICIANS

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—575.1(153) Registration required. A person shall not practice dental assisting without a current registration issued by the board pursuant to rule 481—571.5(147,153). The following individuals are exempt from the requirements of this rule:

575.1(1) Students enrolled in an accredited dental, dental hygiene, or dental assisting program;

575.1(2) Dental assistant trainees who are meeting the requirements for registration pursuant to Iowa Code section 153.39;

575.1(3) Persons who are actively licensed in Iowa to practice dental hygiene or nursing and who are engaged in the practice of said profession; and

575.1(4) Persons who successfully complete a term of practical training for dental assisting to include jurisprudence and infection control under the supervision of a licensed dentist pursuant to Iowa Code section 153.39(5).

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—575.2(136C,153) Qualification required.

575.2(1) A person who is not otherwise actively licensed by the board shall not participate in dental radiography unless the person is a dental assistant or holds a nursing license and holds an active radiography qualification issued by the board and a dentist provides general supervision.

a. A student enrolled in an accredited dental, dental hygiene, or dental assisting program who, as part of the student's course of study, applies ionizing radiation is exempt from the requirements of this rule; and

b. Dental assistants or Iowa-licensed nurses who are engaging in on-the-job training in dental radiography are exempt from the requirements of this rule.

575.2(2) Any individual except a licensed dentist or a licensed dental hygienist who participates in dental radiography in violation of this chapter or Iowa Code chapter 136C may be subject to the criminal and civil penalties set forth in Iowa Code chapter 136C.

575.2(3) Any licensee who permits a person to engage in dental radiography or a dental assistant who engages in dental radiography contrary to this chapter or Iowa Code chapter 136C may be subject to discipline by the board pursuant to 481—Chapter 580.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—575.3(153) Dental assistants.

575.3(1) Dental assistant trainees are individuals who are engaging in on-the-job training to meet the requirements for registration pursuant to Iowa Code section 153.39 and rule 481—571.5(147,153). Trainees who are 18 years of age or older may also engage in on-the-job training in dental radiography pursuant to Iowa Code chapters 136C and 153 and this chapter.

a. Dental assistant trainees should successfully complete on-the-job training and examinations in the areas of infection control, hazardous materials, and jurisprudence.

b. A dental assistant trainee shall stop work as a dental assistant trainee if the trainee fails to become registered or complete the term of practical training described in Iowa Code section 153.39(5) prior to the expiration date.

575.3(2) Registered dental assistants are individuals who have met the requirements for registration and have been issued registration. A registered dental assistant may, under direct supervision, assist a dentist in performing duties assigned by the dentist that are consistent with these rules. A registered dental assistant may take radiographs if qualified pursuant to this chapter.

575.3(3) A person may practice as a dental assistant without receiving a certificate of registration as described in Iowa Code section 153.39 if the person successfully completes a term of practical training under the supervision of a licensed dentist. A person is not eligible to practice as an unregistered dental assistant without board approval if the person has received prior discipline by the board.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—575.4(153) Scope of practice.

575.4(1) In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel as authorized in these rules.

575.4(2) A licensed dentist may delegate to a dental assistant those procedures for which the dental assistant has received training. This delegation shall be based on the best interests of the patient and performed under the supervision of a licensed dentist and may include:

a. Placement and removal of dry socket medication;

b. Placement of periodontal dressings;

c. Testing pulp vitality;

d. Preliminary charting of existing dental restorations and teeth;

e. Glucose testing;

f. Phlebotomy;

g. Securing orthodontic wire with elastic chains, rubber bands, and ligature wire; and

h. Expanded function procedures in accordance with 481—Chapter 577.

575.4(3) The dentist will exercise supervision and is fully responsible for all acts performed by a dental assistant. A dentist may not delegate to a dental assistant any of the following, unless allowed pursuant to 481—Chapter 577:

a. Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances.

b. Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy.

c. Administration of local anesthesia.

d. Placement of sealants.

e. Removal of any plaque, stain, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish, or removal of any calculus.

f. Dental radiography, unless the assistant is qualified pursuant to this chapter.

g. Those procedures that require the professional judgment and skill of a dentist.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25]

481—575.5(153) Supervision required.

575.5(1) A licensed dentist may delegate the following services to a dental assistant under general supervision:

a. All extraoral duties.

b. Intraoral suctioning.

c. Use of a curing light.

d. Dental radiography in accordance with rule 481—575.2(136C,153).

e. Other intraoral imaging except for taking occlusal registrations or final impressions. Expanded functions may only be performed in accordance with 481—Chapter 577.

575.5(2) Dentists may delegate other services that are within the scope of practice of a dental assistant, including expanded functions pursuant to 481—Chapter 577, under direct supervision or as otherwise permitted by rule.

575.5(3) A registered dental assistant may practice under public health supervision in accordance with rule 481—574.11(153).

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—575.6(153) Continuing education. For the purposes of renewal, every dental assistant and licensed nurse who holds a dental radiography qualification will complete continuing education requirements as specified in 481—Chapter 573 unless exempted by rule.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—575.7(153) Students enrolled in dental assisting programs. Students enrolled in an accredited dental assisting program are not considered to be engaged in the unlawful practice of dental assisting provided that such practice is in connection with their regular course of instruction and meets the following:

575.7(1) The practice of clinical skills on peers enrolled in the same program is performed under the direct supervision of a program instructor with an active Iowa dental assistant registration, dental hygiene license, faculty permit, or dental license;

575.7(2) The practice of clinical skills on members of the public is performed under the direct supervision of a dentist with an active Iowa dental license or faculty permit.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25]

481—575.8(153) Unlawful practice.

575.8(1) A dental assistant who assists a dentist in practicing dentistry in any capacity other than as a person supervised by a dentist in a dental office; who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental assistant to engage directly or indirectly in the practice of dentistry; or who performs dental service directly or indirectly on or for members of the public other than as a person working for a dentist shall be deemed to be practicing dentistry without a license.

575.8(2) Any dental laboratory technician who assists a dentist in practicing dentistry in any capacity other than as an employee or independent contractor; who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental laboratory technician to engage directly or indirectly in the practice of dentistry; or who renders dental service directly or indirectly on or for members of the public other than as an employee or independent contractor for an employing dentist shall be deemed to be practicing dentistry without a license.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25]

481—575.9(153) Advertising and soliciting of dental services prohibited. Dental assistants, dental laboratories or dental laboratory technicians shall not advertise, solicit, represent or hold themselves out in any manner to the general public that they will furnish, construct, repair or alter prosthetic, orthodontic or other appliances, with or without consideration, to be used as substitutes for or as part of natural teeth or associated structures or for the correction of malocclusions or deformities, or that they will perform or render any other dental service.

[**ARC 8989C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code chapters 136C and 153.

[Filed ARC 8989C (Notice ARC 8497C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]
[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

CHAPTER 576
DENTAL HYGIENISTS

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—576.1(153) Authorized practice of a dental hygienist.

576.1(1) "Practice of dental hygiene" is defined in Iowa Code section 153.15 and includes the performance of educational, therapeutic, preventive and assessment services. Dental hygienists may perform such services, except educational services, when delegated by and performed under the supervision of an Iowa-licensed dentist.

a. Educational services include assessing the need for, planning, implementing, and evaluating oral health education programs for individual patients and community groups and conducting workshops and in-service training sessions on dental health for nurses, school personnel, institutional staff, community groups and other agencies providing consultation and technical assistance for promotional, preventive and educational services.

b. Therapeutic services include identifying and evaluating factors that indicate the need for and performing the following:

(1) Oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or other devices;

(2) Periodontal scaling and root planing;

(3) Removal and polishing of hardened excess restorative material, which may include adhesives, using nonmotorized instruments;

(4) Administration of local anesthesia with the proper permit;

(5) Administration of nitrous oxide inhalation analgesia in accordance with rule 481—579.1(153);

(6) Application and administration of medicaments prescribed by a dentist, including chemotherapeutic agents, or therapies for the treatment of periodontal disease and caries;

(7) Phlebotomy; and

(8) Expanded function procedures in accordance with 481—Chapter 577.

c. Preventive services include applying pit and fissure sealants and medications, including silver diamine fluoride; using other methods for caries and periodontal disease control; and organizing and administering fluoride rinse or sealant programs.

d. Assessment services include reviewing medical and dental health histories, performing oral inspection, indexing dental and periodontal disease, preliminary charting of existing dental restorations and teeth, making occlusal registrations for mounting study casts, testing pulp vitality, testing glucose levels, and analyzing dietary surveys.

576.1(2) The following services may only be delegated by a dentist to a dental hygienist:

a. Administration of local anesthesia;

b. Placement of sealants except as permitted by 481—Chapter 577; and

c. Removal of any plaque, stain, calculus, or hard natural or synthetic material, except when removed by toothbrush, floss, or rubber cup coronal polish.

576.1(3) Subsequent examination and monitoring of the patient, including definitive diagnosis and treatment planning, is the responsibility of the dentist and shall be carried out in a reasonable period of time in accordance with the professional judgment of the dentist based upon the individual needs of the patient.

This rule is intended to implement Iowa Code section 153.15.

[**ARC 8990C**, IAB 3/5/25, effective 4/9/25]

481—576.2(153) Scope of practice and supervision requirements.

576.2(1) In accordance with Iowa Code chapter 153, all authorized services provided by a dental hygienist, except educational services, shall be performed under the general, direct, or public health supervision of an Iowa-licensed dentist. Pursuant to 481—Chapter 577, clinical training in expanded functions requires those services to be performed under observational supervision.

576.2(2) Under the general supervision of a dentist, a dental hygienist may provide educational, therapeutic, preventive and assessment services, including screening, or data collection for the preparation

of written records for evaluation by a licensed dentist. A dentist may only delegate patient services to be performed under general supervision for patients of record.

576.2(3) Under the public health supervision of a dentist, a dental hygienist may provide educational, therapeutic, preventive and assessment services, including screening, or data collection pursuant to rule 481—574.11(153).

576.2(4) Dental hygienists may only administer local anesthesia if they hold a current permit in accordance with rule 481—572.10(147,153), or nitrous oxide inhalation analgesia in accordance with rule 481—579.1(153), and perform expanded functions in accordance with 481—Chapter 577 under the direct supervision of a dentist.

576.2(5) Dental hygienists may perform all other authorized services on a new patient under the direct or public health supervision of a dentist pursuant to rule 481—574.11(153). An examination by the dentist must take place during an initial visit by a new patient, except when hygiene services are provided under public health supervision.

576.2(6) Dentists may authorize services to be performed under direct supervision in lieu of general supervision when the dentist determines such supervision is necessary to meet the individual needs of the patient.

This rule is intended to implement Iowa Code section 153.15.

[**ARC 8990C**, IAB 3/5/25, effective 4/9/25]

481—576.3(153) Unauthorized practice of a dental hygienist.

576.3(1) A dental hygienist who renders hygiene services, except educational services, that have not been delegated by a licensed dentist or that are not performed under the supervision of a licensed dentist as provided by rule is deemed to be practicing illegally.

576.3(2) The unauthorized practice of dental hygiene means allowing a person not licensed in dentistry or dental hygiene to perform dental hygiene services or for a dental hygienist to perform services that exceed the scope of practice authorized in Iowa Code section 153.15 and this chapter.

This rule is intended to implement Iowa Code sections 147.10 and 153.15.

[**ARC 8990C**, IAB 3/5/25, effective 4/9/25]

481—576.4(153) Students enrolled in dental hygiene programs. Students enrolled in an accredited dental hygiene program are not considered to be engaged in the unlawful practice of dental hygiene provided that such practice is in connection with their regular course of instruction and complies with the following:

576.4(1) The practice of clinical skills on peers enrolled in the same program may be performed under the direct supervision of a program instructor with an active Iowa dental hygiene license, faculty permit, or dental license.

576.4(2) The practice of clinical skills on members of the public may only be performed under the general supervision of a dentist with an active Iowa dental license or faculty permit.

576.4(3) The practice of clinical skills involving the administration or monitoring of nitrous oxide or the administration of local anesthesia may only be performed under the direct supervision of a dentist with an active Iowa dental license or faculty permit.

This rule is intended to implement Iowa Code sections 153.14 and 153.15.

[**ARC 8990C**, IAB 3/5/25, effective 4/9/25]

[Filed ARC 8990C (Notice ARC 8489C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

CHAPTER 577
EXPANDED FUNCTIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—577.1(153) Expanded function requirements and eligibility.

577.1(1) Dental hygienists or dental assistants may only perform expanded function procedures upon successful completion of a board-approved course of training. Dental assistant trainees are not eligible to receive training in or perform expanded function procedures.

a. This shall not preclude dental hygienists or dental assistants from practicing expanded function procedures for training purposes while enrolled in a board-approved course of training.

b. Expanded function procedures must be delegated by and performed under the direct supervision of a licensed dentist unless otherwise specified in this chapter.

c. Services that are therapeutic or preventive in nature and are within the scope of practice for dental hygienists are not deemed to be expanded functions.

577.1(2) To be eligible to train in expanded function procedures, dental hygienists must hold an active dental hygiene license in Iowa.

577.1(3) To be eligible to train in expanded function procedures, dental assistants must comply with one of the following:

a. Be a graduate of an accredited school;

b. Be currently certified by the Dental Assisting National Board (DANB); or

c. Have at least three months of clinical practice as a dental assistant.

577.1(4) A dentist who delegates expanded function procedures to dental hygienists or dental assistants under direct supervision must examine the patient to review the quality of work prior to the conclusion of the dental appointment. The following expanded function procedures are exempt from this requirement and may be performed under general supervision:

a. Recementation of a provisional restoration.

b. Taking occlusal registrations for purposes other than mounting study casts by dental hygienists only.

[**ARC 8991C**, IAB 3/5/25, effective 4/9/25; **ARC 0247D**, IAB 4/29/26, effective 6/3/26]

481—577.2(153) Expanded function categories. Dental hygienists and dental assistants must be issued a certificate of completion for the corresponding function in which board-approved training has been completed before performing a specific expanded function procedure. A dentist may delegate to dental hygienists or dental assistants only those expanded function procedures in which training has been successfully completed.

577.2(1) Level 1 expanded functions may be taught by board-approved training providers using curriculum prior-approved by the board.

577.2(2) Training in Level 2 expanded functions must be completed at the University of Iowa College of Dentistry or another accredited school using curriculum approved by the board. Before beginning Level 2 training, dental hygienists and dental assistants must complete all prerequisites for the Level 2 training established by the accredited school.

[**ARC 8991C**, IAB 3/5/25, effective 4/9/25]

481—577.3(153) Level 1 expanded function procedures.

577.3(1) Level 1 expanded function procedures include:

a. Taking occlusal registrations;

b. Placement and removal of gingival retraction material;

c. Fabrication, temporary cementation, and removal of provisional restorations following review of the fit and function by the supervising dentist, and temporary recementation of provisional restorations;

d. Applying cavity liners and bases and desensitizing agents;

e. Applying bonding systems, which may include the placement of the attachments used in clear aligner systems, following review of the fit and function by the supervising dentist;

f. Placement, bonding, and removal of provisional orthodontic restorations as follows:

(1) Placement or bonding of orthodontic brackets and bands or provisional orthodontic appliances following review of the fit and function by the supervising dentist; and

(2) Removal of adhesive, orthodontic brackets and bands, or provisional orthodontic appliances using nonmotorized hand instrumentation;

g. Taking final impressions for fixed restorations or dental prosthetics;

h. Placement of temporary restorative materials following preparation of the tooth by a dentist;

i. Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth;

j. Tissue conditioning (soft reline only); and

k. Placement, management, and removal of an intravenous (IV) infusion line for moderate sedation, deep sedation, or general anesthesia. Placement of an IV may include the administration of saline. Placement of an IV does not include the administration of any drugs or medications.

577.3(2) The following procedures are Level 1 expanded functions only for dental assistants and are within the scope of practice for dental hygienists:

a. Monitoring of patients receiving nitrous oxide inhalation analgesia, which may include increasing oxygen levels as needed, pursuant to the following:

(1) A dentist shall induce a patient and establish the maintenance level;

(2) A dental assistant may make adjustments that decrease the nitrous oxide concentration during the administration of nitrous oxide; and

(3) A dental assistant may turn off the oxygen delivery at the completion of the dental procedure.

b. Removal of adhesives using nonmotorized hand instrumentation.

[**ARC 8991C**, IAB 3/5/25, effective 4/9/25]

481—577.4(153) Level 2 expanded function procedures for dental hygienists and dental assistants.

577.4(1) Level 2 expanded function procedures for dental hygienists and dental assistants include:

a. Placement and shaping of amalgam following preparation of a tooth by a dentist;

b. Placement and shaping of adhesive restorative materials following preparation of a tooth by a dentist;

c. Polishing of adhesive restorative material using a slow-speed handpiece; and

d. Fitting of stainless-steel crowns on primary posterior teeth and cementation after fit verification by a dentist.

577.4(2) Level 2 expanded function procedures for dental assistants include the placement of sealants. The placement of sealants is included in the scope of practice for dental hygienists and is not considered an expanded function for dental hygienists.

577.4(3) These Level 2 expanded function procedures refer to both primary and permanent teeth except as otherwise noted. Training in Level 2 expanded functions may be separated between application of the services on primary or permanent teeth as determined by the accredited training provider.

[**ARC 8991C**, IAB 3/5/25, effective 4/9/25]

481—577.5(153) Expanded function training.

577.5(1) *Approved expanded function training programs.* Training programs for Level 1 and Level 2 expanded function procedures must be board-approved. Training programs for Level 2 expanded function procedures are limited to the University of Iowa College of Dentistry or another accredited school.

577.5(2) *Certificates of completion.* All board-approved training programs are authorized and required to issue certificates to dental hygienists and dental assistants who successfully complete expanded function training. A certificate shall be issued for one or more of the expanded function procedures completed. Dental hygienists and dental assistants shall prominently display the expanded functions certificate in each dental facility where services are provided.

577.5(3) *Training.* Training may be completed in one or more of the listed expanded function procedures. Clinical training in expanded function procedures must be completed under observational supervision. Level 1 expanded function training includes the following:

a. An initial assessment to determine the base entry level of all participants;

b. Completion of the minimum standards for each function as specified in this rule; and

c. A post-course written examination at the conclusion of the training program, with a minimum of ten questions per function. A score of 75 percent or higher is deemed to be a passing score.

577.5(4) *Minimum training standards.* Every expanded function procedure requires the completion of clinical training that includes a minimum of five patient experiences per procedure under observational supervision unless stated otherwise.

a. Taking occlusal registrations. In addition to the required clinical training, a minimum of one hour of didactic training.

b. Placement and removal of gingival retraction material. In addition to the required clinical training, a minimum of two hours of didactic training and the equivalent of one hour of laboratory training that includes three experiences.

c. Fabrication, temporary cementation, temporary recementation, and removal of provisional restorations. A minimum of four hours of didactic training, the equivalent of four hours of laboratory training that includes five experiences, and clinical training that includes a minimum of ten patient experiences under observational supervision.

d. Applying cavity liners and bases and desensitizing agents. In addition to the required clinical training, a minimum of one hour of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

e. Applying bonding systems, which may include the placement of the attachments used in clear aligner systems, following review of the fit and function by the supervising dentist. In addition to the required clinical training, a minimum of two hours of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

f. Placement, bonding, and removal of orthodontic brackets and bands or provisional orthodontic appliances pursuant to paragraph 577.3(1)*"f."* For each procedure, in addition to the required clinical training, a minimum of two hours of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

g. Monitoring of patients receiving nitrous oxide inhalation analgesia, pursuant to paragraph 577.3(2)*"a."* In addition to the required clinical training, a minimum of two hours of didactic training and one hour of laboratory training in the office where the dental hygienist or dental assistant is employed.

h. Taking final impressions. A minimum of three hours of didactic training, and the equivalent of clinical training that includes a minimum of six patient experiences under observational supervision.

i. Removal of adhesives using nonmotorized hand instrumentation. In addition to the required clinical training, a minimum of one hour of didactic training.

j. Placement of temporary restorative materials following preparation of the tooth by the dentist. In addition to the required clinical training, a minimum of two hours of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

k. Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth. In addition to the required clinical training, a minimum of one hour of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

l. Tissue conditioning (soft reline only). In addition to the required clinical training, a minimum of one hour of didactic training and the equivalent of one hour of laboratory training that includes a minimum of two experiences.

m. Placement, management, and removal of an IV infusion line for moderate sedation, deep sedation, or general anesthesia. A minimum of 12 hours of didactic training or current Dental Anesthesia Assistant National Certification Examination (DAANCE) certification; and eight hours of laboratory and clinical training that includes a minimum of six venipunctures, two of which are completed on human subjects. Supervision for the clinical experiences shall be completed under the supervision of a dentist with a current sedation or anesthesia permit, or a licensed sedation provider.

577.5(5) *Acceptance of previously completed board-approved training.* Any dental hygienist or dental assistant who previously completed board-approved expanded function training can continue to perform expanded function procedures for which training has been completed and documentation is available. For any expanded function procedures that are new, in whole or in part, additional training to satisfy the

minimum training requirement is required of the dental hygienist or dental assistant prior to performing the new expanded function procedure.

[**ARC 8991C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code chapter 153.

[Filed ARC 8991C (Notice ARC 8478C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

[Filed ARC 0247D (Amended Notice ARC 0071D, IAB 2/18/26; Notice ARC 9785C, IAB 12/10/25), IAB 4/29/26, effective 6/3/26]

CHAPTER 578
PRESCRIBING, ADMINISTERING, AND DISPENSING DRUGS

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—578.1(153) Scope of authority and prescribing requirements.

578.1(1) A license to practice dentistry issued by this board permits the licensee to prescribe, administer, or dispense prescription drugs if the use is directly within the scope of the dentist-patient relationship. Registration with the federal Drug Enforcement Administration and the board of pharmacy extends this privilege to controlled substances.

578.1(2) A licensed dentist may only prescribe, administer or dispense a prescription drug for a diagnosed dental condition that is included in the treatment plan and entered into the patient record. A dental examination and medical history must be completed and entered into the patient record before a dentist prescribes, administers, or dispenses a prescription drug to a patient. Fluoride may also be dispensed under protocols approved by the dental and oral health program of the department of health and human services.

578.1(3) On each occasion when a dentist prescribes, administers, or dispenses a prescription drug to a patient, the patient's dental record will be updated to include the following information:

a. Name, quantity, and strength of the prescription drug.

b. Directions for its use.

c. Date of issuance.

d. Conditions for which the prescription drug was used.

578.1(4) A dentist may only prescribe, administer, or dispense prescription drugs in accordance with all applicable state and federal laws.

578.1(5) A dentist may only purchase, administer, or dispense controlled substances if the dentist maintains records and accountability in accordance with 481—Chapter 553 and all other applicable state and federal laws.

578.1(6) A dentist cannot self-prescribe or self-administer controlled substances.

578.1(7) A dentist may only prescribe, administer, or dispense controlled substances to members of the licensee's immediate family in the case of an acute dental condition or on an emergency basis for a dental condition after the licensee conducts an examination, establishes a patient record, and maintains proper documentation.

[**ARC 8992C**, IAB 3/5/25, effective 4/9/25]

481—578.2(153) Dispensing—requirements for containers and labeling.

578.2(1) *Containers.* A prescription drug shall be dispensed in a suitable container designed to protect its integrity in accordance with all applicable federal and state laws.

578.2(2) *Labeling.* A label shall be affixed to the container in which a prescription drug is dispensed bearing the following information:

a. Name and address of the dentist.

b. Name of the patient.

c. Date dispensed.

d. Directions for use.

e. Name, quantity, and strength of medication.

f. If the prescription drug is a Schedule II, III, or IV controlled substance, the federal transfer warning statement as follows: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

g. Cautionary statements, if any.

[**ARC 8992C**, IAB 3/5/25, effective 4/9/25]

481—578.3(153) Prescription requirements.

578.3(1) A dentist shall take adequate measures to prevent prescription forgery from occurring. Dentists may only transmit prescription drug orders, including prescriptions for controlled substances,

electronically unless exempted. A dentist who fails to comply with the electronic prescription mandate may be subject to a nondisciplinary administrative penalty of $250 per violation, up to a maximum of $5,000 per calendar year.

578.3(2) A dentist may delegate to a licensed dental hygienist or registered dental assistant the preparation of a prescription for the review, authorization, and manual or electronic signature of the dentist, but the dentist is responsible for the accuracy, completeness, and validity of the prescription.

578.3(3) A dentist shall securely maintain the unique authentication credentials issued to the dentist for utilization of the electronic prescription application and authentication of the dentist's electronic signature. Unique authentication credentials issued to any individual may not be shared with or disclosed to any other individual.

[**ARC 8992C**, IAB 3/5/25, effective 4/9/25]

481—578.4(153) Required use of the prescription monitoring program (PMP).

578.4(1) A dentist may only prescribe or dispense an opioid if the dentist or authorized delegate queries the PMP. The query for each patient may not be performed more than 48 hours prior to each instance of an opioid prescription being authorized, issued, or dispensed.

578.4(2) A dentist who dispenses a controlled substance is required to report the dispensing to the PMP within one business day in accordance with 481—Chapter 556.

[**ARC 8992C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code section 153.20.

[Filed ARC 8992C (Notice ARC 8503C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

CHAPTER 579
SEDATION AND NITROUS OXIDE

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—579.1(153) Nitrous oxide inhalation analgesia.

579.1(1) A dentist may use nitrous oxide inhalation analgesia on an outpatient basis for dental patients provided the dentist has completed training and complies with the following:

a. Has adequate equipment with fail-safe features.

b. Has inspection and maintenance performed on equipment as needed to ensure its proper performance, maintains documentation of such, and provides the documentation to the board upon request.

c. Ensures the patient is continually monitored by a patient monitor while receiving nitrous oxide inhalation analgesia.

579.1(2) A dentist shall provide direct supervision of the administration and monitoring of nitrous oxide and establish a written office protocol for taking vital signs, adjusting anesthetic concentrations, and addressing emergency situations that may arise. The dentist is responsible for the dismissal of the patient following completion of the procedure.

579.1(3) A dental hygienist may administer and monitor nitrous oxide inhalation analgesia when the services have been prescribed by a dentist and the hygienist has completed board-approved training.

579.1(4) A dental assistant who has completed a board-approved expanded function course or holds a current Dental Anesthesia Assistant National Certification Examination (DAANCE) certification may monitor a patient who is receiving nitrous oxide after the dentist has induced the patient and established the maintenance level. A dental assistant may make adjustments to decrease the nitrous oxide concentration while monitoring the patient or may turn off oxygen delivery at the completion of the dental procedure.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.2(153) Minimal sedation standards.

579.2(1) A dentist shall evaluate a patient prior to the start of any sedative procedure. In healthy or medically stable patients (ASA I, II), the dentist should review the patient's current medical history and medication use. For a patient with significant medical considerations (ASA III, IV), a dentist may need to consult with the patient's primary care provider or consulting medical specialist. A dentist may only provide minimal sedation after obtaining informed consent from the patient or the patient's parent or legal guardian.

579.2(2) Minimal sedation for ASA I or II nonpediatric patients.

a. A dentist may prescribe or administer a single medication for minimal sedation via the enteral route that does not exceed the maximum recommended dose (MRD) for unmonitored home use. A dentist may only administer a supplemental dose of the same drug if the clinical half-life of the initial dose has passed and the total aggregate dose does not exceed 1.5 times the MRD on the day of treatment.

b. A dentist may administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for monitored use on the day of treatment.

c. A dentist may utilize nitrous oxide inhalation analgesia in combination with a single enteral drug.

579.2(3) Minimal sedation for ASA III, ASA IV or pediatric patients.

a. A dentist may prescribe or administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for unmonitored home use.

b. A dentist may administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for monitored use on the day of treatment.

c. A dentist may only administer nitrous oxide inhalation analgesia for minimal sedation of ASA III or IV patients or pediatric patients provided the concentration does not exceed 50 percent and is not used in combination with any other drug.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.3(153) Shared standards for moderate sedation, deep sedation and general anesthesia.

579.3(1) A dentist may only administer moderate sedation, deep sedation or general anesthesia if the dentist holds a current moderate sedation permit or general anesthesia permit pursuant to rule 481—572.11(153).

579.3(2) A dentist administering sedation anesthesia must maintain current advanced cardiac life support (ACLS) certification. A dentist administering moderate sedation to pediatric patients may maintain current pediatric advanced life support (PALS) certification in lieu of current ACLS certification.

579.3(3) A dentist may only start a sedative procedure after evaluating a patient. A dentist should review a patient's medical history, medication(s) and NPO (nothing by mouth) status. For a patient with significant medical considerations (ASA III, IV), a dentist may need to consult with the patient's primary care provider or consulting medical specialist. The dentist should consult the body mass index as part of the preprocedural workup.

579.3(4) A dentist may only administer sedation or anesthesia if the following requirements are met:

a. Facilities are appropriately staffed to reasonably handle emergencies;

b. A patient monitor remains present in the treatment room to continually monitor the patient until the patient returns to a level of minimal sedation;

c. The dentist provides postoperative verbal and written instructions to the patient and caregiver prior to discharging the patient;

d. The dentist remains in the facility until the patient meets the criteria for discharge;

e. The dentist or another designated permit holder or licensed sedation provider is available for appropriate postoperative aftercare for a minimum of 48 hours following the administration of sedation; and

f. The dentist establishes emergency protocols that comply with the following:

(1) Establishment of a procedure for immediate access to backup emergency services;

(2) Employment of initial life-saving measures by a patient monitor in the event of an emergency, including activation of the emergency medical service (EMS) system for life-threatening complications;

(3) Avoidance of chest or airway obstruction when applying an immobilization device and allowance for the ongoing exposure of a hand or foot; and

(4) Availability of a functioning suction apparatus as well as the ability to provide >90 percent oxygen and positive-pressure ventilation, along with age- and size-appropriate rescue equipment in the recovery room for pediatric patients.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.4(153) Moderate sedation standards.

579.4(1) Moderate sedation for ASA I or II nonpediatric patients.

a. A dentist may prescribe or administer a single enteral drug in excess of the MRD on the day of treatment.

b. A dentist may prescribe or administer a combination of more than one enteral drug.

c. A dentist may administer nitrous oxide with more than one enteral drug.

d. A dentist may administer a medication for moderate sedation via the parenteral route in single or incremental doses.

e. A dentist may only administer drug(s) or techniques, or both, provided there is a margin of safety wide enough to render unintended loss of consciousness unlikely.

579.4(2) Moderate sedation for ASA III, ASA IV or pediatric patients. A dentist who does not meet the requirements of 481—subparagraph 572.11(1)*"b"*(3) may not administer moderate sedation, deep sedation or general anesthesia to pediatric or ASA III or IV patients. The following constitute moderate sedation:

a. The use of one or more enteral drugs in combination with nitrous oxide.

b. The administration of any intravenous drug.

579.4(3) A dentist may administer moderate sedation in a facility provided the following requirements are met:

a. Have at least one patient monitor observe the patient while the patient is under moderate sedation; and

b. Utilize capnography or a pretracheal/precordial stethoscope as stipulated below:

(1) Use capnography to monitor end-tidal carbon dioxide unless the use of capnography is precluded or invalidated by the nature of the patient, procedure or equipment.

(2) In cases where the use of capnography is precluded or invalidated for the reasons listed previously, a pretracheal or precordial stethoscope must be used to continually monitor the auscultation of breath sounds.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.5(153) Deep sedation or general anesthesia standards.

579.5(1) The administration of anesthetic sedative agents intended for deep sedation or general anesthesia, including but not limited to Propofol, Ketamine and Dilaudid, is deemed to constitute deep sedation or general anesthesia.

579.5(2) A dentist may administer deep sedation or general anesthesia provided the following requirements are met:

a. Have at least two patient monitors observe the patient while the patient is under deep sedation or general anesthesia;

b. Utilize capnography and a pretracheal/precordial stethoscope; and

c. If the dentist has a recovery area separate from the operatory, the recovery area has oxygen and suction equipment.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.6(153) Training and certification requirements for patient monitors. Patient monitors must be capable of administering emergency support and complete training as required by this rule.

579.6(1) Patient monitors who will observe patients receiving deep sedation or general anesthesia must have a current certification in ACLS, PALS, or DAANCE.

579.6(2) A patient monitor who will observe patients receiving moderate sedation may meet one of the requirements listed in subrule 579.6(1) or complete on-site training for a minimum of three hours in airway management that provides the knowledge and skills necessary to competently assist with emergencies, including but not limited to recognizing apnea and airway obstruction.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.7(153) Recordkeeping requirements for nitrous oxide, sedation or anesthesia. In addition to the recordkeeping requirements specified in rule 481—574.9(153,272C), the patient record must include the following information as applicable when administering nitrous oxide, sedation or anesthesia.

579.7(1) The concentration of nitrous oxide administered; dosage of medication administered, including any prescription for at-home unmonitored use, if applicable; duration of administration; and vital signs taken.

579.7(2) When administering moderate sedation, deep sedation or general anesthesia, a time-oriented anesthesia record that contains preoperative and postoperative vital signs; the names of all drugs administered, including local anesthetics and nitrous oxide, dosages, anesthesia time in minutes, and monitors used; and monitored physiological parameters, including oxygenation, ventilation, and circulation. When administering deep sedation or general anesthesia, pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until the patient is fully ambulatory.

579.7(3) When administering moderate sedation, deep sedation or general anesthesia, the record should include the name of the person to whom the patient was discharged.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.8(153) Facility and equipment requirements for moderate sedation, deep sedation or general anesthesia.

579.8(1) A permit holder shall notify the board office in writing within 60 days of a change in location or the addition of a sedation facility.

579.8(2) A dentist may only administer moderate sedation or anesthesia in a facility that is permanently and properly equipped. A dentist is required to be trained in and maintain, at a minimum, the following equipment:

a. Electrocardiogram (EKG) monitor;
b. Positive pressure oxygen;
c. Suction;
d. Laryngoscope and blades;
e. Endotracheal tubes;
f. Magill forceps;
g. Oral airways;
h. Stethoscope;
i. Blood pressure monitoring device;
j. Pulse oximeter;
k. Emergency drugs, in accordance with subrule 579.8(3);
l. Defibrillator;
m. Capnography machine;
n. Pretracheal or precordial stethoscope;
o. Nasopharyngeal airway (nasal trumpet); and
p. Any additional equipment necessary to establish intravascular or intraosseous access, which will be available until the patient meets discharge criteria.

579.8(3) Pursuant to paragraph 579.8(2)*"k,"* a dentist providing sedation at a dental facility is required to maintain on site emergency drugs that meet the needs of the following categories. At a minimum, a dentist providing moderate sedation shall maintain emergency drugs specified in paragraphs 579.8(3)*"a"* through *"f."* A dentist providing deep sedation or general anesthesia shall maintain emergency drugs for all of the following categories:

a. Vasopressor.
b. Bronchodilator.
c. Benzodiazepine antagonist.
d. Narcotic antagonist.
e. Coronary artery vasodilator.
f. Low blood sugar medication.
g. Corticosteroid.
h. Antihistamine.
i. Antiarrhythmic.
j. Cardiopulmonary arrest IV medication.
k. Anticholinergic.
l. Neuromuscular blocker.
m. Antihypertensive.

579.8(4) The board or its designated agents may conduct facility inspections. A facility inspection may be required before a sedation permit is issued or before sedation services are provided at a new or updated facility. The actual costs associated with the on-site evaluation of the facility are the primary responsibility of the licensee. The cost to the licensee will not exceed the fee specified in 481—Chapter 571.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.9(153) Use of another licensed sedation provider or permit holder.

579.9(1) A dentist may only use the services of a licensed sedation provider or another permit holder to administer moderate sedation, deep sedation or general anesthesia in a dental facility if the following requirements are met:

a. The dentist holds a current moderate sedation or general anesthesia permit. A permit holder who does not meet the training requirement to administer moderate sedation to pediatric or ASA III or IV patients as stipulated in 481—subparagraph 572.11(1)*"b"*(3) may use another licensed sedation provider or qualified permit holder to administer moderate sedation to pediatric or ASA III or IV patients.

b. The dentist remains present in the treatment room for the duration of any dental treatment.

c. The facility is a permanently and properly equipped facility pursuant to the provisions of this chapter.

d. The permit holder assesses the need and patient suitability for sedation services. A permit holder may not interfere with any independent assessment performed by a licensed sedation provider.

579.9(2) When a licensed sedation provider or another permit holder is used to administer moderate sedation, deep sedation or general anesthesia, that provider constitutes one patient monitor for the purpose of complying with rule 481—579.6(153).

579.9(3) A dentist who does not hold a sedation permit is prohibited from using a licensed sedation provider or permit holder to provide moderate sedation, deep sedation or general anesthesia.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.10(153) Advertising. A dentist will ensure that any advertisements related to the availability of antianxiety premedication or minimal sedation clearly reflect the level of sedation provided and are not misleading.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

481—579.11(153) Noncompliance. Violations of the provisions of this chapter may result in disciplinary measures as deemed appropriate by the board.

[**ARC 8993C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code section 153.13.

[Filed ARC 8993C (Notice ARC 8510C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

CHAPTER 580
DENTAL BOARD COMPLAINTS AND INVESTIGATIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—580.1(147,153,272C) Complaint review. Pursuant to Iowa Code sections 147.87, 153.33, 272C.3 and 272C.4, the board shall, upon receipt of a complaint or upon its own motion, review and investigate alleged acts or omissions that the board reasonably believes constitute cause under applicable law or administrative rule for licensee or registrant discipline. Pursuant to Iowa Code section 153.33A, all complaints regarding the practice of dental hygiene will be initially directed to the dental hygiene committee.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.2(153) Form, content and submission of complaints.

580.2(1) Complaints should be filed with department staff associated with the board. Complaints may be filed via the board's online database or via complaint form by email, by fax, by mail, or in person. Contact information for the board is available on the department's website.

580.2(2) A written complaint should include the following facts:

a. The full name and contact information of the complainant.

b. The full name, address, or contact information of the licensee or registrant against whom the complaint is filed.

c. A statement of the facts concerning the alleged acts or omissions.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.3(153) Investigation. Pursuant to Iowa Code sections 147.87, 147.88, 153.33, 272C.3 and 272C.4, the board may authorize department staff to investigate the allegations of a complaint to determine whether probable cause exists.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.4(17A,153,272C) Investigatory subpoenas. Pursuant to Iowa Code sections 17A.13(1), 153.33(3)*"d"* and 272C.6(3), the board has the authority to issue an investigatory subpoena to compel the production of evidence deemed necessary in connection with the investigation of a complaint. A subpoena issued by the board in connection with such investigation may compel the production of evidence whether or not it is privileged or confidential under law. The board may not compel the types of evidence stipulated in Iowa Code section 272C.6(3)*"a"*(2).

580.4(1) The executive director or designee may, upon the written request of a board investigator or on the director's own initiative, issue a subpoena in accordance with Iowa Code sections 17A.13(1), 153.33(3)*"d"* and 272C.6(3). In the case of a subpoena, when seeking access to mental health records, all of the following conditions shall be satisfied prior to the issuance of the subpoena:

a. The nature of the complaint reasonably justifies the issuance of a subpoena;

b. Adequate safeguards have been established to prevent unauthorized disclosure;

c. An express statutory mandate, articulated public policy, or other recognizable public interest favors access; and

d. An attempt was made to notify the patient and to secure an authorization from the patient for release of the records at issue.

580.4(2) A written request for a subpoena or the director's written memorandum in support of the issuance of a subpoena shall contain all of the following:

a. The name and address of the person to whom the subpoena will be directed;

b. A specific description of the books, papers, records or other real evidence requested;

c. An explanation of why the documents sought to be subpoenaed are necessary for the board to determine whether it should initiate a contested case proceeding; and

d. In the case of a subpoena request for mental health records, confirmation that the conditions described in subrule 580.4(1) have been satisfied.

580.4(3) Each subpoena shall contain all of the following:

a. The name and address of the person to whom the subpoena is directed;

b. A description of the books, papers, records or other real evidence requested;

c. The date, time and location for production or inspection and copying;

d. The time within which a motion to quash or modify the subpoena must be filed;

e. The signature, address and contact information of the executive director or designee who issued the subpoena;

f. The date of issuance; and

g. A return of service attached to the subpoena.

580.4(4) Any person who is aggrieved or adversely affected by compliance with the subpoena must, within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days, file with the board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.

580.4(5) Upon receipt of a timely motion to quash or modify a subpoena, the board may conduct a hearing on the matter and issue a decision, or refer such hearing and decision to an administrative law judge to conduct a hearing and issue a decision.

a. Oral argument may be scheduled at the discretion of the board or the administrative law judge.

b. Following the conclusion of such hearing, the board or administrative law judge shall issue a decision. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

580.4(6) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving a notice of appeal within ten days of the date of service of the decision of the administrative law judge on the executive director, either in person or by certified mail.

580.4(7) If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either the person is notified the investigation has been concluded with no formal action or there is a final decision in the contested case.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.5(153) Board appearances. The board may request a licensee or registrant to appear before the board to discuss a pending investigation. By electing to participate in the board appearance, the licensee or registrant waives any objection to a board member's both participating in the appearance and later participating as a decision maker in a contested case proceeding on the grounds of a personal investigation and a combination of investigative and adjudicative functions. If the executive director or designee participates in the appearance, the licensee or registrant further waives any objection to having the executive director or designee assist the board in the contested case proceeding.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.6(153) Peer review. Pursuant to Iowa Code section 272C.3(1)*"i,"* the board may refer a complaint for peer review, investigation and report by another licensee, another registrant or a committee established by the board for such purpose.

580.6(1) The board shall determine which licensee, registrant, or peer review committee will review a case involving a dentist or dental assistant. The dental hygiene committee shall make such determinations in a case involving a dental hygienist. Peer reports and recommendations will be forwarded to the dental hygiene committee for further review and decision making.

580.6(2) The board or dental hygiene committee may request that the Iowa dental association, the Iowa dental hygienists' association and the Iowa dental assistants association assist in the composition of a peer review committee as needed.

580.6(3) Pursuant to Iowa Code sections 147.135, 272C.8 and 272C.9 and rule 481—580.11(147,272C), licensees or registrants who serve as peer reviewers shall not be liable for acts, omissions or decisions made in connection with such service.
[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.7(272C) Duties of peer review committees.

580.7(1) A licensee or registrant who serves as a peer reviewer shall comply with the requirements imposed by Iowa Code sections 22.7 and 272C.6 and rule 481—580.9(272C).

580.7(2) The board may provide investigative and related services to designated peer reviewers.

580.7(3) Designated peer reviewers shall thoroughly investigate a complaint as assigned and provide a written report to the board in accordance with the board's direction. The peer review shall comply with all of the following:

a. Include a peer review report that contains a statement of facts and a recommendation as to whether a violation of the standard of care occurred, with consideration given to relevant statutes, board rules, ethical standards and standards of care in making its recommendations.

b. Include in the report the signature of each peer reviewer that participated in the investigation. In the case of dissension by a peer reviewer, the dissension should be noted in the report.

c. Submit the peer review report and all investigative information to the board upon completion.
[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.8(272C) Board review. The board shall review all investigative reports and proceed pursuant to 481—Chapter 506.
[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.9(272C) Confidentiality of investigative files.

580.9(1) Complaint and investigation files, all other investigation reports and all other information in the possession of the board or peer reviewers acting under the authority of the board, its employees or its agents that relate to licensee or registrant discipline shall be subject to all of the following:

a. Are privileged and confidential;

b. Are not subject to discovery, subpoena, or other means of legal compulsion for their release to any person other than the licensee or registrant and the board, its employees and its agents that are involved in licensee or registrant discipline; and

c. Are not admissible in evidence in any judicial or administrative proceeding other than the proceeding involving licensee or registrant discipline.

580.9(2) A final written decision and finding of fact of the board in a disciplinary proceeding shall be public record.
[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.10(272C) Investigation of reports of judgments and settlements. Reports received by the board from the commissioner of insurance, insurance carriers, licensees or registrants involving adverse judgments in a professional malpractice action, and settlement of claims alleging malpractice shall be reviewed and investigated by the board in the same manner as is prescribed in these rules for the review and investigation of complaints.
[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

481—580.11(147,272C) Immunities.

580.11(1) Pursuant to Iowa Code sections 147.135, 272C.8 and 272C.6(3)*"b,"* a person shall not be civilly liable in relation to the following:

a. Filing a report or complaint with the board;

b. Disclosing to the board, its agents or employees, whether or not pursuant to a subpoena, records, documents, testimony or other forms of information that constitute privileged matter concerning a recipient of health care services or some other person;

c. Serving in connection with proceedings of a peer review; and

d. Serving in connection with other authorized duties of the board.

580.11(2) Immunity from civil liability shall not apply if the act is done with malice.

[**ARC 8994C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code chapter 17A and sections 153.13, 153.33, 272C.3 and 272C.4.

[Filed ARC 8994C (Notice ARC 8511C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]

CHAPTER 581
DENTAL BOARD DISCIPLINE

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/9/30

481—581.1(147,153,272C) Authority and methods of discipline.

581.1(1) The board has the authority to impose discipline pursuant to Iowa Code title IV, Iowa Code chapter 272C, Iowa Code sections 147.55 and 153.34, and the rules promulgated thereunder.

581.1(2) The board may impose one or more methods of disciplinary action in accordance with Iowa Code sections 153.34 and 272C.3(2).

[**ARC 8995C**, IAB 3/5/25, effective 4/9/25]

481—581.2(153,272C) Discretion of the board. The board may consider the following factors in determining the nature and severity of the disciplinary action to be imposed in accordance with Iowa Code section 272C.15:

1. The relative seriousness of the violation as it relates to ensuring the citizens of this state a high standard of professional care.
2. The facts of the particular violation.
3. Any extenuating circumstances or other countervailing considerations.
4. Number of prior violations or complaints.
5. Seriousness of prior violations or complaints.
6. Whether remedial action has been taken.
7. Such other factors as may reflect upon the competency, ethical standards and professional conduct of the licensee or registrant.

[**ARC 8995C**, IAB 3/5/25, effective 4/9/25]

481—581.3(147,153,272C) Grounds for discipline. Violations of the provisions of Iowa Code chapter 272C and sections 147.55, 153.32, 153.34 and 272C.15 and other applicable sections of Iowa law shall constitute grounds for the imposition by the board of disciplinary action pursuant to rule 481—581.1(147,153,272C). This rule is not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

581.3(1) The following violations related to notification, compliance and other state laws constitute grounds for disciplinary action:

a. Failure to comply with the requirements of 481—Chapter 574, except as otherwise provided by law;

b. Failure to preserve the confidentiality of patient information or accessing any confidential patient information without authorization;

c. Practice of dentistry, dental hygiene or dental assisting beyond training;

d. Delegation of any acts to any licensee, registrant or qualified person that are beyond the training or education of the licensee, registrant or qualified person, or that are otherwise prohibited by rule;

e. Failure to comply with requirements related to prescribing, administering or dispensing any drug pursuant to Iowa Code chapter 124, the provisions of Iowa Code chapter 155A that are applicable to the practice of dentistry, and 481—Chapter 578;

f. Improper sexual contact with, or making suggestive, lewd, lascivious or improper remarks or advances to, a patient or a coworker;

g. Actions that are abusive, coercive, intimidating, harassing, untruthful or threatening in the practice of dentistry; or

h. Failure to comply with an order of the board.

581.3(2) The following violations related to infection control constitute grounds for disciplinary action:

a. Failure to maintain adequate safety and sanitary conditions for a dental office; or

b. Failure to comply with standard precautions for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control, as required or recommended for

dentistry by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the Iowa occupational safety and health administration.

581.3(3) Violations related to continuing education constitute grounds for disciplinary action:

a. Failure to respond to the board during a continuing education audit, or failure to submit verification of continuing education requirements within the time period provided;

b. Knowingly submitting a false report of continuing education; or

c. Failure to meet the required continuing education hours per renewal period.

581.3(4) Violations related to board investigations constitute grounds for disciplinary action:

a. Interference with, or knowingly providing false information to the board or an agent of the board related to, an inspection or investigation;

b. Failure to comply with a subpoena issued by the board;

c. Failure to fully and promptly comply with office inspections conducted at the request of the board to determine compliance with sanitation and infection control standards or sedation permit requirements;

d. Failure to cooperate with a board investigation; or

e. Retaliating against, threatening or coercing any person for filing a complaint with the board or cooperating with a board inspection or investigation.

581.3(5) The following violations may constitute grounds for disciplinary action:

a. Failure to notify the board of change of name or address within 60 days;

b. Failure to prominently display the names of all persons who are practicing dentistry, dental hygiene or dental assisting within an office; or

c. Giving or receiving cash or cash equivalents, or giving or receiving any gifts exceeding nominal value, for referral of patients.

[**ARC 8995C**, IAB 3/5/25, effective 4/9/25; Editorial change: IAC Supplement 3/4/26; **ARC 0247D**, IAB 4/29/26, effective 6/3/26; Editorial change: IAC Supplement 8/5/26]

481—581.4(272C) Prohibited grounds for discipline. The board shall not suspend or revoke the license of a person who is in default or is delinquent on repayment or a service obligation under federal or state postsecondary educational loans or public or private services-conditional postsecondary tuition assistance solely on the basis of such default or delinquency.

[**ARC 8995C**, IAB 3/5/25, effective 4/9/25]

These rules are intended to implement Iowa Code chapters 147, 153, 252J, 272C and 598.

[Filed ARC 8995C (Notice ARC 8513C, IAB 12/11/24), IAB 3/5/25, effective 4/9/25]
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[Editorial change: IAC Supplement 8/5/26]

CHAPTERS 582 to 614
Reserved

NURSING BOARD

CHAPTER 615
ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 8/26/87, Nursing Board[590] Ch 1]
[Prior to 6/11/25, see Nursing Board[655] Ch 1]

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

481—615.1(17A,147,152,152E,272C) Description and organization of the board.

615.1(1) *Board composition.* The composition of the board is established in Iowa Code section 147.14.

615.1(2) *Board leadership and committees.* The board annually selects a chairperson and a vice chairperson from its own membership. The election of chairperson and vice chairperson, as well as standing committee assignments, is done during the first regularly scheduled meeting after May 1.

615.1(3) *Board authority.* The board's authority for regulating nursing education, nursing practice, and continuing education for nurses in the state of Iowa is found in Iowa Code chapters 147, 147A, 152, 152E, and 272C.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—615.2(17A,152,152E,272C) Responsibilities. The responsibilities of the board include but are not limited to:

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

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—615.3(17A,272) Submission of requests, obtaining information, and board office. Members of the general public may obtain information or submit requests or complaints relative to the licensure of nursing, practice of nursing, nursing education, continuing education, or any other matters relating to the function and authority of this board. Correspondence should be submitted to the executive director at the board office. The board office is located at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—615.4(17A,21) Meetings.

615.4(1) *Quorum.* A majority of the members of the board constitutes a quorum.

615.4(2) *Meeting schedule and public notice.* The board will schedule and hold regular meetings. The date, time, and location of each meeting of the board will be made available to the public on the board's website and upon request by contacting the board office.

615.4(3) *Special meetings.* Special meetings of the board may be called by the chairperson or upon request of four board members to the chairperson or the executive director.

615.4(4) *Meeting materials.* Materials received at the board office at least three weeks prior to a scheduled board meeting may be placed on the agenda. Materials from emergency or unusual circumstances may be added to the agenda with the chairperson or executive director's approval.

615.4(5) *Public observation and comment.* The board will provide a means for members of the public to observe and, when appropriate, offer public comment during board meetings unless the board votes to hold a closed session.

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

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

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

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—615.5(147,152,272C) Communications. The board may issue or disseminate communications as a means to provide information to licensees and the general public related to the mission and responsibilities of the board. Board communications may include but are not limited to publishing updates on its website, issuing a newsletter, and other written, audio, or video methods of communication.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—615.6(17A,272C) Adoption of uniform and model rules. The board hereby adopts by reference the following:

615.6(1) Uniform Rules on Agency Procedure, 7—Chapters 2501 through 2505.

615.6(2) Military service, veteran reciprocity, and spouses of active-duty service members, 481—Chapter 7.

615.6(3) Licensing and child support noncompliance, student loan repayment noncompliance, and nonpayment of state debt, 481—Chapter 8.

615.6(4) Model rules for use of criminal convictions in eligibility determinations and initial licensing decisions, 481—Chapter 502.

615.6(5) Model rules for licensee review committee, 481—Chapter 505.

615.6(6) Model rules for contested cases before licensing boards, 481—Chapter 506.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 8/5/26]

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

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[Editorial change: IAC Supplement 6/11/25]
[Editorial change: IAC Supplement 8/5/26]

CHAPTER 616
NURSING EDUCATION PROGRAMS

[Prior to 8/26/87, Nursing Board[590] Ch 2]
[Prior to 6/11/25, see Nursing Board[655] Ch 2]

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

481—616.1(152) Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.2(152) Programs eligible for board approval. Programs eligible for board approval shall include all of the following:

1. At least a one-academic-year course of study or its equivalent in theory and practice that leads to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination as described in 481—Chapter 617.
2. At least a two-academic-year course of study or its equivalent in theory and practice that leads to a degree in nursing and to eligibility to apply for registered nurse licensure by examination as described in 481—Chapter 617.
3. A course of study for registered nurses that leads to a baccalaureate degree with a major in nursing.
4. A course of study for registered nurses that leads to a master's degree with a major in nursing.
5. A course of study for registered nurses who hold a master's degree in nursing that leads to a certificate in advanced practice nursing and eligibility for licensure as an advanced registered nurse practitioner as described in 481—Chapter 621.
6. A post-master's course of study that leads to a doctoral degree with a major in nursing.
7. A course of study that leads to a doctorate in nursing practice.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.3(152) Application for interim approval of a nursing program.

616.3(1) Before establishing a nursing program, a controlling institution shall submit a program application to the board, including:

a. Name and address of the controlling institution.

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

c. Accreditation status of the controlling institution.

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

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

f. Completion of a needs assessment that includes:

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

(2) Potential effect on existing nursing programs.

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

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

(5) Evidence of potential students and anticipated enrollment.

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

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

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

616.3(2) The proposed program shall submit the following prior to enrolling students:

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

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

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

d. Curriculum plan that meets the criteria in rule 481—616.10(152).

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

f. Evidence of faculty employed by the controlling institution prior to the beginning of teaching assignments. Faculty members who teach nursing shall meet the qualifications outlined in subrule 616.11(2).

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

616.3(3) The board may conduct a site visit to the controlling institution and clinical facilities to validate information submitted in the program proposal prior to determining interim approval status.

616.3(4) Interim approval may be granted to the program based on the program proposal and a site visit.

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

b. The program shall submit an annual report by June 30th of each year until full approval as described in rule 481—616.4(152) is granted by the board. The report shall include the following:

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

(2) Current number of admissions and enrollments.

(3) Current number of qualified faculty.

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

(5) Changes requiring board notification and approval as outlined in subrule 616.17(3).

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

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

616.3(5) The board may deny interim approval based on the program proposal and a site visit.

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.4(152) Approval and reapproval of in-state nursing programs.

616.4(1) The full approval for nursing programs located in Iowa requires the following:

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

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

c. Employment of qualified faculty and head of program.

d. Annual reports.

e. Documentation supporting compliance of nursing program criteria.

616.4(2) The board provides the program with the schedule and the criteria for approval or reapproval.

616.4(3) The program provides to the board the nursing education program report and supporting documentation addressing all aspects of the program outlined in rules 481—616.8(152) through 481—616.18(152).

616.4(4) A focused site visit may happen due to any of the following:

a. Complaints from students, faculty and clinical agencies.

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

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

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

616.4(5) The board will provide a report addressing recommendations from the site visit and nursing education program report to the head of the program. The head of the program will have an opportunity to respond in writing to the recommendations.

616.4(6) The nursing education program report and the program response is submitted to the board for review.

616.4(7) The board determines the approval status of the program.

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.5(152) Conditional approval.

616.5(1) Conditional approval may be granted if the board determines that the program does not meet the criteria for approval at any time during the progression of the program.

616.5(2) The board:

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

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

616.5(3) The program shall notify all students and prospective students of the program's conditional approval status.

616.5(4) Prior to the expiration of a program's conditional approval, representatives of the program and controlling institution shall submit a systemic evaluation plan detailing how outcomes are met. The board determines whether to grant the program full approval, extend conditional approval, or initiate proceedings to deny or withdraw approval.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.6(152) Denial or withdrawal of approval.

616.6(1) A program denied approval or given less than full approval may appeal that decision. An appeal initiates a contested case hearing governed by 481—Chapter 506.

616.6(2) If, after a contested case proceeding, the board denies or withdraws approval of a program, the program shall immediately notify all enrolled students of the denial or withdrawal of approval. Such notification must include the date of denial or withdrawal of approval and a statement that students must graduate from an approved program to be eligible for licensure. The program shall assist all enrolled students with transferring to an approved program.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.7(152) Closure of an approved program.

616.7(1) Prior to program closure, the controlling institution shall submit a written plan to the board. The plan shall include:

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

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

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

616.7(2) Prior to closure, the controlling institution shall notify the board regarding the location and maintenance of student and graduate transcripts and records.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.8(152) Organization and administration of the program.

616.8(1) The program shall meet the following criteria:

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

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

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

d. Finances.

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

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

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

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

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

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

(3) Provision for termination of the agreement.

(4) Provision for annual review.

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

g. Accrediting and approving agencies.

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

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

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

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

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

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

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

(4) Available to students and prospective students.

i. Program evaluation. A written plan shall:

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

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

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

616.8(2) Requirements for head of program:

a. Current licensure as a registered nurse in Iowa.

b. Two years of experience in clinical nursing.

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

d. Academic qualifications:

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

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.9(152) Resources of the controlling institution. The controlling institution is responsible for the provision of resources adequate to meet program needs and outcomes.

616.9(1) *Human resources.* Human resources shall include the following:

a. Head of program.

b. Faculty.

c. Support staff.

616.9(2) *Physical resources.* Physical resources may include the following:

a. Classrooms, conference rooms, laboratories, simulation laboratories, offices, and equipment.

b. Student facilities.

616.9(3) *Learning resources.* Learning resources include:

a. Library.

b. Print media.

c. Computer-mediated resources.

d. Laboratory/simulation laboratory equipment.

616.9(4) *Financial resources.* Adequate financial resources will be maintained to support and carry out the mission of the controlling institution.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.10(152) Curriculum.

616.10(1) The curriculum of a program:

a. Reflects current standards of nursing practice and education.

b. Is consistent with laws governing the practice of nursing.

c. Ensures sufficient preparation for the safe and effective practice of nursing.

d. Includes planned learning experiences and strategies that demonstrate integration of knowledge and attainment of the program outcomes.

e. Reflects the roles for which the student is being prepared.

f. Is evaluated on a regular basis by the faculty and reflects achievement of student outcomes as demonstrated in the program evaluation plan.

g. When offered within a college or university:

(1) Is comparable in quality and requirements to other degree programs within the college or university.

(2) Is planned in accordance with the college or university calendar.

(3) Assigns credit hours for learning experiences that are consistent with the college or university pattern.

(4) Provides a teaching/learning environment (classroom, clinical, laboratory, or simulation) that supports achievement of expected outcomes.

616.10(2) Standardized examinations may be used to supplement a program's curriculum but shall not prevent a student's academic progression or graduation.

a. The program is responsible for informing the students of the standardized examinations at the beginning of the program.

b. The program will have a process and procedure for remediation of students who do not pass the standardized examinations.

616.10(3) Prelicensure programs.

a. The curriculum of a program leading to eligibility for initial licensure as a licensed practical nurse or registered nurse includes:

(1) Content consistent with the practice of nursing as defined in Iowa Code section 152.1.

(2) Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the life span.

(3) Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication, and the use of current equipment and technology.

(4) Content in nursing history and trends, including scope of practice, professional, legal, and ethical aspects.

(5) Supporting content from the natural and social sciences.

b. In addition to the requirements identified in paragraph 616.10(3)*"a,"* the curriculum of a program leading to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination requires:

(1) Curriculum to be consistent with the scope of practice of a licensed practical nurse outlined in rules 481—620.3(152) and 481—620.6(152).

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

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

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

c. In addition to the requirements identified in paragraph 616.10(3)*"a,"* the curriculum of a program leading to a degree in nursing and to eligibility to apply for registered nurse licensure by examination requires:

(1) Curriculum consistent with the scope of practice of a registered nurse outlined in rules 481—620.2(152) and 481—620.7(152).

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

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

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

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

1. Content in nursing research.
2. Learning experiences in community health nursing.

616.10(4) Postlicensure programs for registered nurses who do not hold a baccalaureate degree in nursing.

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

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

616.10(5) Master's, post-master's, and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.

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

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

(2) Advanced role areas in nursing.

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

(1) Be consistent with the scope of practice of the advanced registered nurse practitioner described in 481—Chapter 621.

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

616.10(6) Nursing courses with a clinical or practicum component or both. The nursing program shall notify students and prospective students in writing that nursing courses with a clinical or practicum component may not be taken by a person:

a. Who has been denied licensure by the board.

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

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

616.10(7) Nursing programs with a simulation component shall:

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

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

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

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

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.11(152) Faculty.

616.11(1) *Program requirements.* The program shall provide:

a. A sufficient number of faculty who satisfy the requirements in subrule 616.11(2).

b. Written personnel policies and position descriptions.

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

d. A written teaching-load policy.

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

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

616.11(2) *Faculty member requirements.* A faculty member who teaches nursing shall meet the following requirements:

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

b. Two years of experience in clinical nursing.

c. Academic qualifications:

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

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

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

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

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

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.12(152) Program responsibilities.

616.12(1) *Information about the program and controlling institution.* The program will provide the following information to prospective and current students:

a. Philosophy/mission and outcomes of the program.

b. General description of the program.

c. Curriculum plan.

d. Course descriptions.

e. Resources.

f. Faculty.

g. Tuition, fees and refund policies.

h. Ethical practices, including recruitment and advertising.

i. Official dates.

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

616.12(2) *Changes to program.* A nursing program may not make a change to a program during a student's academic plan of study unless the change confers the benefit to the student.

616.12(3) *Program records.* The following records shall be dated and maintained according to the policies of the controlling institution:

a. Course syllabi.

b. Minutes.

c. Faculty personnel records.

d. Catalogs and program bulletins.

e. Curriculum revisions and reports to the board.

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

616.12(4) *Student and graduate records.*

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

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

(1) Legal name of student.

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

(3) Courses that were accepted for transfer.

(4) Evidence of authenticity.

(5) Degree granted.

1. The final official transcript shall be maintained permanently.

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.13(152) Student criminal history checks.

616.13(1) The program shall initiate criminal history and child and dependent adult abuse record checks of students and prospective students to ensure a student's ability to complete the clinical education component of the program in accordance with Iowa Code sections 152.5A and 135C.33.

616.13(2) The program shall:

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

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

(1) Applying for the nursing program.

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.14(152) Clinical facilities.

616.14(1) The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.

616.14(2) The program provides information to the board about clinical facilities used for learning experiences, including:

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.15(152) Undergraduate and non-ARNP graduate program preceptorship.

616.15(1) The nursing program, in collaboration with a clinical facility, selects preceptors to provide supportive learning experiences to meet program outcomes.

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

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

616.15(2) The qualifications of a preceptor will be appropriate to support the philosophy, mission, and outcomes of the program.

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

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

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

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

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

616.15(3) The program shall inform the board about the preceptorship learning experience process.

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

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

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

616.15(4) An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the philosophy, mission, and outcomes of the program.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.16(152) ARNP program preceptorship.

616.16(1) A preceptor is selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

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

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

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

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

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

616.16(2) The preceptor shall:

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

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

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

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

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.17(152) Results of graduates who take the licensure examination for the first time. The program shall notify the board when the program's NCLEX® passing percentage is lower than 80 percent for one calendar year.

616.17(1) The program demonstrates that it meets the NCLEX® passing rate of 80 percent in any one of the following ways:

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

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

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

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

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

616.17(2) A program whose NCLEX® passing percentage is lower than 80 percent shall submit an institutional plan and appear before the board as directed.

616.17(3) After submission of the institutional plan, for each consecutive calendar year that a program's NCLEX® passing percentage is lower than 80 percent, the program shall submit an institutional plan evaluation and appear before the board as directed.

616.17(4) Programs with an NCLEX® passing percentage that falls below 80 percent for three consecutive calendar years will be placed on improvement status after the third year.

616.17(5) A program on improvement status shall:

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

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

616.17(6) Board staff may conduct a site visit to the program at any time while the program is on improvement status.

616.17(7) Programs that remain on improvement status for two consecutive calendar years shall submit a revised institutional plan and appear before the board as directed. The board will:

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

b. Individualize the action plan for each program.

616.17(8) A program will be removed from improvement status when the program's NCLEX® passing percentage is above 80 percent for one calendar year.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—616.18(152) Reports to the board.

616.18(1) Annual reports. The head of the program shall submit an annual report to the board.

616.18(2) Reports. The program shall notify the board of the following:

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

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

c. Opening of a new site or campus.

616.18(3) Changes requiring board notification and approval. The program shall submit one copy of a proposed change for board approval at least four weeks prior to the next scheduled board meeting when the outcome will:

a. Lengthen or shorten the plan of study.

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

c. Delete a course required for graduation.

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

(1) Course description.

(2) Outcomes/objectives.

(3) Placement of course.

(4) Curriculum plan.

e. Alter graduation requirements.

f. Reduce the human, physical or learning resources provided by the controlling institution to meet program needs as described in rule 481—616.9(152).

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

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

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

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

616.18(4) If a program makes changes as part of a plan to improve the program's NCLEX® passing percentage pursuant to rule 481—616.17(152), such changes must also be separately submitted to the board for approval pursuant to this rule.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

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

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[1] Effective date of Ch 2 delayed 70 days by the Administrative Rules Review Committee at its 4/14/87 meeting. Effective date delayed until the adjournment of the 1988 Session of the General Assembly pursuant to Iowa Code section 17A.8(9) by the Administrative Rules Review Committee at its 5/20/87 and 1/6/88 meetings.

CHAPTER 617
LICENSURE TO PRACTICE—REGISTERED NURSE/LICENSED PRACTICAL NURSE
[Prior to 6/11/25, see Nursing Board[655] Ch 3]

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

481—617.1(17A,147,152,152E,272C) Definitions.

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

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

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

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

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

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

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

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

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

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

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

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.2(17A,147,152,152E,272C) Fees for licensure. The following fees apply for licensure of registered nurses (RN), licensed practical nurses (LPN), and advanced registered nurse practitioners (ARNP):

617.2(1) Application for an initial license based on the registered nurse examination, $93 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI)).

617.2(2) Application for an original license based on the practical nurse examination, $93 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

617.2(3) Application for RN/LPN license by endorsement, $119 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

617.2(4) Application for an initial license, renewal, or both of an ARNP, $81 for any period of licensure up to three years.

617.2(5) Certified statement that an RN/LPN is licensed in this state or registered as an ARNP, $25.

617.2(6) Reactivation of a license to practice as an RN/LPN, $175 for a license lasting more than 24 months up to 36 months (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

617.2(7) Reactivation of a license to practice as an ARNP, $81 for any licensing period up to three years.

617.2(8) Renewal of a license to practice as an RN/LPN, $99 for a three-year period.

617.2(9) Late renewal of an RN/LPN license, $50 (plus the renewal fee as specified in subrule 3.2(8)).

617.2(10) Check returned for any reason, $15. If licensure/registration has been issued by the board office based on a check for the payment of fees and the check is later returned by the bank, the board will request payment by certified check or money order.

617.2(11) Certified copy of an original document, $20.

617.2(12) Processing of the fingerprint cards and the Iowa DCI and FBI criminal history background checks, $50.

617.2(13) Petition for eligibility determination, $25.

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481—617.3(17A,147,152,272C) Mandatory licensure.

617.3(1) A person in the practice of nursing in the state of Iowa as defined in Iowa Code section 152.1, outside of caring for one's family, must have a current Iowa license, whether or not the person's employer is in Iowa and whether or not the person receives compensation. Any nurse participating in the care of a patient situated in Iowa, whether that care is provided through telephonic, electronic or in-person means, and regardless of the location of the nurse, must obtain Iowa licensure unless specifically exempted.

617.3(2) Current Iowa licensure is not mandatory when:

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

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

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

617.3(3) A licensed practical nurse enrolled in an approved program for registered nurses shall hold an active licensed practical nurse license in all jurisdictions in which the licensed practical nurse provides patient care. A registered nurse who is enrolled in an approved program for advanced registered nurse practitioners shall hold an active registered nurse license in all jurisdictions in which the registered nurse provides patient care.

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481—617.4(17A,147,152,272C) Licensure qualifications for registered nurse and licensed practical nurse. Applicants for registered nurse and licensed practical nurse licenses shall meet the following requirements:

617.4(1) Graduation from an approved nursing program.

617.4(2) Successful passage of the National Council Licensure Examination (NCLEX®) or the State Board Test Pool Examination, the national examination used prior to 1982. The passing standard is that established by the testing authority at the time the test was administered.

617.4(3) If applicable, board approval of an applicant with a criminal history, pursuant to rule 481—617.11(272C), or a record of prior disciplinary action, regardless of jurisdiction.

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481—617.5(17A,147,152,272C) Licensure by examination.

617.5(1) *Board application.* A graduate of an approved nursing program seeking initial licensure as a registered nurse or licensed practical nurse shall submit the following:

a. A completed application for licensure by examination.

b. Payment of the application fee.

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

d. If the applicant has a criminal history, copies of all documents required by rule 481—617.11(272C).

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

617.5(2) *Test registration.* The applicant completes NCLEX® registration, including payment of applicable fees through the national test service agency.

617.5(3) *Americans with Disabilities Act accommodations.* An applicant with a disability may submit a request to the board for testing accommodations. The request must include:

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

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

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

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

617.5(4) *Authorization to test.* An applicant will not receive an authorization to test until all of the requirements in subrules 617.5(1) and 617.5(2) are met.

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

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

617.5(5) *Reexamination.* An applicant who fails the examination and reapplies within 12 months of submitting a prior application to the board is required to complete the requirements in paragraphs 617.5(1) *"a"* and *"b"* and subrule 617.5(2). An applicant who fails the examination and reapplies after 12 months of submitting a prior application to the board shall be required to complete all requirements in subrules 617.5(1) and 617.5(2).

617.5(6) *Licensure.* Upon satisfactory review of the documentation required by subrule 617.4(1) and proof of successful passage of the examination, the applicant will be issued a license to practice as a registered nurse or licensed practical nurse.

617.5(7) *Failure to complete the licensure process.* Once an application is initiated, the applicant has 12 months to complete the licensure process. The board reserves the right to destroy any applications and supporting documents after 12 months if the applicant has not completed the licensure process. Applicants who fail to complete the licensure process within 12 months are required to start the application process anew.

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481—617.6(17A,147,152,272C) Licensure by endorsement.

617.6(1) *Board application.* A graduate of an approved nursing program seeking licensure as a registered nurse or licensed practical nurse in Iowa who has been licensed in another state shall submit the following:

a. A completed application for licensure by endorsement.

b. Payment of the application fee.

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

d. If the applicant has a criminal history, copies of all documents required by rule 481—617.12(272C).

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

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

g. Proof of active licensure in any jurisdiction within the previous five years from the date of application or proof of completion of a nurse refresher course in accordance with rule 481—617.11(152) within the 12 months prior to the date of application.

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

617.6(2) *Temporary license.* An applicant who has submitted all documentation described in paragraphs 617.5(1)*"a"* through *"g"* may request a temporary registered nurse or licensed practical nurse license, which authorizes the practice of nursing in Iowa for a maximum of 30 days, pending receipt of official transcripts from the nursing program. A temporarily licensed licensee will automatically be issued a permanent license upon receipt of satisfactory transcripts from the nursing program.

617.6(3) *Licensure.* Upon satisfactory review of the documentation described in subrule 617.5(1), the applicant will be issued a license to practice as a registered nurse or licensed practical nurse.

617.6(4) *Failure to complete the licensure process.* Once an application is initiated, the applicant has 12 months to complete the licensure process. The board reserves the right to destroy any applications and supporting documents after 12 months if the applicant has not completed the licensure process. Applicants who fail to complete the licensure process within 12 months are required to start the application process anew.

617.6(5) *Changing primary state of residence for multistate license.* A nurse who holds a multistate license issued by a party state and who changes the nurse's primary state of residence to Iowa must apply for licensure in Iowa pursuant to this rule. Upon issuance of a multistate license by the board, the nurse's prior multistate license will be deactivated.

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481—617.7(17A,147,152,272C) Applicants educated in a foreign country or in a U.S. territory that is not a member of NCSBN.

617.7(1) Applicant for licensure. An applicant seeking licensure in Iowa who was educated in a foreign country or in a U.S. territory that is not a member of NCSBN shall apply for licensure by examination pursuant to rule 481—617.5(17A,147,152,272C) or licensure by endorsement pursuant to rule 481—617.6(17A,147,152,272C), as applicable, but instead of submitting an official transcript, shall submit one of the following documents issued by CGFNS:

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

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

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

617.7(2) An applicant shall be exempt from taking an English language proficiency test when all of the following requirements are met:

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

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

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

617.7(3) Social security number. To be eligible for a multistate license, an applicant must have a social security number. An applicant who does not have a social security number shall submit documentation of lawful presence and will only be eligible for a single state license.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.8(17A,147,152,272C) License renewal and reactivation.

617.8(1) *Name and address changes.* Licensees must notify the board of any name or address change within 30 days of the change. Licensure documents are mailed to the licensee at the address on file in the board office. There is no fee for a change of name or address in board records.

617.8(2) *Initial licenses.* The board shall issue licenses by endorsement and examination for a 24- to 36-month period. When the license is renewed, it will be placed on a three-year renewal cycle. License expiration is on the fifteenth day of the licensee's birth month.

617.8(3) *Renewal.* The licensee may renew the license beginning 60 days prior to license expiration The licensee will:

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

b. Submit the renewal application and the renewal fee.

c. Meet the continuing education requirement as set forth in 481—Chapter 619, prior to license renewal.

d. Complete the required mandatory reporter training.

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

(2) A licensee who regularly examines, attends, counsels or treats children in Iowa must indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for rule suspension as identified in subparagraph 617.8(3)*"d"*(5).

(3) A licensee who regularly examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for rule suspension as identified in subparagraph 617.8(3)*"d"*(5).

(4) The licensee shall maintain written documentation for three years after mandatory training as identified in subparagraphs 617.8(3)*"b"*(2) and *"b"*(3), including program date(s), content, duration, and proof of participation.

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

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

2. Holds a current exemption based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 619.

(6) The board may select licensees for audit of compliance with the requirements in subparagraphs 617.8(3)*"b"*(1) through *"b"*(5).

617.8(4) *Late renewal.* The license is late when the license has not been renewed by the expiration date. The licensee will be assessed a late fee as specified in rule 481—617.2(17A,147,152,152E,272C). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee before the fifteenth day of the month following the expiration date.

617.8(5) *Inactive status.* The license becomes inactive when the license has not been renewed by the fifteenth day of the month following the expiration date.

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

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

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

617.8(6) *Changing primary state of residence for multistate license.* A licensee who holds a multistate license issued by this board and who changes the licensee's primary state of residency to another party state must apply for licensure in the new party state. Once the board has been notified by the new party state that a new license has been issued, the Iowa multistate license will become inactive.

617.8(7) *Reactivation.*

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

(1) The licensee shall submit:

1. A completed reactivation application.

2. Payment of the applicable fees.

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

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

(2) The licensee shall have obtained 36 contact hours of continuing education, as specified in 481—Chapter 619, within the 36 months prior to reactivation.

(3) If a licensee has not held an active license in any jurisdiction within the previous five years, the licensee must complete a nurse refresher course in accordance with rule 481—617.11(152) within 12 months of applying for reactivation.

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

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

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.9(17A,147,152,272C) Verification. Upon written request from the licensee or another jurisdiction and payment of the verification fee as specified in rule 481—617.2(17A,147,152,152E,272C), the board will provide a certified statement to another jurisdiction or entity that the license of a registered nurse, licensed practical nurse or advanced registered nurse practitioner is active, inactive or encumbered/disciplined in Iowa.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.10(17A,272C) License denial.

617.10(1) Prior to the denial of licensure to an applicant, the board issues a preliminary notice of denial that cites the factual and legal basis for denying the application, notifies the applicant of the appeal process and specifies the date upon which the denial will become final if not appealed.

617.10(2) An applicant who has been issued a preliminary notice of denial may appeal the notice and request a hearing on the issues related to the preliminary notice of denial by serving a request for hearing upon the executive director within 30 days following the date the preliminary notice of denial was mailed. The request for hearing shall specify the factual or legal errors in the preliminary notice of denial and provide any additional written information or documents in support of the licensure.

617.10(3) All hearings held pursuant to this rule shall be held in accordance with the process outlined in 481—Chapter 506.

617.10(4) If an applicant does not appeal a preliminary notice of denial, the preliminary notice of denial automatically becomes final.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.11(152) Nurse refresher course.

617.11(1) A nurse refresher course shall meet the following requirements:

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

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

617.11(2) To participate in the clinical component of a nurse refresher course in Iowa, a licensee must have an active license to practice nursing in Iowa or a limited authorization issued by the board. A licensee shall request the limited authorization from the board prior to beginning the clinical component of a nurse refresher course.

617.11(3) To receive a certificate of completion from the nurse refresher course, a licensee must complete all requirements of the nurse refresher course to the satisfaction of the course provider. The course provider shall submit proof of the licensee's completion of the nurse refresher course directly to the board.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—617.12(272C) Use of criminal convictions in eligibility determinations and initial licensing decisions.

617.12(1) *Definitions.*

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

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

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

"License" means a license issued by the board.

617.12(2) *License application.* Unless an applicant for licensure petitions the board for an eligibility determination pursuant to subrule 617.11(3), the applicant's convictions will be reviewed when the board receives a completed license application.

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

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

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

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

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

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

617.12(3) *Eligibility determination.*

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

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

(1) A completed eligibility determination form;

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

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

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

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

617.12(4) *Appeal.* A petitioner deemed ineligible or an applicant denied a license because of a disqualifying offense may appeal the decision in the manner and time frame set forth in the board's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The board's rules governing contested case proceedings will apply unless otherwise specified in this rule. If the petitioner or applicant fails to timely appeal, the board's written decision will become a final order.

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

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

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

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

617.12(5) *Future petitions or applications.* If a final order determines a petitioner is ineligible, the petitioner may not submit a subsequent petition for eligibility determination or a license application prior to the date specified in the final order. If a final order denies a license application, the applicant may not submit a subsequent license application or a petition for eligibility determination prior to the date specified in the final order.

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◊ Two or more ARCs

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

2 Effective date of 11/9/88 delayed 70 days by the Administrative Rules Review Committee at its October meeting. Delay lifted by ARRC 11/16/88.

CHAPTER 618
COMPLAINTS, INVESTIGATIONS AND DISCIPLINE

[Prior to 5/23/84, IAC, "Disciplinary Proceedings" appeared as Ch 8]
[Prior to 5/23/84, "Licensure to Practice—Licensed Practical Nurse" appeared as Ch 4. See Ch 3.]
[Prior to 8/26/87, Nursing Board[590] Ch 4]
[Prior to 6/11/25, see Nursing Board[655] Ch 4]

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

481—618.1(17A,147,152,272C) Complaints and investigations.

618.1(1) *Form and content of complaint.* The complaint will be submitted on the form deemed acceptable by the board and contain the following information:

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

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

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

618.1(2) *Place and time of filing complaint.* A written complaint may be delivered in person, by mail or electronically to the board office. The office address is Iowa Board of Nursing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

618.1(3) *Processing complaints.* Board staff will open a complaint file upon receiving a complaint or other appropriate information or upon its own motion.

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

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

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

618.1(4) *Case review.*

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

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

(1) Request an investigation.

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

(3) Recommend closure of the complaint file.

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

(5) Close the complaint file administratively.

618.1(5) *Board review.*

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

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

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

(3) Request further investigation.

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

618.1(6) *Investigation.* The executive director or a board investigator may conduct an investigation into the allegations of a complaint.

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

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

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

1. The name and address of the person to whom the subpoena will be directed;
2. A specific description of the books, papers, records or other real evidence requested;
3. An explanation of why the evidence sought to be subpoenaed is necessary for the board to determine whether it should institute a contested case proceeding; and
4. In the case of a subpoena request for mental health records, confirmation that the conditions described in subparagraph 618.2(3)*"b"*(3) have been satisfied.

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

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

(3) Subpoena for mental health records. A subpoena for mental health records shall meet the requirements of subparagraph 618.1(6)*"b"*(2). The board will document the following prior to the issuance of a subpoena for mental health records:

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

(4) Motion to quash or modify subpoena.

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

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—618.2(17A,147,152,272C) Board action. When reviewing complaints and investigative material, the board will:

618.2(1) Close the case without further action. The board will notify the complainant and the licensee of the decision by letter. The board may reconsider and reopen a closed complaint or investigative file at a later date.

618.2(2) Close the case and issue an informal letter of warning or education. A letter of warning or education is an informal communication between the board and the licensee and is not formal disciplinary action or a public document. Letters of warning or education are not open for inspection under Iowa Code chapter 22. The board will maintain a copy of confidential letters of warning and education in the licensee's confidential investigative file. Confidential letters of warning and education may be used as evidence against a licensee in future contested case hearings before the board.

618.2(3) Request further investigation, including a peer review.

618.2(4) Determine the existence of probable cause and issue a notice of hearing and statement of charges or approve a combined statement of charges and settlement agreement.

618.2(5) The board or the licensee may request that the licensee appear before the board to discuss a pending investigation. The board has discretion on whether to grant a licensee's request for an appearance. By electing to participate in the appearance, the licensee waives any objection to a board member's both participating in the appearance and later participating as a decision maker in a contested case proceeding on the grounds that:

a. Board members have personally investigated the case, and

b. Board members have combined investigative and adjudicative functions.

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

618.2(6) All investigative information obtained by the board or its employees or agents, including peer reviewers acting under the authority of the board, in the investigative process is privileged and confidential. Board investigative information is not subject to discovery, subpoena, or other means of legal compulsion for its release to any person other than the licensee and the board or its employees and agents and is not admissible in evidence in any judicial or administrative proceeding other than the proceeding involving licensee discipline. However, the statement of charges, settlement agreement, or decision of the board in a contested case disciplinary proceeding is an open record.

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481—618.3(17A,147,152,272C) Peer review committee. Any case may be referred to peer review for evaluation of the professional services rendered by the licensee.

618.3(1) *Contract and case referral.* The board will enter into a contract with peer reviewers to provide peer review services. The board or board staff determine which peer reviewer(s) will review a case and what investigative information is referred to a peer reviewer.

618.3(2) *Written report.* Peer reviewers shall review the information provided and provide a written report to the board.

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

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

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

618.3(3) *Confidentiality.* Peer reviewers shall observe the confidentiality requirements imposed by Iowa Code section 272C.6(4).

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—618.4(17A,147,152,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in Iowa Code section 147.55:

618.4(1) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice in this state, which includes the following:

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

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

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

d. Impersonating any applicant in any examination for licensure.

618.4(2) Professional incompetence. Professional incompetence includes but is not limited to:

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

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

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

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

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

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

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

h. Failure to meet the standards as defined in 481—Chapter 620.

i. Failure to meet the standards as defined in 481—Chapter 621.

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

618.4(3) Behavior that constitutes knowingly making misleading, deceptive, untrue, or fraudulent representations in the practice of a profession, including but not limited to:

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

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

618.4(4) Behavior that constitutes unethical conduct or practice harmful or detrimental to the public, including but not limited to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) In an unsafe manner.

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

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

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

u. Failing to properly safeguard or secure medications.

v. Failing to properly document or perform medication wastage.

618.4(5) For purposes of this subrule, "patient" is defined to include the patient and the patient's family or caretakers who are present with the patient while the patient is under the care of the licensee. Behavior that constitutes unethical conduct or practice harmful or detrimental to the public includes but is not limited to professional boundaries violations of:

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

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

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

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

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

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

618.4(6) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. A copy of the guilty plea or order of conviction constitutes conclusive evidence of conviction. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or the circumstances under which the offense was committed are circumstances customary to the profession.

618.4(7) Fraud in representation as to skill or ability.

618.4(8) Use of untruthful or improbable statements in advertisements.

618.4(9) Willful or repeated violations of provisions of Iowa Code chapter 147, 152, or 272C.

618.4(10) Other acts or offenses as specified by board rule, including:

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

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

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

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

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

f. Failing to respond to the board during a board audit or submit verification of compliance with the requirements for the supervision of fluoroscopy set forth in 481—subrule 621.4(5) or exceptions within the time period provided.

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

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

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

618.4(11) Engaging in the practice of nursing in Iowa prior to licensure or not pursuant to the nurse licensure compact or engaging in practice of nursing in Iowa on an inactive license.

618.4(12) In accordance with Iowa Code section 152.10(2):

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

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

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

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

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

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

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—618.5(17A,147,152,272C) Voluntary surrender. A voluntary surrender of licensure may be submitted to the board as resolution of a contested case or in lieu of continued compliance with a disciplinary decision of the board. A voluntary surrender, when accepted by the board, has the same force and effect as an order of revocation. A voluntary surrender of a license during the pendency of a complaint or investigation shall be considered discipline and shall have the same force and effect as an order of revocation.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—618.6(272C) Disciplinary hearing—fees and costs.

618.6(1) Fees and costs assessed by the board pursuant to Iowa Code section 272C.6(6)*"a"* will be calculated by the board's executive director and be entered as part of the board's final disciplinary order. The board's final disciplinary order will specify the time period in which the fees and costs shall be paid by the licensee.

618.6(2) Failure of the licensee to pay the fees and costs assessed herein in the time specified in the board's final disciplinary order may constitute a violation of a lawful order of the board.

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CHAPTER 619
CONTINUING EDUCATION

[Prior to 8/26/87, Nursing Board[590] Ch 5]
[Prior to 6/11/25, see Nursing Board[655] Ch 5]

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

481—619.1(272C) Definitions. The board adopts by reference the definitions in Iowa Code section 272C.1 as well as the following:

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

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

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

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

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

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

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

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

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

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481—619.2(272C) Continuing education—licensees.

619.2(1) *Requirements.* License renewal requires the verifiable completion of 36 contact hours or 3.6 CEUs of credit or an exemption within the renewal period.

619.2(2) *Accumulating hours or credit.*

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

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

(2) One CEU = 10 contact hours.

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

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

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

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

619.2(3) *Appropriate subject matter.* Appropriate subject matter for continuing education includes:

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

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

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

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

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

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

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

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

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

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

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

l. Academic offerings provided by the following entities:

(1) Community colleges.

(2) Public and private colleges and universities.

(3) Governmental academies.

619.2(4) *Documentation.* Licensees are required to keep continuing education documentation for a period of four years, including proof of attendance, licensee's name, course date, course title, awarded hours and provider approval information.

619.2(5) *Exemptions to continuing education.* A licensee may be exempt from continuing education requirements if the licensee provides proof upon request of the following:

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

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

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

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

619.2(6) *Failure to meet requirement or qualify for an exemption.* A licensee who fails to meet continuing education requirements or qualify for an exemption prior to license expiration cannot renew the license until completion of the continuing education requirements or qualification for an exemption during the late renewal period.

619.2(7) *Audit of licensees.* The board may select licensees for audit following a period of licensure.

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

b. The licensee must submit proof of completion of the mandatory reporter training course(s) provided by the department of health and human services in the previous three years as specified in 481—subrule 617.7(3).

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

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

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

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

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

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These rules are intended to implement Iowa Code sections 272C.2 and 272C.3.

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CHAPTER 620
NURSING PRACTICE FOR REGISTERED NURSES/LICENSED PRACTICAL NURSES
[Prior to 6/11/25, see Nursing Board[655] Ch 6]

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

481—620.1(152) Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—620.2(152) Standards of nursing practice for registered nurses.

620.2(1) A registered nurse recognizes and understands the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the registered nurse is determined by the nurse's education, experience, and competency and the rules governing nursing. The scope of practice of the registered nurse does not include those practices requiring the knowledge and education of an advanced registered nurse practitioner.

620.2(2) The registered nurse demonstrates professionalism and accountability by:

a. Demonstrating honesty and integrity in nursing practice.

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

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

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

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

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

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

620.2(3) The registered nurse utilizes the nursing process by:

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

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

c. Detecting inaccurate or missing patient information.

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

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

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

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

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

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

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

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

(1) Patient's response to interventions.

(2) Need for alternative interventions.

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

(4) Need to revise the plan of care.

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

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

(1) Patient concerns and special needs.

(2) Patient status and progress.

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

(4) Significant changes in patient condition.

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

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

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

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

n. Revising plan of care as needed.

o. Providing a safe environment for the patient.

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

620.2(4) The registered nurse acts as an advocate for the patient(s) by:

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

b. Identifying patient needs.

c. Attending to patient concerns or requests.

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

e. Maintaining appropriate professional boundaries.

620.2(5) The registered nurse applies the delegation process when delegating to another registered nurse or licensed practical nurse by:

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

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

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

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

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

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

g. Retaining accountability for properly implementing the delegation process.

h. Promoting a safe and therapeutic environment by:

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

(2) Identifying unsafe care situations.

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

620.2(6) The registered nurse shall not delegate the following intravenous therapy procedures to a licensed practical nurse:

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

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

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

d. Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 620.3(5).

e. Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 620.3(5).

620.2(7) The registered nurse applies the delegation process when delegating to a UAP by:

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

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

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

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

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

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

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

620.2(8) Subrule 620.2(7) does not apply to delegations to certified emergency medical care personnel who are employed by or assigned to a hospital or other entity in which health care is ordinarily provided, so long as:

a. The nurse has observed the patient;

b. The delegated task is a nonlifesaving procedure; and

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

620.2(9) Additional acts that may be performed by, and specific nursing practices for, registered nurses:

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

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

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

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

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—620.3(152) Standards of nursing practice for licensed practical nurses.

620.3(1) The licensed practical nurse recognizes and understands the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the licensed practical nurse is determined by the nurse's education, experience, and competency and the rules governing nursing.

620.3(2) The licensed practical nurse demonstrates professionalism and accountability by:

a. Demonstrating honesty and integrity in nursing practice.

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

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

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

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

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

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

620.3(3) The licensed practical nurse, practicing under the supervision of a registered nurse, ARNP, or licensed physician, consistent with the accepted and prevailing practices and practice setting, may participate in the nursing process by:

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

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

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

d. Demonstrating attentiveness and providing patient surveillance and monitoring.

e. Seeking clarification of orders when needed.

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

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

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

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

(1) Patient's response to interventions.

(2) Need for alternative interventions.

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

(4) Need to revise the plan of care.

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

(1) Patient concerns and special needs.

(2) Patient status and progress.

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

(4) Significant changes in patient condition.

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

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

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

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

k. Providing a safe environment for the patient.

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

620.3(4) A licensed practical nurse shall not perform any activity requiring the knowledge and education of a registered nurse, including but not limited to:

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

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

c. Initiating or administering blood components.

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

620.3(5) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. The licensed practical nurse shall be educated and have documentation of competency in the limited scope of practice of intravenous therapy. Limited scope of practice of intravenous therapy may include:

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

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

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

d. Discontinuation of peripheral intravenous therapy.

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

620.3(6) In a certified end-stage renal dialysis unit, nursing tasks that may be delegated by a registered nurse to a licensed practical nurse, for the sole purpose of hemodialysis treatment, include:

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

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

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

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

620.3(7) The licensed practical nurse acts as an advocate for the patient by:

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

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

c. Identifying patient needs.

d. Attending to patient concerns or requests.

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

f. Maintaining appropriate professional boundaries.

620.3(8) The licensed practical nurse applies the delegation process when delegating to another licensed practical nurse by:

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

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

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

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

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

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

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

h. Retaining accountability for properly implementing the delegation process.

i. Promoting a safe and therapeutic environment by:

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

(2) Identifying unsafe care situations; and

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

620.3(9) The licensed practical nurse applies the delegation process when delegating to a UAP by:

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

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

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

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

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

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

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

620.3(10) The licensed practical nurse may provide nursing care in an acute care setting so long as a registered nurse, ARNP, or physician is present in the proximate area.

620.3(11) The licensed practical nurse may provide nursing care in a non-acute care setting. However, a registered nurse, ARNP, or physician must be present in the proximate area if the licensed practical nurse provides nursing care in the following non-acute care settings and the licensed practical nurse is responsible for requesting nurse consultation as needed:

a. Community health settings, except:

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

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

b. Schools, except:

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

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

c. Occupational health settings.

d. Correctional facilities, except:

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

(2) Reserved.

e. Community mental health settings.

f. Health care clinics, except:

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

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

620.3(12) A licensed practical nurse may be permitted to supervise other licensed practical nurses or unlicensed assistive personnel, pursuant to Iowa Code section 152.1(5)*"b,"* in the following practice settings, in accordance with the following:

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

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

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

620.3(13) A licensed practical nurse is permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—Chapter 42.

620.3(14) A licensed practical nurse is permitted to perform, in addition to the functions set forth in subrule 620.3(5), procedures related to the expanded scope of practice of intravenous therapy upon completion of the board-approved expanded intravenous therapy certification course and in accordance with the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 620.3(5).

(5) Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 620.3(5).

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—620.4(152) Telehealth.

620.4(1) *Telehealth permitted.* A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

620.4(2) *License required.* A registered nurse or licensed practical nurse who provides services through telehealth to a patient physically located in Iowa must hold an active license issued by the board or have an active privilege to practice in Iowa pursuant to the nurse licensure compact.

620.4(3) *Standard of care.* A licensee who provides services through telehealth is held to the same standard of care as is applicable to in-person settings. A licensee shall not perform any service via telehealth unless the same standard of care can be achieved as if the service was performed in person.

620.4(4) *Scope of practice.* A licensee who provides services through telehealth shall ensure the services provided are consistent with the licensee's scope of practice, education, training, and experience.

620.4(5) *Technology.* A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 30, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

620.4(6) *Records.* A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a patient's medical record.

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

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◊ Two or more ARCs

1 Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81].
Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].

2 Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

3 Amendments to 6.3(5), paragraphs *"g"* and *"h,"* and 6.6 effective 7/1/85, IAB 8/15/84.

4 Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

CHAPTER 621
ADVANCED REGISTERED NURSE PRACTITIONERS
[Prior to 8/26/87, Nursing Board[590] Ch 7]
[Prior to 6/11/25, see Nursing Board[655] Ch 7]

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

481—621.1(17A,124,147,152) Definitions.

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

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

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

"Collaboration" is the process whereby an ARNP and physician jointly manage the care of a client.

"Controlled substance" means a drug in Schedules II through V of subchapter II of Iowa Code chapter 124.

"Cross-coverage" means a licensee who engages in a remote evaluation of a patient, without in-person contact, at the request of another licensed health care provider who has established a proper practitioner-patient relationship with the patient.

"Dispense" means to provide a prescription drug to a patient for self-use outside of the ARNP's practice location. "Dispense" does not include administration.

"Licensee" means an individual licensed by the board as an advanced registered nurse practitioner.

"National professional certification organization" means the American Academy of Nurse Practitioners, the American Association of Critical Care Nurses, the American Midwifery Certification Board, the American Nurses Credentialing Center, the National Board of Certification and Recertification for Nurse Anesthetists, the National Certification Corporation, and the Pediatric Nursing Certification Board.

"On call" means a licensee is available, where necessary, to attend to the urgent and follow-up needs of a patient for whom the licensee has temporarily assumed responsibility, as designated by the patient's primary care licensee or other health care provider of record.

"Opioid" means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

"Prescription monitoring program database" or *"PMP database"* means a centralized database of reportable controlled substance prescriptions dispensed to patients and includes data access logs, security tracking information, and records of each individual who requests prescription monitoring program (PMP) information as operated by the board of pharmacy.

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

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.2(152) Requirements for licensure as an ARNP.

621.2(1) *Qualifications.* An applicant for an ARNP license shall:

a. Hold an active unrestricted license as a registered nurse in accordance with 481—Chapter 617.

b. Graduate from an accredited graduate or postgraduate advanced practice educational program in one of the following roles, except as provided by subrule 621.2(2):

(1) Certified nurse-midwife.
(2) Certified registered nurse anesthetist.
(3) Certified nurse practitioner.
(4) Clinical nurse specialist.

c. Hold current certification issued by a national professional certification organization as a certified nurse-midwife or certified registered nurse anesthetist, or as a certified nurse practitioner or clinical nurse specialist in at least one of the following population foci:

(1) Women's health/gender-related.
(2) Family (individual across the lifespan).
(3) Psychiatric mental health.
(4) Adult/gerontology.
(5) Pediatrics.
(6) Neonatal.

621.2(2) *Exception.* An applicant who has completed a formal advanced practice educational program but has not graduated from an accredited graduate or postgraduate advanced practice educational program may be licensed as an ARNP provided that the applicant possesses a current certification from a national professional certification organization as described in paragraph 621.2(1)*"c."* This exception is intended to allow for the grandfathering of ARNPs who completed educational programs before the board required graduation from an accredited graduate or postgraduate advanced practice educational program.
[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.3(17A,147,152) Application process.

621.3(1) An applicant shall submit to the board:

a. An ARNP application for each population focus.

b. A dated copy of the applicant's current advanced level certification issued by the appropriate national professional certification organization.

c. If the applicant is not licensed as a registered nurse in Iowa, verification of an active registered nurse license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

d. A nonrefundable license fee of $81.

621.3(2) The applicant shall request that official transcripts be sent directly to the board from the educational program verifying the coursework, date of completion of the program, and the degree conferred.

621.3(3) The executive director of the board or the executive director's designee has the authority to determine if all requirements have been met for licensure of the applicant as an ARNP. If all requirements have been met:

a. The applicant will be issued a license and a certificate to practice as an ARNP that clearly denotes the applicant's name, title, and population focus, and the expiration date of the license.

b. The expiration date of the ARNP license will be the same as the expiration date of the applicant's license to practice as a registered nurse.

621.3(4) Licensure completion. An applicant shall complete the ARNP licensure process within 12 months from the start of the application. The board reserves the right to destroy incomplete application materials after 12 months.

621.3(5) Renewal of licensure. An ARNP license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the expiration date. To renew, a licensee shall submit the information required by subrule 621.3(1). The expiration date assigned to a renewed ARNP license is the same as the expiration date of the licensee's license to practice as a registered nurse.

621.3(6) Inactive status. Failure to renew an ARNP license within 30 days after its expiration results in an inactive ARNP license.

a. Continuing to work as an ARNP with an inactive ARNP license may result in disciplinary action.

b. To reactivate the license, the licensee must reactivate the underlying license to practice as a registered nurse, if required, and complete the license renewal process for the ARNP license.

621.3(7) License denial. Rule 481—617.9(17A,272C) governs the denial of an application for an ARNP license.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.4(17A,147,152) Advanced nursing practice.

621.4(1) An ARNP shall practice within the ARNP's respective population foci and practice in accordance with the applicable standard of care as described in guidelines published by national professional associations or other reputable sources.

621.4(2) An ARNP must maintain current certification with a national professional certification organization at all times while the ARNP license is active.

621.4(3) An ARNP licensed by the board may prescribe, administer, or dispense prescription drugs or devices, including controlled substances, within the ARNP's role and population foci and consistent with applicable state and federal laws.

621.4(4) An ARNP has the authority to practice to the full extent of the ARNP's license, education, and experience in the ARNP's respective population foci. An ARNP may:

a. Assess health status;
b. Obtain a relevant health and medical history;
c. Perform physical examinations;
d. Order preventive and diagnostic procedures;
e. Formulate a differential diagnosis;
f. Develop a treatment plan;
g. Develop a patient education plan;
h. Receive third-party reimbursement;
i. Maintain hospital privileges; and
j. Promote health maintenance.

621.4(5) Supervision of fluoroscopy. An ARNP is permitted to provide direct supervision in the use of fluoroscopic X-ray equipment, as defined in rule 641—38.2(136C).

a. The ARNP shall provide direct supervision of fluoroscopy pursuant to the following provisions:

(1) Completion of an educational course including content in radiation physics, radiobiology, radiological safety and radiation management applicable to the use of fluoroscopy, and maintenance of documentation verifying successful completion.

(2) Collaboration, as needed, as defined in rule 481—621.1(17A,124,147,152).

(3) Compliance with facility policies and procedures.

b. The ARNP shall maintain documentation of the initial educational course.

c. The initial education requirements are subject to audit by the board pursuant to 481—subrule 619.2(10).

621.4(6) Only a person currently licensed as an advanced registered nurse practitioner may use that title and the letters "ARNP" after the person's name.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.5(17A,147,152) Standards of practice for treating patients. An ARNP shall follow the standards of practice for the ARNP's respective population foci. Prior to treating a patient, an ARNP shall:

621.5(1) Establish a patient-provider relationship.

621.5(2) Perform and document the following, or have access to the patient's health records where all of the following have been documented by other providers in the care team:

a. Chief complaint;
b. Pertinent health history;
c. A focused assessment;
d. Diagnosis; and
e. Plan of treatment.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.6(17A,124,147,152,272C) Standards of practice for controlled substances.

621.6(1) An ARNP who prescribes or administers a controlled substance shall:

a. Review health history, including but not limited to a personal and family substance abuse risk assessment, or the documented rationale for not performing the assessment.

b. Ensure the health record includes documentation of the presence of one or more recognized indications for the use of a controlled substance.

c. Utilize a treatment agreement if continuously prescribing one or more controlled substances.

d. Provide ongoing education of the risks of using a controlled substance, and information regarding addiction, physical dependence, substance abuse, and tolerance, or document the rationale for not providing the education.

e. Maintain an active Drug Enforcement Administration (DEA) registration and an active controlled substances Act (CSA) registration to dispense, prescribe, or administer controlled substances, when required by the DEA and the board of pharmacy.

f. Not prescribe a controlled substance to the ARNP's self or to a family member unless the prescribing occurs in a clinical setting when an emergency situation arises and when there is no other qualified practitioner available to the patient.

621.6(2) The board may discipline an ARNP for prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent ARNP in a similar practice.

621.6(3) An ARNP who has prescribed opioids to a patient during the renewal cycle is required to complete a minimum of two contact hours of continuing education regarding the U.S. Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal every three years. These hours may count towards the 36 contact hours required for license renewal. The ARNP shall maintain documentation of these hours, which may be subject to audit.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.7(124) Use of the prescription monitoring program.

621.7(1) Prior to the prescribing or dispensing of an opioid by an ARNP, the ARNP or the ARNP's authorized delegate shall query the PMP database and the ARNP shall review the patient's information contained in the PMP database.

621.7(2) This rule does not apply to an ARNP when treating a patient who is receiving inpatient hospice care or long-term residential facility care.

621.7(3) This rule does not apply to an ARNP who issues a medication order for an opioid to be administered to a patient at a hospital or clinic.

621.7(4) An ARNP is responsible for understanding the board of pharmacy's rules governing use of the prescription monitoring program in 481—Chapter 556.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.8(152) Prescribing epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of a facility or school.

621.8(1) An ARNP may issue a prescription for one or more epinephrine auto-injectors in the name of a facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school.

621.8(2) An ARNP may issue a prescription for one or more bronchodilator canisters or bronchodilator canisters and spacers in the name of a school district or an accredited nonpublic school.

621.8(3) An ARNP may issue a prescription for one or more opioid antagonists in the name of a school district.

621.8(4) An ARNP who prescribes epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school, to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16, and 280.16A, provided the ARNP has acted reasonably and in good faith, is not be liable for any injury arising from the provision, administration,

or assistance in the administration of an epinephrine auto-injector, bronchodilator canister, bronchodilator canister and spacer, or opioid antagonist.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.9(152) Standards of practice for telehealth.

621.9(1) *Telehealth permitted.* A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

621.9(2) *License required.* An advanced registered nurse practitioner who provides services through telehealth to a patient physically located in Iowa must be licensed by the board. A licensee who provides services through telehealth to a patient physically located in another state shall be subject to the laws and jurisdiction of the state where the patient is physically located.

621.9(3) *Standard of care.*

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

b. Prior to initiating contact with a patient for the purpose of providing services to the patient using telehealth, a licensee shall:

(1) Review the patient's history and all relevant medical records; and

(2) Determine as to each unique patient encounter whether the licensee will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

621.9(4) *Scope of practice.* A licensee who provides services through telehealth must practice within the licensee's respective population foci and ensure the services provided are consistent with the licensee's scope of practice, education, training, and experience.

621.9(5) *Practitioner-patient relationship.*

a. Prior to providing services through telehealth, the licensee shall first establish a practitioner-patient relationship. A practitioner-patient relationship is established when:

(1) The person with a health-related matter seeks assistance from the licensee;

(2) The licensee agrees to provide services; and

(3) The person agrees to be treated, or the person's legal guardian or legal representative agrees to the person's being treated, by the licensee regardless of whether there has been a previous in-person encounter between the licensee and the person.

b. A practitioner-patient relationship can be established through an in-person encounter, consultation with another licensee or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 621.9(5)*"a"* and *"b,"* services may be provided through telehealth without first establishing a practitioner-patient relationship in the following settings or circumstances:

(1) Institutional settings;

(2) Licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, and hospice settings;

(3) In response to an emergency or disaster;

(4) Informal consultations with another health care provider performed by a licensee outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(5) Episodic consultations by a specialist located in another jurisdiction who provides consultation services upon request to a licensee;

(6) A substitute licensee acting on behalf and at the designation of an absent licensee or other health care provider in the same specialty on an on-call or cross-coverage basis; or

(7) When a sexually transmitted disease has been diagnosed in a patient, a licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

621.9(6) *Consent to telehealth.* Prior to providing services via telehealth, the licensee shall obtain consent from the patient, or the patient's legal guardian or legal representative, to receive services via telehealth.

621.9(7) *Technology.* A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 30, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

621.9(8) *Prescriptions.* A licensee providing services through telehealth may issue a prescription to a patient as long as the issuance of such prescription is consistent with the standard of care applicable to the in-person setting.

621.9(9) *Records.* A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, standards of care for recordkeeping, confidentiality, and disclosure of a patient's medical record.

621.9(10) *Follow-up care.* A licensee who provides services through telehealth shall refer a patient for follow-up care when required by the standard of care.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code sections 17A.3, 124.551A, 124.552, 147.2, 147.10, 147.11, 147.72, 147.74, 147.76, 147.80, 147.107, 152.1, 152.6, 152.7, and 272C.2C.

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CHAPTER 622
REGISTERED NURSE CERTIFYING ORGANIZATIONS/ UTILIZATION AND COST CONTROL REVIEW

[Prior to 6/11/25, see Nursing Board[655] Ch 12]

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

481—622.1(509,514,514B,514F) Purpose. This chapter is promulgated for the purpose of administering the provisions of Iowa Code sections 509.3, 514.7, 514B.1 and 514F.1.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—622.2 Reserved.

481—622.3(509,514,514B) National certifying organizations. Eligibility requirements for certification are established by the individual national certifying organization. National certifying organizations identified by the board pursuant to Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1 are as follows:

Addictions Nursing Certification Board
American Academy of Nurse Practitioners
American Association of Critical Care Nurses Certification Corporation
American Association for Marriage and Family Therapy
American Board of Medical Genetics
American Board of Neuroscience Nursing
American Board for Occupational Health Nurses, Inc.
American Board of Post Anesthesia Nursing Certification, Inc.
American Board of Urology
American Urological Association
American College of Nurse-Midwives
American Holistic Nurses' Credentialing Corporation
American Nurses' Credentialing Center
American Society of Plastic Surgical Nurses
Association of Perioperative Registered Nurses
Association for Professionals in Infection Control and Epidemiology
Association of Rehabilitation Nurses, Certification Board
Board of Certification for Emergency Nursing
Board of Nephrology Examiners Nursing and Technology
Certifying Council for Gastroenterology Clinicians, Inc.
Clinical Nutrition Certification Board
National Board of Certification and Recertification for Nurse Anesthetists
Dermatology Nurses Association
Enterostomal Therapy Nursing Certification Board
Association of Nurses in AIDS Care, HIV/AIDS Nursing Certification Board
International Association of Infant Massage
International Board of Lactation Consultant Examiners
International Nurses Society on Addictions
Infusion Nurses Certification Corporation
Lamaze International
National Board for Certification of School Nurses
Certification Board for Diabetes Care and Education
Pediatric Nurse Certification Board
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
National Certifying Board for Ophthalmic Registered Nurses
National Association of Chemical Dependency Nurses
Oncology Nursing Certification Corporation

Orthopaedic Nurses Certification Board
Plastic Surgical Nursing Certification Board
Radiologic Nursing Certification Board
Society of Gastroenterology Nurses and Associates
Society of Otorhinolaryngology and Head-Neck Nurses
Society of Urological Nurses and Associates
Society for Vascular Nursing
Wound, Ostomy and Continence Nursing Certification Board

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—622.4(514F) Utilization and cost control review (U.C.C.R.) committee. The board may establish a U.C.C.R. committee for the purpose set forth in Iowa Code section 514F.1, including questions regarding:

1. Appropriateness of levels of nursing care.
2. Documentation of the credentials of the nurse(s) offering the service(s).
3. Documentation of the care provided.
4. Documentation of the costs of nursing services provided by credentialed nurses as requested by users and payers of such services.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—622.5(514F) Selection and composition of the U.C.C.R. committee.

622.5(1) A U.C.C.R. committee will consist of five licensed registered nurses, three of whom shall be certified by the above. A quorum of the U.C.C.R. committee is three members. When a quorum is present, a position is carried by a majority of the committee members.

622.5(2) The chairperson of the board of nursing, upon receipt of a request for review, will appoint committee members and designate a chairperson and a secretary.

622.5(3) Members of the U.C.C.R. committee will:

a. Have been actively practicing nursing in Iowa for a period of five years immediately prior to their appointment.

b. Hold an active Iowa registered nurse license or hold a current license in another state and be recognized for licensure in Iowa pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

c. Be actively involved in nursing practice during the term of appointment.

d. Not be exempt from mandatory disclosure requirements of Iowa Code section 272C.9.

e. Not be civilly liable when functioning in their capacity of committee members in compliance with Iowa Code section 272C.8.

f. Observe the requirements of confidentiality imposed by Iowa Code section 272C.6(4).

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—622.6(514F) Scope of review.

622.6(1) Factors to determine appropriateness of nursing care deemed medically necessary may include but are not limited to:

a. Utilization of the nursing process in establishing a nursing diagnosis.

b. Development of a nursing care plan based on documentation of client needs and standards of care for that particular clinical specialty.

c. Adequate completion of recommended nursing care plan.

d. Quality of care as measured by outcome.

e. Proper referral to specialists or physicians when conditions indicate.

622.6(2) Cost review will result in an opinion as to the fairness of charges for nursing care services based on criteria including but not be limited to:

a. The nurse’s usual charge for the service.

b. The customary charge for the service based on a review of peer group charges.

c. Reasonable variance due to degree of difficulty, skill, or judgment.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—622.7(514F) Procedures for utilization and cost control review.

622.7(1) A request for review may be made to the board by a patient, licensee, or third-party payer of health care benefits.

622.7(2) The fee for a utilization and cost control review is $50 per individual patient review, made payable to the department of inspections, appeals, and licensing.

622.7(3) A request for review may be submitted to the board by addressing the request to the board of nursing as provided in 481—Chapter 1 and on the website of the department of inspections, appeals, and licensing: dial.iowa.gov. Requests may be made on forms provided by the department. All references to identification and location of the licensee shall be deleted prior to submission.

622.7(4) The U.C.C.R. committee will present its findings and recommendations in writing to the chairperson of the board within 90 days of the committee appointment, with the parties notified of the findings thereafter.

622.7(5) If during its review the U.C.C.R. committee identifies a possible violation of Iowa Code chapter 152 or rules promulgated thereunder, the board may take further action, as appropriate.

622.7(6) Action of the U.C.C.R. committee does not constitute an action of the board.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1.

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[Filed ARC 9166C (Notice ARC 8794C, IAB 1/22/25), IAB 4/30/25, effective 6/4/25]
[Editorial change: IAC Supplement 6/11/25]

CHAPTER 623
CERTIFIED PROFESSIONAL MIDWIVES
[Prior to 6/11/25, see Nursing Board[655] Ch 16]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—623.1(148I) Definitions. As used in this chapter, in addition to those listed below, definitions as stated in Iowa Code section 148I.1 apply to this chapter.

"Administer" means the same as defined in Iowa Code section 155A.3(1).

"Consultation" means discussing the aspects of an individual client's circumstance with other professionals to ensure comprehensive and quality care for the client, consistent with the objectives in the client's treatment plan or for purposes of making adjustments to the client's treatment plan. Consultation may include history-taking; examination of the client; rendering an opinion concerning diagnosis or treatment; or offering service, assistance or advice.

"Professional conduct" means behavior that adheres to the practice standards set out in rule 481—623.3(148I).

"Unprofessional conduct" means unethical conduct, including but not limited to acts or behavior that is inconsistent with Iowa Code chapter 148I or any violations of this chapter.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.2(148I) Licensure.

623.2(1) *Initial license.* An individual seeking initial licensure as a certified professional midwife (CPM) will submit the following:

a. A completed application for licensure.

b. Payment of the application fee.

c. A dated copy of the applicant's current certification issued by the North American Registry of Midwives or its successor organization, including the applicant's education or midwifery bridge certificate in accordance with Iowa Code section 148I.2.

d. An official transcript or certificate denoting the date of high school graduation and diploma or equivalent.

e. A dated certificate of completion of mandatory reporter training.

f. A written plan in accordance with Iowa Code section 148I.4(1)*"g."*

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

h. If the applicant has a criminal history, a copy of all documents required by rule 481—617.11(272C).

623.2(2) *Renewal of license.* A CPM license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the license expiration date. To renew, a licensee shall submit the following:

a. A completed application for licensure.

b. Payment of the application fee.

c. A dated copy of the applicant's current certification issued by the North American Registry of Midwives or its successor organization.

d. Attestation of fulfillment of the continuing education and peer review requirements established by the North American Registry of Midwives or its successor organization.

e. Attestation of reporting client data to the department of health and human services by way of filing the paperwork required to obtain a birth certificate in accordance with Iowa Code section 148I.4(1)*"i."*

623.2(3) *Inactive status.* Failure to renew a CPM license within 30 days after its expiration will result in an inactive CPM license.

a. Continuing to work as a CPM with an inactive CPM license may result in disciplinary action.

b. To reactivate the license, the licensee must complete the license renewal process established in subrule 623.2(2).

623.2(4) *Fees.* The following fees apply to licensure for CPMs.

a. Application fee for an initial license is $81 for a period of licensure up to three years.

b. Evaluation fee of the fingerprint cards and the criminal history background check by the Federal Bureau of Investigation (FBI) and the state division of criminal investigation (DCI) is $50.

c. Fee for renewal of license to practice as a CPM is $81.

d. Fee for late renewal of a license to practice as a CPM is $50, plus the renewal fee.

e. Fee for reactivation of a license to practice as a CPM is $81 for any period of licensure up to three years.

f. All other fees are the same as defined in rule 481—617.1(148I).

623.2(5) *Exceptions to licensure.* Exceptions to licensure are established in Iowa Code section 148I.3.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.3(148I) Practice standards. A CPM shall practice within the legal boundaries for certified professional midwifery as set forth in Iowa Code chapter 148I, this chapter, and any other pertinent law or regulation. A licensed CPM shall:

623.3(1) Comply with the practice standards accepted by the North American Registry of Midwives as defined by the National Association of Certified Professional Midwives (NACPM) or its successor organization, as of February 1, 2024, found at nacpm.org.

623.3(2) Demonstrate professionalism and accountability in the practice of certified professional midwifery, including:

a. Demonstrating honesty and integrity in practice.

b. Basing decisions in practice on knowledge, judgment, skills, and the needs of clients.

c. Maintaining competence through completion of the continuing education requirements in subrule 623.2(2) and application of such education in practice.

d. Reporting to appropriate authorities instances of unsafe practice by a CPM.

e. Being accountable for judgments and individual actions as a CPM and competence, decisions, and behaviors in the practice of certified professional midwifery.

623.3(3) Maintain a record of, and provide to each client orally and by written consent form, all information and consents in accordance with Iowa Code section 148I.4(1)*"h."*

623.3(4) Comply with Iowa Code sections 136A.6 and 136A.5A.

623.3(5) File a birth certificate for each birth in accordance with Iowa Code section 148I.4.

623.3(6) Consult with a licensed physician or certified nurse midwife for high-risk pregnancies and births.

a. A CPM shall consult with a licensed physician or a certified nurse midwife providing obstetrical care whenever there are significant deviations, including but not limited to abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral to a physician is needed, the CPM shall refer the client to a physician and, if possible, remain in consultation with the physician until resolution of the concern.

b. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the CPM warrant consultation:

(1) Antepartum.

1. Pregnancy-induced hypertension, as evidenced by a blood pressure of at least 140/90 on two occasions greater than six hours apart.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Persistent symptoms of urinary tract infection.
4. Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
5. Rupture of membranes prior to the thirty-seventh week of gestation.
6. Noted abnormal decrease in or cessation of fetal movement.
7. Anemia resistant to supplemental therapy.
8. Fever of 102°F or 39°C or greater for more than 24 hours.
9. Nonvertex presentation after 38 weeks of gestation.
10. Hyperemesis or significant dehydration.

11. Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on mother or fetus.
12. Elevated blood glucose level unresponsive to dietary management.
13. Positive HIV antibody test.
14. Primary genital herpes infection in pregnancy.
15. Symptoms of malnutrition, anorexia, protracted weight loss or failure to gain weight.
16. Suspected deep vein thrombosis.
17. Documented placental anomaly or previa.
18. Documented low-lying placenta in a woman with a history of previous cesarean delivery.
19. Labor prior to the thirty-seventh week of gestation.
20. History of prior uterine incision.
21. Lie other than vertex at term.
22. Known fetal anomalies that may be affected by the site of birth.
23. Marked abnormal fetal heart tones.
24. Abnormal nonstress test or abnormal biophysical profile.
25. Marked or severe polyhydramnios or oligohydramnios.
26. Evidence of intrauterine growth restriction.
27. Significant abnormal ultrasound findings.
28. Gestation beyond 42 weeks by reliable confirmed dates.

(2) Intrapartum.

1. Rise in blood pressure above baseline, more than 30/15 points or greater than 140/90.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Significant proteinuria or ketonuria.
4. Fever over 100.6°F or 38°C in absence of environmental factors.
5. Ruptured membranes without onset of established labor after 18 hours.
6. Significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption.
7. Lie not compatible with spontaneous vaginal delivery or unstable fetal lie.
8. Failure to progress after five hours of active labor or following two hours of active second-stage labor.
9. Signs and symptoms of maternal infection.
10. Active genital herpes at onset of labor.
11. Fetal heart tones with nonreassuring patterns.
12. Signs or symptoms of fetal distress.
13. Thick meconium or frank bleeding with birth not imminent.
14. Client or CPM desires physician consultation or transfer.

(3) Postpartum.

1. Failure to void within six hours of birth.
2. Signs or symptoms of maternal shock.
3. Febrile: 102°F or 39°C and unresponsive to therapy for 12 hours.
4. Abnormal lochia or signs or symptoms of uterine sepsis.
5. Suspected deep vein thrombosis.
6. Signs of clinically significant depression.

c. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any neonate who is born with or develops the following risk factors:

(1) Apgar score of six or less at five minutes without significant improvement by ten minutes.
(2) Persistent grunting respirations or retractions.
(3) Persistent cardiac irregularities.
(4) Persistent central cyanosis or pallor.
(5) Persistent lethargy or poor muscle tone.
(6) Abnormal cry.
(7) Birth weight less than 2,300 grams.

(8) Jitteriness or seizures.
(9) Jaundice occurring before 24 hours or outside of normal range.
(10) Failure to urinate within 24 hours of birth.
(11) Failure to pass meconium within 48 hours of birth.
(12) Edema.
(13) Prolonged temperature instability.
(14) Significant signs or symptoms of infection.
(15) Significant clinical evidence of glycemic instability.
(16) Abnormal, bulging, or depressed fontanel.
(17) Significant clinical evidence of prematurity.
(18) Medically significant congenital anomalies.
(19) Significant or suspected birth injury.
(20) Persistent inability to suck.
(21) Diminished consciousness.
(22) Clinically significant abnormalities in vital signs, muscle tone or behavior.
(23) Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.
(24) Abdominal distension or projectile vomiting.
(25) Signs of clinically significant dehydration or failure to thrive.

623.3(7) Not use forceps or a vacuum extractor in accordance with Iowa Code section 148I.4.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.4(148I) Delegation to another CPM. The CPM shall apply the delegation process when delegating to another CPM by:

623.4(1) Delegating only those midwifery tasks that fall within the delegate's scope of practice, education, experience, and competence.

623.4(2) Matching the client's needs and circumstances with the delegate's qualifications and resources.

623.4(3) Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the delegate.

623.4(4) Monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

623.4(5) Evaluating client outcomes as a result of the delegation process.

623.4(6) Intervening when problems are identified and revising plan of care when needed.

623.4(7) Retaining accountability for properly implementing the delegation process.

623.4(8) Promoting a safe and therapeutic environment by:

a. Providing appropriate monitoring of the care environment.

b. Identifying unsafe care situations.

c. Correcting problems or referring problems to a physician as described in Iowa Code section 148.1 or advanced registered nurse practitioner as defined in Iowa Code section 152.1.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.5(148I) Testing and drugs.

623.5(1) A licensee may:

a. Obtain and administer drugs in accordance with Iowa Code section 148I.4.

b. Obtain and administer the following drugs approved by the board of nursing:

(1) Pyridoxine (vitamin B6) IM or IV for treatment of hyperemesis;

(2) Terbutaline for cord prolapse; and

(3) Nifedipine for eclampsia.

c. Request board approval to obtain and administer other drugs, not otherwise stated in Iowa Code section 148I.4(1)*"d,"* consistent with the practice of certified professional midwifery.

d. Obtain appropriate screening and testing for clients in accordance with Iowa Code section 148I.4(1)*"c."*

e. Administer prescription drugs prescribed by a licensed health care provider to a client in accordance with Iowa Code section 148I.4(1)*"e."*

623.5(2) A licensee who dispenses or administers controlled substances must adhere to 481—Chapter 553.

623.5(3) In addition to following the standards of practice for treating a client described in rule 481—623.3(148I), a licensee who administers a controlled substance shall practice in accordance with the following:

a. The client's health history will include a personal and family substance abuse risk assessment performed by a licensed prescribing health care provider or the documented rationale for not performing the assessment.

b. The client's health record must include documentation of the presence of one or more recognized indications for the use of a controlled substance.

c. A licensee who administers any controlled substance will maintain an active Drug Enforcement Administration (DEA) registration and active controlled substances Act (CSA) registration when required by the DEA and the board of pharmacy.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.6(148I) Discipline. A licensee may be disciplined for failure to comply with Iowa Code chapter 148I or this chapter or for any wrongful act or omission related to the licensee's practice, licensure, or professional conduct, including but not limited to the following:

623.6(1) In accordance with Iowa Code section 147.55(1), behavior that constitutes fraud in procuring a license that may include but need not be limited to the following:

a. Falsification of the application, certification, or records submitted to the board for licensure or license renewal as a CPM.

b. Fraud, misrepresentation, or deceit in taking the licensing examination or in obtaining a license as a CPM.

623.6(2) In accordance with Iowa Code section 147.55(2), professional incompetency that may include but need not be limited to the following:

a. Lack of knowledge, skill, or ability to discharge professional obligations within the scope of the practice of midwifery.

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

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

623.6(3) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the following:

a. Engaging in practice contradictory to NACPM standards of practice.

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

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

d. Failing to comply with any rule promulgated by the board related to minimum standards of care.

e. Improper delegation of services, functions or responsibilities.

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

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

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

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

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

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

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

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

n. Being involved in the unauthorized manufacture or distribution of a controlled substance.

o. Being involved in the unauthorized possession or use of a controlled substance.

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

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

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

s. Administering drugs:

(1) In an unsafe manner.

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

(3) To individuals who are not clients.

t. Failing to properly safeguard or secure medications.

u. Failing to properly document or perform medication wastage.

623.6(4) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the professional boundaries violations in paragraphs 623.6(4)*"a"* through *"e."* For purposes of this subrule, "client" includes the client and the client's family that are present with the client while the client is under the care of the licensee.

a. Sexual contact with a client, regardless of the client's consent.

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

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

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

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

623.6(5) In accordance with Iowa Code section 147.55(4), habitual intoxication or addiction to the use of drugs that may include but need not be limited to the following:

a. Excessive use of alcohol that may impair a licensee's ability to practice the profession with reasonable skill and safety.

b. Excessive use of drugs that may impair a licensee's ability to practice the profession with reasonable skill and safety.

623.6(6) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or if the circumstances under which the offense was committed are circumstances customary to the profession.

623.6(7) In accordance with Iowa Code section 147.55(5), fraud in representation as to skill or ability.

623.6(8) In accordance with Iowa Code section 147.55(6), use of untruthful or improbable statements in advertisements.

623.6(9) In accordance with Iowa Code section 147.55(7), willful or repeated violations of provisions of Iowa Code chapter 147, 148I, or 272C.

623.6(10) In accordance with Iowa Code section 147.55(10), other acts or offenses as specified by board rules, including the following:

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

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

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

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

e. Failing to respond to the board during a board audit or submit verification of compliance with continuing education requirements or exceptions within the time period provided.

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

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

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

623.6(11) In accordance with Iowa Code section 147.2 or 147.10:

a. Engaging in the practice of midwifery in Iowa prior to licensure.

b. Engaging in the practice of midwifery in Iowa on an inactive license.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.7(148I) Telehealth.

623.7(1) *Telehealth permitted.* A CPM may, in accordance with all applicable laws and rules, provide services to a client through telehealth.

623.7(2) *License required.* A CPM who provides services through telehealth to a client physically located in Iowa must be licensed by the board. A CPM who provides services through telehealth to a client physically located in another state shall be subject to the laws and jurisdiction of the state where the client is physically located.

623.7(3) *Standard of care.*

a. A CPM who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A CPM shall not perform any service via telehealth unless the same standard of care can be achieved as if the service were performed in person.

b. Prior to initiating contact with a client for the purpose of providing services to the client using telehealth, a CPM shall:

(1) Review the client's history and all relevant medical records; and

(2) Determine as to each unique client encounter whether the CPM will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

623.7(4) *Scope of practice.* A CPM who provides services through telehealth must ensure the services provided are consistent with the CPM's scope of practice, education, training and experience.

623.7(5) *CPM-client relationship.*

a. Prior to providing services through telehealth, the CPM shall first establish a CPM-client relationship. A CPM-client relationship is established when:

(1) The client seeks assistance from the CPM;

(2) The CPM agrees to provide services; and

(3) The client agrees to be treated, or the client's legal guardian or legal representative agrees to the client being treated, by the CPM regardless of whether there has been a previous in-person encounter between the CPM and the client.

b. A CPM-client relationship can be established through an in-person encounter, consultation with another CPM or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 623.7(5)*"a"* and *"b,"* services may be provided through telehealth without first establishing a CPM-client relationship in the following settings or circumstances:

(1) In response to an emergency or disaster;

(2) Via informal consultations with another health care provider performed by a CPM outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(3) A substitute CPM acting on behalf and at the designation of an absent CPM in the same specialty on an on-call or cross-coverage basis.

623.7(6) *Consent to telehealth.* Prior to providing services via telehealth, the CPM shall obtain consent from the client, or the client's legal guardian or legal representative, to receive services via telehealth.

623.7(7) *Technology.* A CPM providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA), as effective June 19, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the CPM can safely and effectively provide the telehealth services and abide by the applicable standard of care.

623.7(8) *Records.* A CPM who provides services through telehealth shall maintain a record of the care provided to the client. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a client's medical record.

623.7(9) *Follow-up care.* A CPM who provides services through telehealth shall refer a client for follow-up care when required by the standard of care.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapter 148I.

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[Editorial change: IAC Supplement 6/11/25]

CHAPTERS 624 to 649
Reserved

BOARD OF MEDICINE

CHAPTER 650
ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 5/4/88, see 470—135.1 through 135.10]
[Prior to 6/11/25, see Medicine Board[653] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—650.1(17A,147) Definitions. The following definitions are applicable to the rules of the board of medicine:

"Acupuncture" means a form of health care developed from traditional and modern oriental medical concepts that employs oriental medical diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.

"Acupuncturist" means a person licensed to practice acupuncture in this state.

"Alternate member" means a person who is qualified under Iowa Code section 148.2A to substitute for a board member who is disqualified or becomes unavailable for a contested case hearing. An alternate board member is deemed a member of the board only for the hearing panel(s) for which the alternate board member serves.

"Board" means the board of medicine of the state of Iowa.

"Department" means the Iowa department of inspections, appeals, and licensing.

"Director" means the director of the department.

"Disciplinary proceeding" means any proceeding under the authority of the board pursuant to which licensee discipline may be imposed.

"License" means a certificate issued to a person licensed to practice medicine and surgery, osteopathic medicine and surgery, or acupuncture under the laws of the state of Iowa.

"Licensee" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, or acupuncture under the laws of the state of Iowa.

"Licensee discipline" or *"discipline"* means any sanction the board may impose upon its licensees for conduct that threatens or denies citizens of this state a high standard of professional care.

"Malpractice" means any error or omission, unreasonable lack of skill, or failure to maintain a reasonable standard of care by a physician in the practice of the physician's profession.

"Medical practice Acts" refers to Iowa Code chapters 147 and 148.

"Order" means a requirement, procedure or standard of specific or limited application adopted by the board relating to any matter the board is authorized to act upon, including the professional conduct of licensees and the examination for licensure and licensure of any person under the laws of this state.

"Peer review" means evaluation of professional services rendered by a professional practitioner.

"Peer reviewer(s)" means one or more persons acting in a peer review capacity who have been appointed by the board for such purpose.

"Physician" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery under the laws of this state.

"Practice of acupuncture" means the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body based upon oriental medical diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include manual, mechanical, thermal, electrical, and electromagnetic treatment, and the recommendation of dietary guidelines and therapeutic exercise based on traditional oriental medical concepts.

"The practice of medicine and surgery" means holding one's self out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical or mental condition and who shall either offer or undertake, by any means or methods, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical or mental condition. This rule shall not apply to licensed podiatrists, chiropractors, physical therapists, nurses, dentists, optometrists, acupuncturists, pharmacists, and other licensed health professionals who are exclusively engaged in the practice of their respective professions.

"Prescription drugs" means drugs, medicine and controlled substances that by law can only be prescribed for human use by persons authorized by law.

"Profession" means medicine and surgery, osteopathic medicine and surgery, or acupuncture.

"Respondent" means a licensee charged by the board in a complaint and statement of charges with violations of statutes or rules relating to the practice of medicine and surgery, osteopathic medicine and surgery, or acupuncture.

"Rule" means a regulation, requirement, procedure, or standard of general application prescribed by the board relating to either the administration or enforcement of Iowa Code chapters 147, 148, and 148E.

[**ARC 9109C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—650.2(17A) Purpose of board. The purpose of the board is to administer and enforce the provisions of Iowa Code chapters 147, 148, 148E, and 272C with regard to the practice of medicine and surgery, osteopathic medicine and surgery, and acupuncture.

[**ARC 9109C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—650.3(17A) Organization of board.

650.3(1) The board:

a. Makes policy relative to matters involving medical and acupuncture education, licensure, practice, and discipline.

b. Conducts business according to board-approved policy.

c. Elects a chairperson, vice chairperson and a secretary from its membership at the last regular board meeting prior to May 1 or at another date in April scheduled by the board.

d. Has the authority and powers conferred in Iowa Code chapters 17A, 147, 148 and 272C and may establish committees of the board, the members of which, except for the executive committee, shall be appointed by the board chairperson and shall not constitute a quorum of the board. The board chairperson shall appoint committee chairpersons. Committees of the board may include:

(1) Executive committee. The membership is composed of the elected officers of the board and two at-large members appointed by the chairperson. At least one public member is appointed to the executive committee. The executive committee duties may include but are not limited to:

1. Guidance and supervision of the executive director.
2. Budgetary review and recommendations to the board.
3. Review and recommendations to the board on rules and legislative proposals.
4. Study and recommendations to the board on practice issues and policy.

(2) Screening committee. The committee reviews complaints and makes recommendations to the board on appropriate action including further investigation or referral to the board for closure.

(3) Licensure committee. Its duties may include:

1. Recommending appropriate action on completed applications for licensure.
2. Conducting interviews with applicants when appropriate.
3. Reviewing licensure examination matters.
4. Reviewing and recommending to the board appropriate changes in licensure application forms.
5. Reviewing and making recommendations to the board regarding volunteer physician applicants who wish to participate in the state-indemnified volunteer physician program and who are under investigation or who have or have had disciplinary action against a license in the present or in the past.
6. Making recommendations on licensure policy issues.

(4) Monitoring committee. The committee oversees the monitoring of licensees under board orders and makes recommendations to the board on these matters.

e. Establishes, in accordance with Iowa Code section 148.2A, a pool of alternate board members.

650.3(2) A majority of the members of the board shall constitute a quorum. Official action, including filing of formal charges or imposition of discipline, requires a majority vote of members present.

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481—650.4(17A) Official communications. All official communications, including submissions and requests, should be addressed to the Executive Director, Iowa Board of Medicine, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.
[**ARC 9109C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—650.5(17A) Office hours. The office of the board is open for public business from 8 a.m. to 4:30 p.m., Monday through Friday of each week, except holidays.
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481—650.6(17A) Meetings. The board shall meet at least six times per year. Dates and location of board meetings may be obtained from the board's office or on the board's website at dial.iowa.gov. Except as otherwise provided by statute, all board meetings are open, and the public is permitted to attend the meetings.
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481—650.7(17A,272C) Adoption of uniform and model rules. The board hereby adopts by reference the following:

1. Uniform Rules on Agency Procedure, 7—Chapters 2501 through 2505.
2. Military Service, Veteran Reciprocity, and Spouses of Active-Duty Service Members, 481—Chapter 7.
3. Licensing and Child Support Noncompliance, Student Loan Repayment Noncompliance, and Nonpayment of State Debt, 481—Chapter 8.
4. Model Rules for Use of Criminal Convictions in Eligibility Determinations and Initial Licensing Decisions, 481—Chapter 502.
5. Model Rules for Licensee Review Committee, 481—Chapter 505.
6. Model Rules for Contested Cases Before Licensing Boards, 481—Chapter 506.

[**ARC 9109C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 8/5/26]

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CHAPTER 651
FEES

[Prior to 5/30/01, see Medical Examiners Board[653] Ch 11]
[Prior to 6/11/25, see Medicine Board[653] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—651.1(147,148,272C) Definitions.

"Board" means the Iowa board of medicine.

"Online transaction fee" means a fee of $7 assessed by the board for completing an online purchase. The online transaction fee is in addition to the actual service provided.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.2(147,148,272C) Application and licensure fees for acupuncturists.

651.2(1) The fees are as follows:

a. Initial application fee for licensure as an acupuncturist, $300.

b. Reactivation of application for licensure, $100.

c. Renewal fee for licensure as an acupuncturist, $300.

d. Fee for the evaluation of the fingerprint packet and the division of criminal investigation (DCI) and Federal Bureau of Investigation (FBI) criminal history background checks, $45.

e. Fee for reapplication of an acupuncture license, $400.

f. Penalty for failure to renew before expiration, $50.

651.2(2) Upon written request and payment of the designated fee, the board shall provide the following information about the status of an acupuncturist's license or acupuncturist's past registration:

a. Certified statement that verifies the status of licensure or past registration in Iowa that requires the board seal or a letter of good standing, $25.

b. Verification of the status of licensure or past registration in Iowa that does not require a certified statement or letter, $20.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.3(147,148,272C) Interstate medical licensure compact (IMLC) fees.

651.3(1) *Service fee for an application for an IMLC letter of qualification.* The service fee is paid directly to the interstate medical licensure compact commission. The interstate commission retains a portion of this service fee and remits a portion of this service fee to the board. The service fee paid to the interstate commission includes the $45 fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI.

651.3(2) *Licensure fee for an Iowa license issued through the IMLC.* The licensure fee is paid directly to the interstate medical licensure compact commission. An applicant shall pay a licensure fee of $450 plus a service fee retained by the interstate commission.

651.3(3) *Licensure fee for renewal of active Iowa license issued through the IMLC.* The licensure fee is paid directly to the interstate medical licensure compact commission. The licensee shall pay the licensure fee described in subparagraph 651.4(1)*"c"*(1) plus a service fee retained by the interstate commission. If the license is not renewed prior to expiration, the licensee will incur a penalty as described in paragraph 651.4(1)*"d."*

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.4(147,148,272C) Application and licensure fees to practice medicine and surgery or osteopathic medicine and surgery or administrative medicine.

651.4(1) Fees for permanent licensure.

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

b. Reactivation of application for licensure, $150.

c. Renewal of an active license to practice.

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

(2) No renewal fee if a physician was on active duty in the U.S. armed forces, reserves or national guard during the renewal period. "Active duty" means full-time training or active service in the U.S. armed forces, reserves or national guard.

d. Penalty for failure to renew before expiration, $100 per calendar month after the expiration date of the license up to $200.

e. Placing a license on inactive status or allowing a license to become inactive, no fee.

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

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

651.4(2) Fees for resident physician licensure.

a. Application for a resident physician license, $100 plus the $45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

b. Extension of a resident physician license, $25.

c. Late fee for extension of a resident physician license, $50, to be paid in addition to the extension fee.

651.4(3) Fees for special physician licensure.

a. Application for a special physician license, $300 plus the $45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

b. Renewal of a special physician license, $200.

651.4(4) Fees for temporary physician licensure.

a. Application for a temporary physician license, $100 plus the $45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

b. Renewal of a temporary physician license, $50.

651.4(5) Fee for photocopy of a licensure application, $20.

651.4(6) Fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks, $45.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.5(147,148,272C) Fees for verification of physician licensure and certification of examination scores.

651.5(1) *Verification fees.*

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

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

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

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

651.5(2) *Fees for certification of physician examination scores.* Upon request and payment of the designated fee, the board may provide certification of scores of an examination given by the board in Iowa

as permitted under Iowa Code section 147.21 and 653—paragraph 2.13(2)*"f."* The scores available from the board are those from examinees who took the state-constructed examination.

a. Certified statement of grades attained by examination, $45.

b. Certified statement of grades attained by examination including examination history or additional documentation, $55.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.6(147,148,272C) Public records.

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

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

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

651.6(2) *Purchase of public records.* Public records are available according to 7—Chapter 2505.

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

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.8(147,148,272C) Returned checks. The board will charge a fee of $25 for a check returned for any reason. If a license had been issued by the board office based on a check that is later returned by the bank, the board shall request payment by certified check or money order. If the fees are not paid within two weeks of notification of the returned check by certified mail, the licensee shall be subject to disciplinary action for noncompliance with board rules.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.9(147,148,272C) Copies of the laws and rules. Electronic copies of laws and rules pertaining to the practice of medicine or acupuncture are available at www.legis.iowa.gov at no cost. Printed copies of these laws and rules are available for a fee.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.10(147,148,272C) Refunds. Application and licensure fees will be collected by the board and are not refundable except by board action in unusual instances.

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481—651.11(17A,147,148,272C) Waiver prohibited. Licensure and examination fees in this chapter are not subject to waiver.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.12(8,147,148,272C) Monitoring fee. The board may require payment of up to $300 per quarter to cover the board's expenses to monitor a licensee's compliance with a settlement agreement or final decision and order.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—651.13(147,148,272C) Application and licensure fees for genetic counselors.

651.13(1) The fees are as follows:

a. Initial application fee for licensure, $200.

b. Reactivation of application for licensure, $100.

c. Renewal of an active license, $200.

d. Penalty for failure to renew before expiration, $50.

e. Fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks, $45.

f. Fee for reactivation of a license, $300.

651.13(2) Upon written request and payment of the designated fee, the board shall provide the following information about the status of a genetic counselor's license:

a. Certified statement that verifies the status of licensure in Iowa that requires the board seal or a letter of good standing, $25.

b. Verification of the status of licensure in Iowa that does not require a certified statement or letter, $20.

[**ARC 9111C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code sections 147.11, 147.80, 148.3, 148.5, 148.10, and 148.11.

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CHAPTER 652
PERMANENT AND ADMINISTRATIVE MEDICINE PHYSICIAN LICENSURE

[Prior to 5/30/01, see Medical Examiners Board[653] Ch 11]
[Prior to 6/11/25, see Medicine Board[653] Ch 9]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—652.1(147,148) Definitions.

"ABMS" means the American Board of Medical Specialties.

"ACGME" means the Accreditation Council for Graduate Medical Education.

"AMA" means the American Medical Association.

"Any jurisdiction" means any state, the District of Columbia or territory of the United States of America or any other nation.

"Any United States jurisdiction" means any state, the District of Columbia or territory of the United States of America.

"AOA" means the American Osteopathic Association.

"Applicant" means a person who seeks authorization to practice medicine and surgery, osteopathic medicine and surgery, or administrative medicine in this state by making application to the board, or a physician who seeks licensure through the IMLC.

"Approved abuse education training program" means a training program using a curriculum approved by the abuse education review panel of the department of health and human services or a training program offered by a hospital, a professional organization for physicians, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

"Board" means the board of medicine.

"Board-approved resident training program" means a hospital-affiliated graduate medical education program accredited by ACGME, AOA, RCPSC, or CFPC at the time the applicant is enrolled in the program.

"Candidate" means a person who applies to sit for an examination administered by the board or its designated testing service.

"Category 1 credit" means any formal education program that is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA. Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credits by the American Academy of Family Physicians are accepted as equivalent to category 1 credits.

"CFPC" means the College of Family Physicians of Canada.

"COCA" means the Commission on Osteopathic College Accreditation.

"COMLEX" means the Comprehensive Osteopathic Medical Licensing Examination.

"Committee" means the licensure committee of the board.

"COMVEX-USA" means the Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America.

"Core credentials" means those documents that demonstrate the applicant's identity, medical training and practice history.

"Current, active status" means a license that is in effect and grants the privilege of practicing administrative medicine, medicine and surgery or osteopathic medicine and surgery, as applicable.

"ECFMG" means the Educational Commission for Foreign Medical Graduates.

"Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the IMLC.

"FCVS" means the Federation Credentials Verification Service.

"FLEX" means the Federation Licensing Examination.

"Foreign medical school," also known as an "international medical school," means a medical school that is located outside of any United States jurisdiction or Canada.

"FSMB" means the Federation of State Medical Boards.

"IMLC" means the Interstate Medical Licensure Compact enacted in Iowa Code chapter 147B.

"Inactive license" means any license that is not in current, active status.

"Incidentally called into this state in consultation with a physician and surgeon licensed in this state" as set forth in Iowa Code section 148.2(5) means all of the following shall be true:

1. The consulting physician shall be involved in the care of patients in Iowa only at the request of an Iowa-licensed physician.
2. The consulting physician has a license in good standing in another United States jurisdiction.
3. The consulting physician provides expertise and acts in an advisory capacity to an Iowa-licensed physician. The consulting physician may examine the patient and advise an Iowa-licensed physician as to the care that should be provided, but the consulting physician may not personally perform procedures, write orders, or prescribe for the patient.
4. The consulting physician practices in Iowa for a period not greater than 10 consecutive days and not more than 20 total days in any calendar year. Any portion of a day counts as one day.
5. The Iowa-licensed physician requesting the consultation retains the primary responsibility for the management of the patient's care.

"Initial license" means the first permanent or administrative medicine license granted to a qualified individual.

"International medical school," also known as a "foreign medical school," means a medical school that is located outside of any United States jurisdiction or Canada.

"Interstate commission" means the interstate commission created pursuant to Iowa Code chapter 147B.

"LCME" means Liaison Committee on Medical Education.

"LMCC" means enrollment in the Canadian Medical Register as Licentiate of Medical Council of Canada with a certificate of registration as proof.

"MCCEE" means the Medical Council of Canada Evaluating Examination.

"Medical degree" means a degree of doctor of medicine and surgery or osteopathic medicine and surgery or comparable education from a foreign medical school.

"National Practitioner Data Bank" is a national data bank of disciplinary actions taken against health professionals, including physicians.

"NBME" means the National Board of Medical Examiners.

"NBOME" means the National Board of Osteopathic Medical Examiners.

"Observer" means a person who is not enrolled in an LCME- or COCA-accredited medical school or osteopathic medical school, who observes care to patients in Iowa for a defined period of time and for a noncredit experience, and who is supervised and accompanied by an Iowa-licensed physician as defined in subrule 652.2(3). An observer shall not provide or direct hands-on patient care, regardless of the observer's level of training or supervision. The supervising physician may authorize an observer to read a chart, observe a patient interview or examination, or witness procedures, including surgery. An observer shall not chart; touch a patient as part of an examination; conduct an interview; order, prescribe or administer medications; make decisions that affect patient care; direct others in providing patient care; or conduct procedures, including surgery. Any of these activities requires licensure to practice in Iowa. An unlicensed physician observer or a medical student observer who is not enrolled in an LCME- or COCA-accredited medical school may touch a patient to verify a physical finding in the immediate presence of a physician but shall not conduct a more inclusive physical examination.

An unlicensed physician observer may:

1. Participate in discussions regarding the care of individual patients, including offering suggestions about diagnosis or treatment, provided the unlicensed physician observer does not direct the care; and
2. Elicit information from a patient provided the unlicensed physician observer does not actually perform a physical examination or otherwise touch the patient.

"Permanent licensure" means licensure granted after review of the application and core credentials to determine that the individual is qualified to enter into clinical practice.

"Practice" means the practice of medicine and surgery or osteopathic medicine and surgery.

"Primary source verification" means:

1. Verification of the authenticity of documents with the original source that issued the document.
2. Original source verification by another jurisdiction's physician licensing organization.
3. Original source verification by the FSMB's Federation Credentials Verification Service.

"RCPSC" means the Royal College of Physicians and Surgeons of Canada.

"Reactivation" means the process for returning an inactive license to current, active status.

"Relinquishment" means that a person's permanent license to practice medicine and surgery, osteopathic medicine and surgery, or administrative medicine is deemed abandoned if the person fails to renew or reactivate the license within five years after its expiration. A license that has been relinquished is no longer valid or renewable. Relinquishment is not disciplinary in nature.

"Resident physician" means a physician enrolled in an internship, residency or fellowship.

"Resident training program" means a hospital-affiliated graduate medical education program that enrolls interns, residents or fellows and may be referred to as a postgraduate training program for purposes of licensure.

"Service charge" means the amount charged for making a service available online and is in addition to the actual fee for a service itself.

"SPEX" means Special Licensure Examination prepared by the Federation of State Medical Boards and administered by a licensing authority in any jurisdiction.

"Terminated license" means a nondisciplinary process by which an Iowa license issued through the Interstate Medical Licensure Compact is no longer eligible for renewal. A compact license is terminated when a licensee no longer meets the IMLC qualifications. A terminated IMLC license may not be reinstated.

"Uniform application for physician state licensure" means a web-based application that is intended to standardize and simplify the licensure application process for state medical licensure.

"USMLE" means the United States Medical Licensing Examination.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.2(147,148) General licensure provisions.

652.2(1) *Licensure required.* Licensure is required for practice in Iowa as identified in Iowa Code section 148.1; the exceptions are identified in subrule 652.2(2).

652.2(2) *Licensure not required.* The following persons are not required to obtain a license to practice in Iowa:

a. Those persons described in Iowa Code section 148.2(1) through 148.2(5). A medical student or osteopathic medical student in an international medical school may not take on the role of a medical student in the patient care setting unless the student is enrolled in the University of Iowa's Carver College of Medicine or in Des Moines University's College of Osteopathic Medicine; however, an international medical student or graduate of an international medical school not enrolled at either of these institutions may be an observer as defined in rule 481—652.1(147,148).

b. Those persons who are incidentally called into this state in consultation with a physician or surgeon licensed in this state as described in Iowa Code section 148.2(5) and as defined in rule 481—652.1(147,148).

c. Physicians and surgeons who hold a current, active license in good standing in another United States jurisdiction and who come into Iowa on a temporary basis to aid disaster victims at the time of a disaster in accordance with Iowa Code section 29C.6.

d. Physicians and surgeons who hold a current, active license in good standing in another United States jurisdiction and who come to Iowa to participate in further medical education may participate in patient care under the request and supervision of the patient's Iowa-licensed physician in charge of the education. The Iowa-licensed physician shall retain the primary responsibility for management of the patient's care.

e. Physicians and surgeons who hold a current, active license in good standing in another United States jurisdiction and who come into Iowa to serve as expert witnesses as long as they do not provide treatment.

f. Physicians and surgeons from out of state who hold a current, active license in good standing in another United States jurisdiction and who accompany one or more individuals into Iowa for the purpose of providing medical care to these individuals on a short-term basis; e.g., a team physician for an out-of-state college football team that comes into Iowa for a game.

g. Physicians and surgeons who come to Iowa to observe patient care and who do not provide or direct hands-on patient care.

h. Visiting resident physicians who come to Iowa to practice as part of their resident training program if under the supervision of an Iowa-licensed physician. An Iowa physician license is not required of a physician in training if the physician has a resident or permanent license in good standing in the home state of the resident training program. An Iowa temporary license is required of a physician in training if the physician does not hold a resident or permanent physician license in good standing in the home state of the resident training program (more information can be found in rule 481—653.5(147,148)).

652.2(3) *Supervision of an observer.* An Iowa-licensed physician who supervises an observer shall accompany the observer and solicit consent from each patient, where feasible, for the observation. The physician shall inform the patient of the observer's background; e.g., a high school student considering a medical career or a medical graduate who is working on licensure. The supervising physician ensures that the observer remains within the scope of an observer as defined in rule 481—652.1(147,148).

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481—652.3(147,148) Eligibility for licensure.

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

a. Fulfill the application requirements specified in rule 481—652.4(147,148).

b. Hold a medical degree from an educational institution approved by the board at the time the applicant graduated and was awarded the degree.

(1) Educational institutions approved by the board shall be fully accredited by an accrediting agency recognized by the board as schools of instruction in medicine and surgery or osteopathic medicine and surgery and empowered to grant academic degrees in medicine.

(2) The accrediting bodies currently recognized by the board are:

1. LCME for the educational institutions granting degrees in medicine and surgery; and
2. AOA for educational institutions granting degrees in osteopathic medicine and surgery.

(3) If the applicant holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the applicant shall meet one of the following requirements:

1. Hold a valid certificate issued by ECFMG;
2. Pass the MCCEE;
3. Have successfully completed a fifth pathway program established in accordance with AMA criteria;
4. Have successfully passed either a basic science examination administered by a United States or Canadian medical licensing authority or SPEX; and have successfully completed three years of resident training in a program approved by the board; and have submitted evidence of five years of active practice without restriction as a licensee of any United States or Canadian jurisdiction; or
5. Have successfully passed either a basic science examination administered by a United States or Canadian medical licensing authority or SPEX; and hold board certification by a specialty board approved by ABMS or AOA; and submit evidence of five years of active practice without restriction as a licensee of any United States or Canadian jurisdiction.

c. Have successfully completed one year of resident training in a hospital-affiliated program approved by the board at the time the applicant was enrolled in the program. An applicant who is a graduate of an international medical school must have successfully completed 24 months of such training.

(1) For those required to have 12 months of training, the program shall have been 12 months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board. For those required to have 24 months of training, the program shall have

been 24 continuous months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board.

(2) Resident training approved by the board must be accredited by an accrediting agency recognized by the board for the purpose of accrediting resident training programs.

(3) The board approves resident training programs accredited by:

1. ACGME;
2. AOA;
3. RCPSC; and
4. CFPC.

(4) The board may accept resident training that is not accredited as specified in subparagraph 652.3(1)*"c"*(3) on a case-by-case basis. In making this determination, the board may consider any relevant factors, including but not limited to the following:

1. The length of time the program has been in existence;
2. The location of the program;
3. The institution or organization that administers the program;
4. The reason that the program is not accredited; and
5. Whether the program is accredited or recognized by any agency other than those listed in subparagraph 652.3(1)*"c"*(3).

(5) The board may accept each 12 months of practice as a special licensee as equivalent to one year of resident training in a hospital-affiliated program approved by the board.

(6) The board may accept a current, active ABMS or AOA board certification obtained through an alternate pathway as equivalent to resident training in a hospital-affiliated program approved by the board. The alternate pathway must be a minimum of 24 months completed at an institution with a program approved by the board as specified in subparagraph 652.3(1)*"c"*(3).

d. Pass one of the licensure examinations or combinations as prescribed in rule 481—652.7(147,148).

652.3(2) *Exceptions to the eligibility requirements.*

a. A military service applicant or a veteran may apply for credit for verified military education, training, or service toward any experience or educational requirement for permanent licensure under this subrule or may be eligible for permanent licensure through reciprocity as specified in 481—Chapter 7.

b. A physician who holds a valid Letter of Qualification asserting eligibility for licensure through the IMLC is eligible for a permanent Iowa medical license.

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481—652.4(147,148) Licensure application.

652.4(1) *Requirements.* To apply for licensure, an applicant shall:

a. Pay a nonrefundable initial application fee and fee for the evaluation of the fingerprint packet and the criminal history background checks by the division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) as specified in 481—paragraph 651.4(1)*"a"*; and

b. Complete and submit the application and forms provided by the board, including required core credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant that has been signed by the applicant in the physical presence of a notary public.

c. Pass one of the examinations as prescribed in rule 481—652.7(147,148) and authorize the testing authority to verify scores.

652.4(2) *Application.* The application shall require the following information:

a. Full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board.

b. A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance.

c. A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application.

d. A certified statement of scores on any licensure examination required in rule 481—652.7(147,148) that the applicant has taken in any jurisdiction. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

e. A photocopy of the applicant's medical degree issued by an educational institution.

(1) A complete translation of any diploma not written in English shall be submitted. An official transcript, written in English and received directly from the school, showing graduation from medical school is a suitable alternative.

(2) An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

(3) If a copy of the medical degree cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution.

f. A sworn statement from an official of the educational institution certifying the date the applicant received the medical degree and acknowledging what, if any, derogatory comments exist in the institution's record about the applicant. If a sworn statement from an official of the educational institution cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution.

g. An official transcript, or its equivalent, received directly from the school for every medical school attended if requested by the board. A complete translation of any transcript not written in English shall be submitted if requested by the board. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

h. If the educational institution awarding the applicant the degree has not been approved by the board, a current ECFMG status report or evidence of successful completion of a fifth pathway program in accordance with criteria established by AMA. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

i. Documentation of successful completion of resident training approved by the board as specified in paragraph 652.3(1)*"c."* An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

j. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

k. A statement disclosing and explaining any informal or nonpublic actions, warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, a training or research program, or a health facility in any jurisdiction.

l. A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process.

m. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding to have the conviction or plea set aside is pending. Copies of the legal documents may be requested if needed during the review process.

n. A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

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481—652.5(272C) Licensure by verification. Licensure by verification is available in accordance with the following:

652.5(1) *Eligibility.* A person may seek licensure by verification if the person is currently licensed as a physician in at least one other jurisdiction that has a scope of practice substantially similar to that of Iowa.

652.5(2) *Board application.* The applicant must submit the following:

a. A completed application for licensure by verification.

b. A nonrefundable initial application fee and fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI as specified in 481—paragraph 651.4(1)*"a."*

c. A completed fingerprint packet to facilitate a criminal history background check by the DCI and FBI.

d. A verification form, completed by the licensing authority in the jurisdiction that issued the applicant's license, verifying that the applicant's license in that jurisdiction complies with the requirements of Iowa Code section 272C.12. The completed verification form must be sent directly from the licensing authority to the board.

e. Proof of passing an examination as required by rule 481—652.7(147,148).

f. A copy of the complete criminal record, if the applicant has a criminal history.

g. A copy of the relevant disciplinary documents, if another jurisdiction has taken disciplinary action against the applicant.

h. A written statement from the applicant detailing the scope of practice in the other state.

i. Copies of relevant laws setting forth the scope of practice in the other state.

652.5(3) *Applicants with prior discipline.* If another jurisdiction has taken disciplinary action against an applicant, the board will determine whether the cause for the disciplinary action has been corrected and the matter has been resolved. If the board determines the disciplinary matter has not been resolved, the board will neither issue a license nor deny the application for licensure until the matter is resolved. A person who has had a license revoked, or who has voluntarily surrendered a license, in another jurisdiction is ineligible for licensure by verification.

652.5(4) *Applicants with pending licensing complaints or investigations.* If an applicant is currently the subject of a complaint, allegation, or investigation relating to unprofessional conduct pending before any regulating entity in another jurisdiction, the board will neither issue a license nor deny the application for licensure until the complaint, allegation, or investigation is resolved.

652.5(5) *Temporary licenses.* Applicants who satisfy all requirements for a license under this section except for passing a required examination specific to the laws of this state may be issued a temporary license that is valid for a period of three months and may be renewed once for an additional period of three months. The applicant must submit proof of passing the required examination before the temporary license expires.

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481—652.6(147,148) Licensure examinations.

652.6(1) *USMLE.*

a. The USMLE is a multipart examination consisting of Step 1, Step 2, and Step 3. Steps 1 and 2 are administered by NBME and ECFMG. The board contracts with FSMB for the administration of Step 3.

b. Applications are available at Department of Examination Services, FSMB, 400 Fuller Wiser Road, Suite 300, Euless, Texas 76039, or www.fsmb.org.

c. Candidates who meet the following requirements are eligible to take USMLE Step 3:

(1) Submit a completed application form and pay the required examination fee as specified in rule 481—651.3(147,148,272C).

(2) Document successful completion of USMLE Steps 1 and 2 in accordance with the requirements of NBME. Graduates of a foreign medical school shall meet the requirements of ECFMG.

(3) Document holding a medical degree from a board-approved educational institution. If a candidate holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the candidate shall meet the requirements specified in subparagraph 652.3(1)*"b"*(3).

(4) Document successful completion of a minimum of seven calendar months of resident training in a program approved by the board at the time of the application for Step 3 or enrollment in a resident training program approved by the board at the time of the application for Step 3.

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

(1) Passing Steps 1, 2, and 3 is required within a ten-year period beginning with the date of passing either Step 1 or Step 2, whichever occurred first. If the applicant did not pass Steps 1, 2, and 3 within the

required time frame, then the requirement will be satisfied by either proof of active board certification by the ABMS or AOA or proof the delay was caused by participation in a joint M.D./Ph.D. or D.O./Ph.D. program.

(2) Step 3 may be taken and passed only after Steps 1 and 2 are passed.

(3) A score of 75 or better on each step shall constitute a passing score on that step.

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

652.6(2) *NBME.* Successful completion of NBME Parts I, II and III with a passing score of 75 or better on each part is required for NBME certification.

652.6(3) *FLEX.*

a. (Old) FLEX is a three-day examination administered from 1968 to 1985. Applicants who took (Old) FLEX shall provide evidence of successful achievement of at least two of the following:

(1) Certification under seal that the applicant passed FLEX with a FLEX-weighted average of 75 percent or better, as determined by the state medical licensing authority, in no more than two sittings.

(2) Verification under seal of medical licensure in the state that administered the examination.

(3) Evidence of current certification by an American specialty board approved or recognized by the Council of Medical Education of AMA, ABMS, or AOA.

b. (New) FLEX is a three-day nationally standardized examination administered from 1985 to 1994. To be eligible for licensure, the candidate must have passed both components with a FLEX score of 75 or better within a seven-year period beginning with the date of initial examination.

652.6(4) *Combination examination sequences.* The board approved the following licensing combinations of examinations for licensure only if completed prior to January 1, 2000. These combinations are now only acceptable from an applicant who already holds a license from any United States jurisdiction.

a. FLEX Component I plus USMLE Step 3 with a passing score of 75 or better on each examination;

b. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component II with a passing score of 75 or better on each examination; or

c. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3 with a passing score of 75 or better on each examination.

652.6(5) *COMLEX.* COMLEX is a three-level examination that replaced the three-part NBOME examination. All three examinations must be successfully completed in sequential order within ten years of the successful completion of COMLEX Level 1. If the applicant did not pass Levels 1, 2, and 3 within the required time frame, then the requirement will be satisfied by either proof of active board certification by the ABMS or AOA or proof the delay was caused by participation in a joint D.O./Ph.D. or M.D./Ph.D. program.

a. A standard score of 400 on Level 1 or Level 2 is required to pass the examination. A standard score of 350 on Level 3 is required to pass the examination.

b. A candidate shall have successfully completed a minimum of seven calendar months of resident training in a program approved by the board at the time of the application for Level 3 or enrollment in a resident training program approved by the board at the time of the application for Level 3.

c. Successful completion of a continuous, progressive three-year resident training program is required if the applicant passes the examination after more than six attempts on Level 1 or six attempts on Level 2 CE and Level 2 PF combined or three attempts on Level 3.

d. Each COMLEX level must be passed individually, and individual level scores shall not be averaged to compute an overall score.

e. Level 3 may be taken and passed only after Levels 1 and 2 are passed.

f. A failure of any COMLEX level, regardless of the jurisdiction for which it was taken, shall be considered a failure of that level for the purposes of Iowa licensure.

652.6(6) *NBOME.*

a. NBOME was a three-part examination. All three parts must have been successfully completed in sequential order within seven years of the successful completion of NBOME Part 1.

b. A passing score is required on each part of the examination.

c. A candidate shall have successfully completed a minimum of seven calendar months of resident training in a program approved by the board at the time of the application for NBOME Part 3. Candidates shall have completed their resident training by the last day of the month in which the examination was taken.

d. Successful completion of a three-year resident training program is required if the applicant passes the examination after more than six attempts on Part 1 or six attempts on Part 2 or three attempts on Part 3.

e. Each NBOME part must have been passed individually, and individual part scores shall not be averaged to compute an overall score.

f. Part 3 must have been taken and passed only after Parts 1 and 2 were passed.

g. A failure of any NBOME part, regardless of the jurisdiction for which it was taken, shall be considered a failure of that part for the purposes of Iowa licensure.

652.6(7) *LMCC.* The board accepts toward Iowa licensure a verification of a licensee's registration with the Medical Council of Canada, based on passing both parts of the Medical Council of Canada Qualifying Examination.

652.6(8) *State licensing examinations.* Licensing examinations administered by the board of medicine or another U.S. jurisdiction prior to 1974 are accepted if the examination was passed according to criteria established by that state at the time and led to licensure in that state.

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481—652.7(147,148) Permanent licensure application review process. The process below is utilized to review each application. Priority is be given to processing a licensure application when a written request is received in the board office from an applicant whose practice will primarily involve provision of services to underserved populations, including but not limited to persons who are minorities or low-income or who live in rural areas.

652.7(1) An application for initial licensure will be considered open from the date the application form is received in the board office with the nonrefundable initial licensure fee.

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

652.7(3) If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant the license. The staff may grant the license without having received a report on the applicant from the FBI.

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

a. If there is no current concern, staff will administratively grant the license.

b. If any concern exists, the application will be referred to the committee.

652.7(5) Staff will refer to the committee for review matters that include but are not limited to falsification of information on the application, criminal record, malpractice, substance abuse, competency, physical or mental illness, or professional disciplinary history.

652.7(6) If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant the license administratively.

652.7(7) If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee will recommend that the board:

a. Request an investigation;

b. Request that the applicant appear for an interview;

c. If the physician has not engaged in active clinical practice or board-approved training in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) Successfully pass a competency evaluation approved by the board;

(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board;

(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or

(4) Successfully complete a reentry to practice program or monitoring program approved by the board.

d. Grant a license;

e. Grant a license under certain terms and conditions or with certain restrictions;

f. Request that the applicant withdraw the licensure application; or

g. Deny a license.

652.7(8) The board will consider applications and recommendations from the committee and will:

a. Request further investigation;

b. Require that the applicant appear for an interview;

c. If the physician has not engaged in active clinical practice or board-approved training in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) Successfully pass a competency evaluation approved by the board;

(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board;

(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or

(4) Successfully complete a reentry to practice program or monitoring program approved by the board.

d. Grant a license;

e. Grant a license under certain terms and conditions or with certain restrictions;

f. Request that the applicant withdraw the licensure application; or

g. Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in rule 481—652.17(147,148).

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481—652.8(147,148) Licensure application cycle.

652.8(1) *Failure to submit application materials.* If the applicant does not submit all materials, including a completed fingerprint packet, within 90 days of the board's initial request for further information, the application will be considered inactive.

652.8(2) *Reactivation of the application.* To reactivate the application, an applicant shall submit a nonrefundable fee for reactivation of the application as specified in 481—paragraph 651.4(1)*"b"* within 30 days. If the application is not reactivated within 30 days, the application for licensure is withdrawn and the applicant must reapply and submit a new nonrefundable application fee and a new application, documents and core credentials.

652.8(3) *Period of reactivation.* The period for reactivation of application shall extend 90 days from the date the request and fee are received in the board office. During this period, the applicant shall update core credentials and submit the remaining requested materials. If the applicant does not update core credentials or submit all materials during the 90-day period of reactivation, the application for licensure is withdrawn and the applicant must reapply and submit a new nonrefundable application fee and a new application, documents and core credentials.

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481—652.9(147,148) Discretionary board actions on licensure applications. As circumstances warrant, the board may determine that any applicant for licensure is subject to the following:

652.9(1) The board may impose limits or restrictions on the practice of any applicant in this state that are equal in force to the limits or restrictions imposed on the applicant by any jurisdiction.

652.9(2) The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant in any jurisdiction until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.

652.9(3) The board is not precluded from taking disciplinary action after licensure is granted related to issues that arose in the licensure application process.

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481—652.10(147,148) Issuance of a license.

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

a. Licenses of persons born in even-numbered years shall expire in an even-numbered year, and licenses of persons born in odd-numbered years shall expire in an odd-numbered year.

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

c. When a resident physician receives a permanent Iowa license, the resident physician license will immediately become inactive.

d. When a physician with a special license receives a permanent Iowa license, the special license will immediately become inactive.

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

f. A physician with an active permanent Iowa license is ineligible for an Iowa resident license.

652.10(2) *Display of license certificate.* The license certificate shall be displayed in the licensee's primary location of practice.

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481—652.11(147,148) Notification required to change the board's data system.

652.11(1) *Change of contact information.* A licensee shall notify the board of any change in the home address, the address of the place of practice, home or practice telephone number, or personal email address regularly used by the applicant or licensee for correspondence with the board within one month of the change.

652.11(2) *Change of name.* A licensee shall notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

652.11(3) *Deceased.* A licensee file shall be closed and labeled "deceased" when the board receives a copy of the physician's death certificate or other reliable information of the licensee's death.

652.11(4) *Practice name.* A licensee shall practice under the licensee's full legal name.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

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

652.12(1) *Licensee obligation.* The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of responsibility for renewing that license.

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

a. Renewal fee.

(1) The fees for renewal are specified in 481—subparagraph 651.4(1)*"c"*(1).

(2) There is no renewal fee due for a physician who was on active duty in the U.S. armed forces, reserves or national guard during the renewal period.

(3) A physician who fails to renew before the expiration of the license is charged a penalty fee as set forth in 481—paragraph 651.4(1)*"d."*

b. The requirements for continuing education and training on identifying and reporting abuse are found in 481—Chapter 654.

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

652.12(4) *Failure to renew.* The license will become inactive and invalid if the licensee fails to renew a license within two months following its expiration date. A licensee whose license is invalid or inactive is prohibited from practice until the license is reactivated in accordance with rule 481—652.15(147,148).

652.12(5) *Display of license.* Renewal licenses shall be displayed along with the license certificate in the primary location of practice.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.13(147,148) Inactive status of a license.

652.13(1) *Definition of inactive status.* An inactive license is any license that is not a current, active license.

a. "Inactive status" may include licenses formerly known as delinquent, lapsed, or retired.

b. A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice medicine under an Iowa license until the license is reactivated to current, active status. A licensee who practices under an Iowa license when the license is inactive may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, or other available legal remedies.

652.13(2) *Mechanisms for becoming inactive.* A licensee seeking to become inactive may submit a written request to the board office, or a license may become inactive by failing to renew a license by the first day of the third month after the expiration date.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.14(147,148) Reactivation of an unrestricted Iowa license.

652.14(1) *Reactivation within one year of the license's becoming inactive.* An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit a completed renewal application; the reinstatement fee; documentation of continuing education; and, if applicable, documentation on training on chronic pain management, end-of-life care, and identifying and reporting abuse. All of the information shall be received in the board office within one year of the license's becoming inactive for the applicant to reinstate under this subrule.

a. Fee for reactivation of an unrestricted Iowa license within one year of the license's becoming inactive. The reactivation fee is specified in 481—paragraph 651.4(1)*"g."*

b. Continuing education and training requirements. Applicants for reactivation shall provide documentation of having completed:

(1) The number of hours of category 1 credit needed for renewal in the most recent license period. None of the credits obtained in the inactive period may be carried over to a future license period; and

(2) Training on chronic pain management, end-of-life care, and identifying and reporting abuse, if applicable, within the previous five years.

c. Issuance of a reactivated license. Upon receiving the completed application, staff will administratively issue a license that expires on the renewal date that would have been in effect if the licensee had renewed the license before the license expired.

d. Reinstatement application process. The applicant who fails to submit all reinstatement information required within 365 days of the license's becoming inactive shall be required to meet the reinstatement requirements of subrule 652.15(2). For example, if a physician's license expires on January 1, the completed reinstatement application is due in the board office by December 31, in order to meet the requirements of this subrule.

652.14(2) *Reactivation of an unrestricted Iowa license that has been inactive for one year or longer.* An individual whose license is in inactive status and who has not submitted a reactivation application that was received by the board within one year of the license's becoming inactive shall follow the application cycle specified in this rule and shall satisfy the following requirements for reactivation:

a. Submit an application for reactivation to the board. The application shall require the following information:

(1) Full legal name, date and place of birth, license number, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board;

(2) A chronology accounting for all time periods from the date of initial licensure;

(3) Every jurisdiction in which the applicant is or has been authorized to practice including license numbers and dates of issuance;

(4) Documentation of successful completion of resident training approved by the board as specified in paragraph 652.3(1)*"c"* that was completed since the time of initial licensure. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative;

(5) Verification of the applicant's hospital and clinical staff privileges, and other professional experience for the past five years if requested by the board;

(6) A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction;

(7) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;

(8) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside. Copies of the legal documents may be requested if needed during the review process; and

(9) A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

b. Pay the reactivation fee plus the fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks specified in 481—paragraph 651.4(1)*"f."*

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

d. If the physician has not engaged in active clinical practice or board-approved training in the past three years in any jurisdiction of the United States or Canada:

(1) Successfully pass a competency evaluation approved by the board;

(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board;

(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or

(4) Successfully complete a reentry to practice program or monitoring program approved by the board.

e. An individual who is able to submit a letter from the board with different reactivation criteria is eligible for reactivation based on those criteria.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.15(147,148) Reinstatement of a restricted Iowa license. A physician whose license has been suspended or revoked following a disciplinary proceeding is required to seek reinstatement pursuant to 481—Chapter 663.

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

652.16(1) A license will not be reinstated, reissued, or restored once it is relinquished. The person may apply for a new license pursuant to Iowa Code sections 148.3 and 148.11 and 481—Chapters 652 and 653.

652.16(2) The relinquishment of license may be stayed if, at the date of relinquishment, there is an active:

a. Evaluation order pursuant to Iowa Code section 272C.9(1) and rule 481—662.4(272);

b. Combined statement of charges and settlement agreement pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) and 481—subrule 506.35(1);

c. Statement of charges pursuant to Iowa Code section 17A.12(2) and rule 481—506.5(17A);

d. Settlement agreement pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) and rule 481—506.33(17A,272C);

e. Final decision pursuant to Iowa Code sections 17A.12 and 272C.6 and rule 481—506.25(17A); or

f. Application for reactivation of the license pursuant to rule 481—652.15(147,148) or 481—652.16(147,148).

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.17(147,148) Administrative medicine licensure.

652.17(1) *Application.* An application for an administrative medicine license shall be made to the board of medicine pursuant to the requirements established in Iowa Code section 148.3 and this chapter. An applicant for an administrative medicine license shall be subject to all of the permanent licensure requirements established in Iowa Code section 148.3 and this chapter, except that the applicant will not be required to demonstrate that the applicant has engaged in active clinical practice in the past three years as outlined in paragraphs 652.8(7)*"c"* and 652.15(2)*"d."*

The board may issue an administrative medicine license authorizing the licensee to practice administrative medicine only, as defined by this rule. The license shall be designated "administrative medicine license."

652.17(2) *Fees.* All license and renewal fees shall be paid to the board in accordance with 481—Chapters 651 and 652.

652.17(3) *Demonstration of competence.*

a. If an applicant for initial licensure or reactivation of an administrative medicine license has not actively practiced administrative or clinical medicine in a jurisdiction of the United States or Canada in the past three years, the board may require the applicant to demonstrate competence in a method prescribed by the board in accordance with paragraphs 652.8(7)*"c"* and 652.15(2)*"d."*

b. A physician who holds an administrative medicine license and has not engaged in active clinical practice in a jurisdiction of the United States or Canada for more than three years may be required to demonstrate competence to practice clinical medicine in a method prescribed by the board.

652.17(4) *No exemptions to laws and rules.* A physician with an administrative medicine license is subject to the same laws and rules governing the practice of medicine as a person holding a permanent Iowa medical license.

652.17(5) *Interstate medical licensure compact.* A physician who holds only an administrative medicine license may not be eligible for licensure under the interstate medical licensure compact.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.18(147,147B,148) Licensure through IMLC.

652.18(1) *Requirements for seeking a Letter of Qualification from the board of medicine.* An applicant shall meet all of the following requirements:

a. Designate Iowa as state of principal license. To designate Iowa as state of principal license, the physician must possess a full, unrestricted, permanent Iowa medical license and meet one of the following requirements at the time the application for a Letter of Qualification is reviewed by board staff:

(1) Iowa is the physician's primary residence, or

(2) At least 25 percent of the physician's medical practice occurs in Iowa, or

(3) The physician's employer is located in Iowa, or

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

b. Provide evidence of the following qualifications:

(1) Graduation from a medical school accredited by the LCME, COCA, or a medical school listed in the International Medical Education Directory or its equivalent.

(2) Passage of each component of the USMLE or the COMLEX within three attempts, or any of its predecessor examinations accepted by the board as an equivalent examination for licensure purposes as prescribed in rule 481—652.7(147,148).

(3) Successful completion of graduate medical education approved by the ACGME or the AOA. "Successful completion" means participation in an ACGME or AOA postgraduate training program that achieves ABMS or AOA board eligibility status.

(4) At the time of application, hold specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is determined to be eligible for licensure through the IMLC.

(5) Has never been convicted of or received adjudication, deferred adjudication, community supervision, or deferred disposition for any criminal offense by a court of appropriate jurisdiction.

(6) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.

(7) Has never had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration (DEA).

(8) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

652.18(2) *Application.* A physician seeking licensure through the IMLC who is qualified to designate Iowa as state of principal license shall file an application for a Letter of Qualification with the interstate commission at www.imlcc.org and pay the nonrefundable service fee. The application shall require the following:

652.18(3) *Letter of Qualification.*

a. After evaluation of the applicant's eligibility for licensure, the board will issue a Letter of Qualification to the applicant verifying or denying the applicant's eligibility. The applicant may appeal a determination of eligibility to the board of medicine within 30 days of issuance of the Letter of Qualification according to the processes outlined in rule 481—652.22(147,148).

b. The Letter of Qualification is valid for 365 days from its date of issuance to request licensure in a member state. The physician must maintain eligibility to claim Iowa as the state of principal license or designate a new state of principal license.

652.18(4) *Expedited licensure.* Physicians who have a valid Letter of Qualification may obtain licensure in Iowa through the IMLC. To obtain a permanent Iowa license through the IMLC, a qualified physician shall:

a. Complete the application process at the IMLC's website, www.imlcc.org.

b. Pay the licensure fee specified in 481—subrule 651.3(2) and any service fees that are required by the IMLC.

c. Comply with the continuing medical education requirements of the board, including mandatory trainings specified in 481—Chapter 654.

652.18(5) *Validity of a license issued through the IMLC.* A license issued through the IMLC is valid for a period consistent with other permanent licenses issued by the board. An Iowa license issued through the IMLC shall be deemed terminated if the licensee fails to maintain a state of principal license.

652.18(6) *Disciplinary actions against licenses issued through the IMLC.*

a. Physicians holding an Iowa license issued through the IMLC are subject to the laws and rules governing the practice of medicine in Iowa.

b. Any disciplinary action taken by another member board of the IMLC against a physician licensed through IMLC shall be deemed unprofessional conduct that may be subject to discipline by the board in addition to any other violation of the board's rules deemed appropriate by the board.

c. If a license issued through the IMLC to a physician is revoked, surrendered, or relinquished in lieu of discipline, or suspended by a member board of the IMLC, then the physician's Iowa expedited license is automatically and immediately suspended, without further action needed, for a period of 90 days upon entry of an order by the board. The 90-day suspension may be terminated early by the board.

d. Disciplinary actions by out-of-state boards can be considered conclusive regarding legal and factual matters. The home board may impose similar or lesser sanctions, as long as the sanctions comply with the board's laws, or pursue separate disciplinary action.

e. If the Iowa board, as the physician's state of principal license, revokes or suspends the physician's license, or accepts a license surrender in lieu of discipline, then all licenses issued to the physician through the IMLC shall automatically be placed, without further action necessary by any member board, on the same status. If the Iowa board subsequently reinstates the physician's license, the licenses issued by the other member boards shall remain encumbered until the member boards take action to reinstate the licenses.

652.18(7) *Renewal of license issued through the IMLC.* To be eligible for renewal of a license issued through the IMLC, a licensee shall:

a. Complete an online renewal application on a form provided by the IMLC at www.imlcc.org.

b. Complete an attestation that the licensee:

(1) Maintains eligibility to designate a state as the state of principal license, pursuant to paragraph 652.21(1)*"a"*;

(2) Maintains a full and unrestricted license in the designated state of principal license;

(3) Has not been convicted of or received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(4) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;

(5) Has not had a controlled substance license or permit suspended or revoked by a state or the U.S. DEA.

c. Pay licensure fee for the renewal of a license issued through the IMLC and pay any service fee assessed by the IMLC.

d. If audited, submit verification of completion of continuing medical education requirements set forth in 481—Chapter 654.

652.18(8) *Waivers.* The laws and rules relating to the IMLC cannot be waived.

652.18(9) *Advisory opinions.* The board will recognize advisory opinions issued by the interstate commission on the meaning or interpretation of the IMLC, its bylaws, rules and actions when determining an applicant's eligibility for licensure through the IMLC.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—652.19(147,148) Denial of licensure, determination of ineligibility for licensure through the IMLC, or termination of a license issued through the IMLC.

652.19(1) *Preliminary notice of denial.* Prior to the denial of licensure to an applicant, the board shall issue a preliminary notice of denial that shall be sent to the applicant by regular, first-class mail at the address provided by the applicant. The preliminary notice of denial is a public record and shall cite the factual and legal basis for denying the application, notify the applicant of the appeal process, and specify the date upon which the denial will become final if it is not appealed.

652.19(2) *Appeal procedure.* An applicant who has received a preliminary notice of licensure denial or a Letter of Qualification that asserts the board has determined that the applicant is ineligible for licensure through the IMLC, or a notice that a medical license is ineligible for renewal through the IMLC, may appeal and request a hearing on the issues related to the preliminary notice of licensure denial or ineligibility for licensure or licensure renewal through the IMLC by serving a request for hearing upon the executive director not more than 30 calendar days following the date when the notice was mailed. The applicant's current address shall be provided in the request for hearing. The request is deemed filed on the date it is received in the board office. If the request is received with a USPS nonmetered postmark, the board shall consider the postmark date as the date the request is filed. The request shall specify the factual or legal errors and that the applicant desires an evidentiary hearing, and may provide additional written information or documents in support of licensure, or a Letter of Qualification that asserts the applicant is eligible for licensure through the IMLC, or the applicant is eligible for licensure renewal through the IMLC.

652.19(3) *Hearing.* If an applicant appeals the preliminary notice of licensure denial or a determination of ineligibility for licensure or licensure renewal through the IMLC and requests a hearing, the hearing shall be a contested case and subsequent proceedings shall be conducted in accordance with rule 481—506.32(17A,272C).

a. Hearings for applicants denied licensure, or determined to be ineligible for licensure or licensure renewal through the IMLC are contested cases open to the public.

b. Either party may request issuance of a protective order in the event privileged or confidential information is submitted into evidence.

c. Evidence supporting the denial of the license or the determination of ineligibility for licensure or licensure renewal through the IMLC may be presented by an assistant attorney general.

d. While each party shall have the burden of establishing the affirmative of matters asserted, the applicant shall have the ultimate burden of persuasion as to the applicant's qualification for licensure or licensure eligibility or licensure renewal through IMLC.

e. The board, after a hearing on license denial, may grant or deny the application for licensure. The board shall state the reasons for its decision and may grant the license, grant the license with restrictions or deny the license. The final decision is a public record. After a hearing on ineligibility for licensure renewal through the IMLC, the board may uphold the termination of the license or allow the licensee to renew. The board shall state the reasons for its decision, which is a public record. After a hearing on a Letter of Qualification determination, the board may uphold the ineligible determination or issue a Letter of Qualification asserting the applicant is eligible for licensure through the IMLC. The board shall state the reasons for its decision, which is a public record.

f. Judicial review of a final order of the board denying licensure, issuing a license with restrictions, terminating a license not eligible for renewal through the IMLC, or upholding a Letter of Qualification asserting that an applicant is ineligible for licensure through the IMLC may be sought in accordance with the provisions of Iowa Code section 17A.19, which are applicable to judicial review of any agency's final decision in a contested case.

652.19(4) *Finality.* If an applicant does not appeal a preliminary notice of denial in accordance with subrule 652.17(2), the preliminary notice of denial automatically becomes final. A final denial of an application for licensure is a public record.

652.19(5) *Failure to pursue appeal.* If an applicant appeals a preliminary notice of licensure denial or a notice of ineligibility for licensure or licensure renewal through the IMLC, in accordance with subrule 652.17(2), but the applicant fails to pursue that appeal to a final decision within one year from the date of the preliminary notice of licensure denial or a notice of ineligibility for licensure or licensure renewal through the IMLC, the board may dismiss the appeal. The appeal may be dismissed only after the board sends a written notice by first-class mail to the applicant at the applicant's last-known address. The notice shall state that the appeal will be dismissed and that the preliminary notice of licensure denial or a notice of ineligibility for licensure or licensure renewal through the IMLC will become final if the applicant does not contact the board to schedule the appeal hearing within 30 days of the date the letter is mailed from the board office. Upon dismissal of an appeal, the preliminary notice of licensure denial or a notice of ineligibility for licensure or licensure renewal through the IMLC becomes final. A final decision under this rule is a public record.

[**ARC 9112C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 147B, 148, and 272C.

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◊ Two or more ARCs

CHAPTER 653
RESIDENT, SPECIAL AND TEMPORARY PHYSICIAN LICENSURE

[Prior to 5/30/01, see Medical Examiners Board[653] Ch 11]
[Prior to 6/11/25, see Medicine Board[653] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—653.1(147,148) Definitions.

"ABMS" means the American Board of Medical Specialties.

"ACGME" means the Accreditation Council for Graduate Medical Education.

"AMA" means the American Medical Association.

"Any jurisdiction" means any state, the District of Columbia or territory of the United States of America or any other nation.

"Any United States jurisdiction" means any state, the District of Columbia or territory of the United States of America.

"AOA" means the American Osteopathic Association.

"Applicant" means a person who seeks authorization to practice medicine and surgery or osteopathic medicine and surgery in this state by making application to the board.

"Approved abuse education training program" means a training program using a curriculum approved by the abuse education review panel of the department of health and human services or a training program offered by a hospital, a professional organization for physicians, the department of health and human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

"Board" means board of medicine.

"Board-approved activity" means one of the following activities:

1. Covering for an Iowa-licensed physician who unexpectedly is unavailable to provide medical care to the physician's patients;
2. Demonstrating or proctoring that involves providing hands-on patient care to patients in Iowa;
3. Conducting a procedure on a patient in Iowa when the consultant's expertise in the procedure is greater than that of the Iowa-licensed physician who requested the procedure;
4. Providing medical care to patients in Iowa, if the physician is enrolled in an out-of-state resident training program and does not hold a resident or permanent license in the home state of the resident training program;
5. Serving as a camp physician;
6. Participating as a learner in a program of further medical education that allows hands-on patient care when the physician does not currently hold a license in good standing in any United States jurisdiction; or
7. Any other activity approved by the board.

"Board-approved resident training program" means a hospital-affiliated graduate medical education program accredited by the ACGME, AOA, RCPSC, or CFPC at the time the applicant is enrolled in the program.

"Category 1 credit" means any formal education program that is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credits by the American Academy of Family Physicians are accepted as equivalent to category 1 credits.

"CFPC" means the College of Family Physicians of Canada.

"Committee" means the licensure committee of the board.

"ECFMG" means the Educational Commission for Foreign Medical Graduates.

"FCVS" means the Federation Credentials Verification Service.

"FSMB" means the Federation of State Medical Boards.

"Incidentally called into this state in consultation with a physician and surgeon licensed in this state" as set forth in Iowa Code section 148.2(5) means all of the following shall be true:

1. The consulting physician shall be involved in the care of patients in Iowa only at the request of an Iowa-licensed physician.
2. The consulting physician has a license in good standing in another United States jurisdiction.
3. The consulting physician provides expertise and acts in an advisory capacity to an Iowa-licensed physician. The consulting physician may examine the patient and advise an Iowa-licensed physician as to the care that should be provided, but the consulting physician will not personally perform procedures, write orders, or prescribe for the patient.
4. The consulting physician practices in Iowa for a period not greater than 10 consecutive days and not more than 20 total days in any calendar year. Any portion of a day counts as one day.
5. The Iowa-licensed physician requesting the consultation retains the primary responsibility for the management of the patient's care.

"LCME" means Liaison Committee on Medical Education.

"Medical degree" means a degree of doctor of medicine and surgery or osteopathic medicine and surgery or comparable education from an international medical school.

"Permanent licensure" means licensure granted after review of the application and credentials to determine that the individual is qualified to enter into practice.

"Postgraduate training" means graduate medical education, e.g., an internship, residency or fellowship, in a hospital-affiliated training program approved by the board at the time the applicant was enrolled in the program.

"Practice" means the practice of medicine and surgery or osteopathic medicine and surgery.

"RCPSC" means the Royal College of Physicians and Surgeons of Canada.

"Resident physician" means a physician enrolled in an internship, residency or fellowship.

"Resident training program" means a hospital-affiliated graduate medical education program that enrolls interns, residents or fellows and may be referred to as a postgraduate training program for purposes of licensure.

"Service charge" means the amount charged for making a service available online and is in addition to the actual fee for a service itself. For example, one who renews a license online will pay the license renewal fee and a service charge.

"Training for chronic pain management" means required training on chronic pain management identified in 481—Chapter 654.

"Training for end-of-life care" means required training on end-of-life care identified in 481—Chapter 654.

"Training for identifying and reporting abuse" means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively.

"Uniform application for physician state licensure" means a web-based application that is intended to standardize and simplify the licensure application process for state medical licensure.

[**ARC 9113C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—653.2(148) Licensure required. Licensure is required for practice in Iowa as identified in Iowa Code section 148.1; the exceptions are identified in 481—subrule 652.2(2).

[**ARC 9113C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—653.3(147,148) Resident physician licensure.

653.3(1) *General provisions.*

a. The resident physician license authorizes the licensee to practice as an intern, resident or fellow while under the supervision of a licensed practitioner of medicine and surgery or osteopathic medicine and surgery in a board-approved resident training program in Iowa. When the ACGME, AOA, RCPSC, or CFPC fails to offer accreditation for a fellowship or the fellowship fails to seek accreditation, the board

will approve the program if the parent program is accredited by one of the aforementioned accrediting bodies. Completion of one or more years of a program that itself lacks such accreditation does not fulfill the one-year resident training requirement for permanent licensure.

b. An Iowa resident physician license or an Iowa permanent physician license is required of any resident physician enrolled in an Iowa resident training program and practicing in Iowa.

c. A resident physician license will expire on the expected date of completion of the resident training program as indicated on the licensure application.

d. A resident physician license is valid only for practice in the program designated in the application. When the physician leaves that program, the license will immediately become inactive. The director of the resident training program must notify the board within 30 days of the licensee's terminating from the program.

e. A resident physician licensee who changes resident training programs must apply for a new resident physician license as described in subrule 653.3(3). Such changes include a transfer to a different program in the same institution, a move to a program in another institution, or becoming a fellow after completing a residency in the same core program. An individual who contracts with an institution to be in two programs from the time of application for the resident license shall not be required to apply for another resident license for the second program.

f. A visiting resident physician may come to Iowa to practice as a part of the physician's resident training program if the physician is under the supervision of an Iowa-licensed physician. An Iowa physician license is not required of a physician in training if the physician has a resident or permanent license in good standing in the home state of the resident training program. An Iowa temporary physician license is required of a physician in training if the physician does not hold a resident or permanent physician license in good standing in the home state of the resident training program (more information can be found in rule 481—653.5(147,148)).

g. An Iowa license is not required for residents when they are training in a federal facility in Iowa. An Iowa license is not required for faculty who are teaching in and employed by a federal facility in Iowa and who are licensed in another state.

h. The director of a resident training program that enrolls a resident with an Iowa resident physician license shall report annually on October 1 on the resident's progress and whether any warnings have been issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action.

i. A resident physician licensee must notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

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

653.3(2) *Resident license eligibility.* To be eligible for a resident license, an applicant must meet all of the following requirements:

a. Fulfill the application requirements specified in subrule 653.3(3).

b. Be at least 20 years of age.

c. Hold a medical degree from an educational institution approved by the board at the time the applicant graduated and was awarded the degree.

(1) Educational institutions approved by the board must be fully accredited by an accrediting agency recognized by the board as schools of instruction in medicine and surgery or osteopathic medicine and surgery and empowered to grant academic degrees in medicine.

(2) The accrediting bodies currently recognized by the board are:

1. LCME for educational institutions granting degrees in medicine and surgery; and
2. AOA for educational institutions granting degrees in osteopathic medicine and surgery.

(3) If the applicant holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the applicant must:

1. Hold a valid certificate issued by ECFMG, or

2. Have successfully completed a fifth pathway program established in accordance with AMA criteria.

d. The applicant's license is not denied by the board due to the commission of a disqualifying offense, as provided in 481—subrule 652.3(3).

653.3(3) *Resident physician licensure application.*

a. Requirements. To apply for resident physician licensure, an applicant shall:

(1) Pay a nonrefundable initial application fee and fee for the evaluation of the fingerprint packet and the criminal history background checks by the division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) as specified in 481—paragraph 651.4(2)*"a"*; and

(2) Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

b. Application. The application shall require the following information:

(1) Full legal name, date and place of birth, home address, and mailing address;

(2) A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance;

(3) A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application;

(4) A photocopy of the applicant's medical degree issued by an educational institution.

1. A complete translation shall be submitted for any diploma not written in English. An official transcript, written in English and received directly from the school, verifying graduation from medical school is a suitable alternative. An official FCVS Physician Information Profile is a suitable alternative.

2. If a copy of the medical degree cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution;

(5) If the educational institution awarding the applicant the degree has not been approved by the board, the applicant shall provide a valid ECFMG certificate or evidence of successful completion of a fifth pathway program in accordance with criteria established by the AMA. An official FCVS Physician Information Profile is a suitable alternative;

(6) A statement disclosing and explaining any warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, training or research program, or health care facility in any jurisdiction;

(7) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;

(8) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside; and

(9) A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

653.3(4) *Resident license application review process.* The process below shall be utilized to review each application for a resident license.

a. An application shall be considered open from the date the application form is received in the board office with the nonrefundable resident licensure fee.

b. After reviewing each application, staff shall notify the applicant or designee about how to resolve any problems identified by the reviewer.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may grant administratively a resident license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, director of licensure and administration, and

director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff shall grant administratively a resident license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters that include but are not limited to falsification of information on the application, criminal record, substance abuse, competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant administratively a resident license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

(1) Request an investigation;

(2) Request that the applicant appear for an interview;

(3) Grant a resident physician license for a particular residency program;

(4) Grant a license under certain terms and conditions or with certain restrictions;

(5) Request that the applicant withdraw the licensure application; or

(6) Deny a license.

h. The board shall consider applications and recommendations from the committee and shall:

(1) Request an investigation;

(2) Request that the applicant appear for an interview;

(3) Grant a resident physician license for a particular residency program;

(4) Grant a license under certain terms and conditions or with certain restrictions;

(5) Request that the applicant withdraw the licensure application; or

(6) Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in rule 481—652.15(147,148).

653.3(5) *Resident license application cycle.* If the applicant does not submit all materials within 90 days of the board's initial request for further information, the application shall be considered inactive. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

653.3(6) *Extension of a resident physician license.*

a. If the licensee fails to complete the program by the expiration date on the license, the licensee has a one-month grace period in which to complete the program or secure an extension from the board.

b. The resident physician licensee must apply for an extension if the licensee has not been granted permanent physician licensure and the licensee will not complete the program within the grace period. The following extension application materials are due in the board office prior to the expiration of the license:

(1) A letter requesting an extension and providing an explanation of the need for an extension;

(2) The extension fee as specified in 481—paragraph 651.4(2)*"b"*; and

(3) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action.

c. Failure of the licensee to extend a license within one month following the expiration date will cause the license to become inactive and invalid.

d. To extend an inactive resident license within one year of becoming inactive, an applicant shall submit the following:

(1) A letter requesting an extension and providing an explanation of the need for an extension;

(2) The extension fee as specified in 481—paragraph 651.4(2)*"b"*; and

(3) A late fee as specified in 481—paragraph 651.4(2)*"c"*; and

(4) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action.

e. If more than one year has passed since the resident license became inactive, the applicant shall apply for a new resident license as described in subrule 653.3(3).

653.3(7) *Review process for extending a resident license.* The process below shall be utilized to review each request for an extension of a resident license.

a. An extension request shall be considered open from the date the required letters and nonrefundable extension fee are received in the board office.

b. After reviewing each request for extension, staff shall notify the licensee or designee about how to resolve any problems identified by the reviewer. The applicant for license extension shall provide additional information when requested by staff or the board.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for continued licensure, staff may grant administratively an extension to a resident license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, the director of licensure and administration, and the director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff shall grant administratively an extension to a resident license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters that include but are not limited to falsification of information in the request, criminal record, substance abuse, competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant administratively an extension to a resident license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

(1) Request an investigation;

(2) Request that the licensee appear for an interview;

(3) Grant a license under certain terms and conditions or with certain restrictions;

(4) Request that the licensee withdraw the request for an extension; or

(5) Deny a request for an extension of the license.

h. The board shall consider applications and recommendations from the committee and shall:

(1) Request an investigation;

(2) Request that the licensee appear for an interview;

(3) Grant an extension to the resident physician license;

(4) Grant an extension to the resident physician license under certain terms and conditions or with certain restrictions;

(5) Request that the licensee withdraw the request for an extension; or

(6) Deny a request for an extension of the license. The board may deny an extension of a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial of an extension is set forth in rule 481—652.15(147,148).

653.3(8) *Discipline of a resident license.* The board may discipline a license for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55 or 148.6, Iowa Code chapter 272C, and 481—Chapter 661.

653.3(9) *Transition from a resident license to a permanent license.* When a resident physician receives a permanent Iowa license, the resident physician license shall immediately become inactive.

[**ARC 9113C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—653.4(147,148) Special licensure.

653.4(1) *General provisions.*

a. The board may grant a special license to a physician who is an academic staff member of a college of medicine or osteopathic medicine if that physician does not meet the qualifications for permanent licensure but is held in high esteem for unique contributions the individual has made to medicine and will make by practicing in Iowa. The license is not designed for physicians in regular faculty positions that

could be filled by a physician qualified for permanent licensure in Iowa or for the purpose of training the physician who receives the license. The board will consider granting and renewing a special license on a case-by-case basis.

b. A special license may be issued for a period of not more than one year and may be renewed annually prior to expiration.

c. A special license will specifically limit the licensee to practice at the medical college and at any health care facility affiliated with the medical college.

d. A special license will automatically be placed on inactive status when the licensee discontinues service on the academic medical staff for which the special license was granted.

e. The board may cancel a special license if the licensee has practiced outside the scope of this license or for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55, 148.6, and 272C.10 and 481—Chapter 661. When cancellation of such a license is proposed, the board shall promptly notify the licensee by sending a statement of charges and notice of hearing by certified mail to the last-known address of the licensee. This contested case proceeding shall be governed by the provisions of 481—Chapter 506.

f. A special physician licensee must notify the board of any change in home address or the address of the place of practice within one month of making an address change.

g. A special physician licensee must notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

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

i. The board may accept each 12 months of practice as a special licensee as equivalent to one year of postgraduate training in a hospital-affiliated program approved by the board for the purposes of permanent licensure.

653.4(2) *Special license eligibility.* To be eligible for a special license, an applicant shall meet all of the following requirements:

a. Fulfill the application requirements specified in subrule 653.4(3);

b. Be at least 21 years of age;

c. Be a physician in a medical specialty;

d. Present evidence of holding a medical degree from an educational institution that is located in a jurisdiction outside the United States or Canada and that is listed in the Directory of Medical Schools published by the International Medical Education Directory;

e. Have completed at least two years of postgraduate education in any jurisdiction;

f. Have practiced for five years after postgraduate education;

g. Demonstrate proficiency in English by providing a valid ECFMG certificate or verification of a passing score on the Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) examination administered by the Educational Testing Service or verification of a passing score on the OET medicine test;

h. Be licensed in a jurisdiction outside the United States or Canada and present evidence that any licenses held in any jurisdiction are unrestricted; and

i. The applicant's license is not denied by the board due to the commission of a disqualifying offense, as provided in 481—subrule 652.3(3).

653.4(3) *Special license application.*

a. Requirements. To apply for a special license, an applicant must:

(1) Pay a nonrefundable special license fee and a fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI as specified in 481—paragraph 651.4(3) *"a"*;

(2) Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant;

(3) Provide verification of successful completion of a medical degree;

(4) Provide a valid ECFMG certificate or verification of a passing score on the TSE or TOEFL examination administered by the Educational Testing Service or verification of a passing score on the OET medicine test;

(5) Present a letter from the dean of the medical college in which the applicant will be practicing that indicates all of the following:

1. The applicant has been invited to serve on the academic staff of the medical school and in what capacity;

2. The applicant's qualifications and the unique contributions the applicant has made to the practice of medicine;

3. The unique contributions the applicant is expected to make by practicing in Iowa and how these contributions will serve the public interest of Iowans; and

(6) Present at least two letters of recommendation from universities, other educational institutions, or research facilities that indicate the applicant's noteworthy professional attainment.

b. Application. The application shall request the following information:

(1) Name, date and place of birth, home address, and mailing address;

(2) A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance;

(3) A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application;

(4) A photocopy of the applicant's medical degree issued by an educational institution and a sworn statement from an official of the educational institution certifying the date the applicant received the medical degree and acknowledging what, if any, derogatory comments exist in the institution's record about the applicant. A complete translation of any diploma not written in English shall be submitted;

(5) A statement disclosing and explaining any warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction;

(6) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;

(7) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside; and

(8) A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

653.4(4) *Special license application review process.* The process below shall be utilized to review each application for a special license.

a. An application shall be considered open from the date the application form is received in the board office with the nonrefundable special licensure fee.

b. After reviewing each application, staff shall notify the applicant or the applicant's academic institution about how to resolve any problems identified by the reviewer. The applicant shall provide additional information when requested by staff or the board.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant a special license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, director of licensure and administration, and director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff shall administratively grant a special license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters that include but are not limited to falsification of information on the application, criminal record, substance abuse, questionable competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant administratively a special license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

(1) Request that the applicant appear for an interview;

(2) Grant a special license for practice at the medical college designated in the application;

(3) Grant a license under certain terms and conditions or with certain restrictions;

(4) Request that the applicant withdraw the licensure application; or

(5) Deny a license.

h. The board shall consider applications and recommendations from the committee and shall:

(1) Request that the applicant appear for an interview;

(2) Grant a special license for practice at the medical college designated in the application;

(3) Grant a license under certain terms and conditions or with certain restrictions;

(4) Request that the applicant withdraw the licensure application; or

(5) Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in rule 481—652.15(147,148).

653.4(5) *Special license application cycle.* If the applicant does not submit all materials within 90 days of the board's initial request for further information, the application will be considered inactive. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

653.4(6) *Renewal of a special license.*

a. If the special physician licensee has not qualified for and received a permanent license, the licensee must renew prior to expiration.

b. A special physician licensee may apply for a one-year renewal by submitting the following:

(1) A completed renewal application;

(2) The renewal fee as specified in 481—paragraph 651.4(3)*"b"*;

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

(4) A letter from the dean of the medical college that addresses the individual's unique contribution to the practice of medicine in Iowa, how the anticipated contribution will serve the public interest of Iowans, and the need for renewal of this license. For a licensee who received the initial special license prior to July 1, 2001, the only statement needed from the dean is verification of the academic appointment the licensee continues to hold.

c. Failure of the licensee to renew a license within one month of the expiration date will cause the license to become inactive. A licensee whose license is inactive is prohibited from practice until a new special license is granted according to subrules 653.4(3) and 653.4(4).

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481—653.5(147,148) Temporary licensure. The board may issue a temporary license authorizing a physician to participate in a board-approved activity in Iowa. Temporary licensure is granted on a case-by-case basis and depends upon the applicant's education and training, experience and licensure status elsewhere and upon the intended use of the temporary license.

653.5(1) *General provisions.*

a. The temporary license to practice is intended for a physician to participate in a board-approved activity, as defined in rule 481—653.1(147,148), in Iowa that is short-term. Temporary licensure is not intended for locum tenens.

b. The license may be restricted to the board-approved activity, location(s) or time period of up to one year.

(1) A physician who is granted a temporary license for a board-approved activity may qualify for renewal of that license if the physician needs an extension of the license for the original purpose or to pursue more than one board-approved activity within a year.

(2) A physician who wishes to continue in a board-approved activity in Iowa for short intervals beyond one year is eligible for a temporary license each year after reapplying and qualifying on an annual basis.

c. A physician incidentally called into this state in consultation with a physician and surgeon licensed in this state, as defined in rule 481—653.1(147,148), is not required to obtain a temporary license in Iowa.

d. The board may take disciplinary action on a temporary license if the licensee has practiced outside the scope of the temporary license or for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55, 148.6, and 272C.10 and 481—Chapter 661. Contested case proceedings shall be governed by the provisions of 481—Chapter 506.

e. A physician who holds a temporary license must notify the board of any change in address within three days of making an address change.

f. A physician who holds a temporary license must notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

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

653.5(2) *Temporary license eligibility.* To be eligible for a temporary license, an applicant must meet all of the following requirements:

a. Fulfill the requirements specified in subrules 653.5(3) and 653.5(4);

b. Be at least 21 years of age;

c. Hold a medical degree from an educational institution approved by the board (if the applicant is an international medical graduate, the educational institution must be listed in the International Medical Education Directory);

d. Hold a current active, unrestricted license to practice medicine issued by any jurisdiction;

e. Be fluent in the English language;

f. Present a letter justifying the need for temporary licensure from the organization or individual seeking the applicant's participation in a board-approved activity;

g. The applicant's license is not denied by the board due to the commission of a disqualifying offense, as provided in 481—subrule 652.3(3).

653.5(3) *Requirements for a temporary license.* To apply for a temporary license, an applicant must:

a. Pay a nonrefundable initial application fee and fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI as specified in 481—paragraph 651.4(4)*"a."* A physician who is serving as a camp physician and who is not receiving payment other than expenses shall be exempt from the license application fee and the fee for the criminal history background check.

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

653.5(4) *Application.* The application shall require the following information:

a. The applicant's full legal name, date and place of birth, home address, mailing address and principal business address;

b. A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including the applicant's license number and date of issuance of the license;

c. A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application;

d. A statement by the applicant that discloses and explains any warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction;

e. A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;

f. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant, filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

g. A statement from the applicant that justifies the need for a temporary license, including where the applicant intends to practice and the type of practice involved;

h. A letter from the Iowa organization or individual seeking the applicant's services that explains the need for the applicant's participation in the board-approved activity in Iowa, the time period involved, the scope of practice, and the exact location and facilities where the board-approved activity will occur;

i. For an international medical graduate who does not hold a license in good standing in any United States jurisdiction, a statement, which shall be submitted by the Iowa organization or individual offering the board-approved activity, identifying who the applicant's immediate supervisor will be;

j. For an international medical graduate who does not hold a license in good standing in any United States jurisdiction:

(1) Verification, which shall be submitted from the licensing authority of the country in which the physician is licensed, that the physician has a license in good standing;

(2) Evidence of fluency in the English language;

k. For a resident physician who does not hold a current, active resident or permanent license in the home state of the resident training program, a statement, which shall be submitted by the resident director or individual offering the board-approved activity, identifying who the applicant's immediate supervisor will be; and

l. A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

653.5(5) *Standard application review process for a temporary license.* The standard review process shall be utilized to review each application for a temporary license, except that the process identified in subrule 653.5(6) shall be used for any international medical graduate who does not currently hold a license in good standing in any United States jurisdiction or for any physician who seeks temporary licensure for an activity not listed in paragraphs "1" through "6" of the definition of "board-approved activity" in rule 481—653.1(147,148). The standard application review process is as follows:

a. An application shall be considered open from the date the application form and the nonrefundable fees are received in the board office.

b. After reviewing each application, staff shall notify the applicant or designee about how to resolve any problems identified by the reviewer.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for temporary licensure or the need for a temporary licensee, staff may administratively grant a temporary license to the applicant for a specific activity, location(s) or specified duration based on the nature of the board-approved activity. The license shall not be granted for a period longer than one year.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, then the executive director, the director of licensure and administration, and the director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for temporary licensure or the organization's or requesting individual's need for a licensee with a temporary license.

(1) If there is no current concern, staff shall administratively grant a temporary license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters that include but are not limited to falsification of information on the application, criminal record, malpractice, substance abuse, competency, physical or mental illness, educational disciplinary history, or questionable need on the part of the organization.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to administratively grant a temporary license for a specific activity, location(s) or specified duration based on the nature of the board-approved activity.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

(1) Grant a temporary license for a specific activity, location(s) or specified duration based on the nature of the board-approved activity;

(2) Grant a temporary license under certain terms and conditions or with certain restrictions;

(3) Deny a temporary license; or

(4) Request that the applicant withdraw the temporary licensure application.

h. The board shall consider applications and recommendations from the committee and shall:

(1) Grant a temporary license for a specific activity, location(s) or specified duration based on the nature of the board-approved activity;

(2) Grant a temporary license under certain terms and conditions or with certain restrictions;

(3) Request that the applicant withdraw the temporary licensure application. The request shall not imply that the applicant is ineligible for permanent licensure if that application process is pursued; or

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician's services by the organization or individual. The procedure for appealing a license denial is set forth in rule 481—652.17(147,148).

653.5(6) *Application review process for applicants with certain exceptions.* This application process shall be used to review applications submitted by an international medical graduate who does not currently hold a license in good standing in any United States jurisdiction or by a physician seeking temporary licensure for an activity not listed in paragraphs "1" through "6" of the definition of "board-approved activity" in rule 481—653.1(147,148). Following is the application review process for applicants with exceptions:

a. An application shall be considered open from the date the application form and the nonrefundable fees are received in the board office.

b. After reviewing each application, staff shall notify the applicant or designee about how to resolve any problems identified by the reviewer.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for temporary licensure or the need for a temporary license, staff shall submit the application to the committee for review and recommendation to the board about whether to grant a temporary license to the physician and whether the license should be granted for a specific activity, location(s) or specified duration based on the nature of the board-approved activity.

d. The board shall consider applications and recommendations from the committee and shall:

(1) Grant a temporary license for a specific activity, location(s) or specified duration based on the nature of the board-approved activity;

(2) Grant a temporary license under certain terms and conditions or with certain restrictions;

(3) Request that the applicant withdraw the temporary licensure application. The request shall not imply that the applicant is ineligible for permanent licensure if that application process is pursued; or

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician's services by the organization or individual. The procedure for appealing a license denial is set forth in rule 481—652.17(147,148).

653.5(7) *Temporary license application cycle.* If the applicant does not submit all materials within 90 days of the board's initial request for further information, the application will be considered inactive. An applicant whose application is inactive must reapply and submit new nonrefundable fees and a new application, documents and credentials if the applicant wishes to pursue temporary licensure.

653.5(8) *Renewal of a temporary license.*

a. To apply for renewal of a temporary license, the licensee shall submit the following:

(1) A request for renewal;

(2) The renewal fee as specified in 481—paragraph 651.4(4)*"b"*; and

(3) Written justification for the renewal from the organization or individual seeking the applicant.

b. Failure of the licensee to renew a license by the expiration date will cause the license to become inactive. The individual shall not practice in Iowa until securing a permanent medical license or until becoming eligible for a second temporary license.

[**ARC 9113C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—653.6(147,148,148J) Provisional licensure for foreign medical graduates.

653.6(1) *General provisions.*

a. The board may grant a provisional license to a foreign medical graduate who meets the qualifications provided in Iowa Code chapter 148J and these rules.

b. A provisional license may be issued for a period of not more than one year and may be renewed annually prior to expiration.

c. A provisional license will specifically limit the licensee to practice at the health care facility that provided the foreign medical graduate with the offer of employment as required by Iowa Code chapter 148J to qualify for this license.

d. The board may cancel a provisional license if the licensee has practiced outside the scope of this license, the licensee's employment is terminated with the health care facility who offered the licensee employment to qualify for the provisional license, or the licensee ceases to have an eligible immigration status for employment in the United States of America or for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55, 148.6, and 272C.10 and 481—Chapter 661. When cancellation of such license is proposed, the board will promptly notify the licensee by serving a statement of charges and notice of hearing upon the licensee pursuant to 481—Chapter 506. This contested case proceeding shall be governed by the provisions of 481—Chapter 506.

e. A provisional licensee must notify the board of any change in the licensee's home address or the address of the place of practice within one month of making an address change.

f. A provisional licensee must notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

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

653.6(2) *Provisional license eligibility.* To be eligible for a provisional license, an applicant shall meet all of the following requirements:

a. Fulfill the application requirements specified in subrule 653.6(3);

b. Be at least 21 years of age;

c. Present evidence of holding a medical degree from an international medical program in good standing. This can be achieved in the following two ways:

(1) The international medical program the licensee successfully completed is approved by the ECFMG; or

(2) By presenting sufficient evidence to the board that the international medical program the applicant completed is substantially similar to the requirements of the LCME;

d. Be in good standing with and have no pending discipline before the licensing or regulatory institution in the foreign country;

e. Have practice in medicine and surgery or osteopathic medicine and surgery as a licensed physician for five years following the completion of a residency or substantially similar postgraduate medical training. The applicant can demonstrate the postgraduate medical training is substantially similar to a residency in the following two ways:

(1) The residency or postgraduate training is approved by the ACGME, AOA, RCPSC, or CFPC; or

(2) By presenting sufficient evidence to the board that the residency or postgraduate training is substantially similar to the requirements of one of the four agencies listed in subparagraph 653.6(2)*"e"*(1);

f. Demonstrate proficiency in English by providing a valid ECFMG certificate or verification of a passing score on the TSE or TOEFL examination administered by the Educational Testing Service or verification of a passing score on the OET medicine test;

g. Be licensed in a jurisdiction outside the United States or Canada and present evidence that any licenses held in any jurisdiction are unrestricted;

h. The applicant's license is not denied by the board due to the commission of a disqualifying offense, as provided in 481—subrule 652.3(3); and

i. Have a passing score in all steps of the USMLE.

653.6(3) *Provisional license application.*

a. Requirements. To apply for a provisional license, an applicant must:

(1) Pay a nonrefundable special license fee and a fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI as specified in 481—paragraph 651.4(3) *"a"*;

(2) Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all the information provided by the applicant;

(3) Provide a sworn statement from the director or the director's designee of the medical licensing or regulatory institution in the individual's resident country that the applicant's license is in good standing and is not subject to any pending discipline;

(4) Provide a certified record from the national policy agency in the individual's resident country of a complete criminal history of the applicant;

(5) Provide verification of successful completion of a medical degree;

(6) Provide a valid ECFMG certificate or verification of a passing score on the TSE or TOEFL examination administered by the Educational Testing Service or verification of a passing score on the OET medicine test; and

(7) Provide a sworn statement and supporting documents from the health care facility offering employment to the provisional licensee applicant that the facility has had the applicant's immigration status reviewed by a licensed attorney of this jurisdiction and a determination was made that the applicant has proper immigration status for employment in the United States of America.

b. Application. The application shall request the following information:

(1) Name, date and place of birth, home address, and mailing address;

(2) A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance;

(3) A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application;

(4) A photocopy of the applicant's medical degree issued by an educational institution and a sworn statement from an official of the educational institution certifying the date the applicant received the medical degree and acknowledging what, if any, derogatory comments exist in the institution's record about the applicant. A complete translation of any diploma not written in English shall be submitted;

(5) A statement disclosing and explaining any warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, educational institution, training or research program, or health facility in any jurisdiction;

(6) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;

(7) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside; and

(8) A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

653.6(4) *Provisional license application review process.* The process below shall be utilized to review each application for a provisional license.

a. An application is considered open from the date the application form is received in the board office with the nonrefundable provisional licensure fee.

b. After reviewing each application, staff will notify the applicant or the health care facility offering the applicant employment about how to resolve any problems identified by the reviewer. The applicant shall provide additional information when requested by staff or the board.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant a provisional license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, director of licensure and administration, and director of legal affairs will determine whether the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff will administratively grant a provisional license.

(2) If any concern exists, the application will be referred to the committee.

e. Staff will refer to the committee for review matters that include but are not limited to falsification of information on the application, criminal record, substance abuse, questionable competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to administratively grant a provisional license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee will recommend that the board:

(1) Request that the applicant appear for an interview;

(2) Grant a provisional license;

(3) Grant a license under certain terms and conditions or with certain restrictions;

(4) Request that the applicant withdraw the licensure application; or

(5) Deny a license.

h. The board will consider applications and recommendations from the committee and:

(1) Request that the applicant appear for an interview;

(2) Grant a provisional license for practice at the medical college designated in the application;

(3) Grant a license under certain terms and conditions or with certain restrictions;

(4) Request that the applicant withdraw the licensure application; or

(5) Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in rule 481—652.15(147,148).

653.6(5) *Provisional license application cycle.* If the applicant does not submit all materials within 90 days of the board's initial request for further information, the application will be considered inactive. An applicant must reapply and submit a new nonrefundable application fee and a new application, new documents and new credentials.

653.6(6) *Renewal of a provisional license.*

a. If the provisional licensee has not qualified for and received a permanent license, the licensee must renew prior to expiration.

b. A provisional licensee may apply for a one-year renewal by submitting the following:

(1) A completed renewal application;

(2) The renewal fee as specified in 481—paragraph 651.4(3)*"b"*;

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

(4) A letter from the chief medical officer for the health care facility employing the licensee that addresses the individual's fitness to the practice of medicine in Iowa, how the anticipated contribution will serve the public interest of Iowans, and the need for renewal of this license.

c. Failure of the licensee to renew a license within one month of the expiration date will cause the license to become inactive. A licensee whose license is inactive is prohibited from practice until a new provisional license is granted according to subrules 653.4(3) and 653.4(4).

653.6(7) *Conversion of a provisional license to a full license.*

a. After three consecutive years of holding a provisional license in good standing, the provisional licensee may apply to have the licensee's license converted to a full license to practice medicine and surgery or osteopathic medicine and surgery, provided the license has not been revoked pursuant to Iowa Code section 148J.2. The provisional licensee may alternatively elect to continue to renew the licensee's provisional license on a yearly basis.

b. The provisional licensee shall make application to the board for conversion of the licensee's provisional license using the application form provided by the board. The application shall include the following:

(1) A completed application;

(2) The renewal fee as specified in 481—paragraph 651.4(3)*"b"*;

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

(4) A letter, submitted by the chief medical officer for the health care facility employing the licensee, that addresses the individual's fitness to practice medicine in Iowa, how the anticipated contribution will serve the public interest of Iowans, and the need for renewal of this license.

(5) An updated criminal background check as described in subrule 653.6(3).

(6) A statement disclosing and explaining any informal or nonpublic actions, warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, a training or research program, or a health facility in any jurisdiction.

(7) A statement disclosing and explaining the applicant's involvement in civil litigation related to the practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process.

(8) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding to have the conviction or plea set aside is pending. Copies of the legal documents may be requested if needed during the review process.

(9) The full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board.

(10) A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance.

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◊ Two or more ARCs

CHAPTER 654
CONTINUING EDUCATION AND TRAINING REQUIREMENTS

[Prior to 5/4/88, see 470—135.101 through 135.110 and 470—135.501 through 135.512]
[Prior to 6/11/25, see Medicine Board[653] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—654.1(272C) Definitions.

"ABMS" means the American Board of Medical Specialties. The board recognizes specialty board certification by ABMS.

"Accredited provider" means an organization approved as a provider of category 1 credit by one of the following board-approved accrediting bodies: Accreditation Council for Continuing Medical Education, Iowa Medical Society, or the Council on Continuing Medical Education of the AOA.

"Active duty" means full-time training or active service in the U.S. armed forces, reserves or national guard.

"Active licensee" means any person licensed to practice medicine and surgery or osteopathic medicine and surgery in Iowa who has met all conditions of licensure and maintains a current license to practice in Iowa.

"AMA" means the American Medical Association.

"AOA" means the American Osteopathic Association.

"Approved abuse education training program" means a training program using a curriculum approved by the abuse education review panel of the department of health and human services or a training program offered by a hospital, a professional organization for physicians, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

"Approved program or credit" means any category 1 credit offered by an accredited provider or any other program or credit meeting the standards set forth in these rules.

"Board" means the board of medicine.

"Carryover" means hours of category 1 credit earned in excess of the required hours in a license period that may be applied to the continuing education requirement in the subsequent license period; carryover may not exceed 20 hours of category 1 credit per renewal cycle.

"Category 1 credit" means any formal education program that is sponsored by an accredited provider. Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credits by the American Academy of Family Physicians are accepted as equivalent to category 1 credits.

"Committee" means the licensure committee of the board.

"COMVEX-USA" means the Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America.

"Continuing education" means education that is acquired by a licensee in order to maintain or enhance skills and knowledge present at initial licensure or to develop relevant skills and knowledge.

"Hour of continuing education" means a clock hour spent by a licensee in actual attendance at or completion of an approved category 1 credit.

"Inactive license" means any license that is not a current, active license.

"Licensee" means any person licensed to practice medicine and surgery or osteopathic medicine and surgery in the state of Iowa.

"Opioid" means any FDA-approved product or active pharmaceutical ingredient classified as a controlled substance that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

"Service charge" means the amount charged for making a service available on line and is in addition to the actual fee for a service itself.

"SPEX" means Special Licensure Examination prepared by the Federation of State Medical Boards and administered by a licensing authority in any jurisdiction. The passing score on SPEX is 75.

"Training for identifying and reporting abuse" means training as described in Iowa Code section 232.69; the full requirements for reporting of dependent adult abuse and the training requirements are in Iowa Code section 235B.16.

[**ARC 9114C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—654.2(272C) Continuing education credit and alternatives.

654.2(1) Continuing education credit may be obtained by attending category 1 credits as defined in this chapter.

654.2(2) The board accepts the following as equivalent to 50 hours of category 1 credit: participation in an approved resident training program or board certification or recertification by an ABMS or AOA specialty board within the licensing period.

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

[**ARC 9114C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

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

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

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

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

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

b. Continuing education for special license renewal. A total of 20 hours of category 1 credit shall be required for annual renewal of a special license. No carryover hours are allowed.

c. Training for identifying and reporting child and dependent adult abuse for permanent or special license renewal. A licensee shall complete the training for identifying and reporting child and dependent adult abuse as part of a category 1 credit or an approved training program. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 654.3(1)*"a."*

(1) Training to identify child abuse. A licensee who regularly provides primary health care to children in Iowa must complete at least two hours of training provided by the department of health and human services pursuant to Iowa Code section 232.69(3)*"c"* in child abuse identification and reporting every three years. "A licensee who regularly provides primary health care to children" means all emergency physicians, family physicians, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary health care to children.

(2) Training to identify dependent adult abuse. A licensee who regularly provides primary health care to adults in Iowa must complete at least two hours of training provided by the department of health and human services pursuant to Iowa Code section 235B.16(5)*"c"* in dependent adult abuse identification and reporting every three years. "A licensee who regularly provides primary health care to adults" means all emergency physicians, family physicians, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists and any other physician who regularly provides primary health care to adults.

d. Training for chronic pain management for permanent or special license renewal. The licensee shall complete the training for chronic pain management as part of a category 1 credit. The licensee may

utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 654.3(1)*"a."*

(1) Licensees who prescribed opioids in the prior license period must complete two hours of category 1 credit on U.S. Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing every five years. The licensee may opt out of this requirement during license renewal if the licensee did not prescribe opioids in the previous cycle.

(2) A licensee who had a permanent or special license on January 1, 2019, has until January 1, 2024, to complete the chronic pain management training and shall then complete the training once every five years thereafter.

e. Training for end-of-life care for permanent or special license renewal. The licensee shall complete the training for end-of-life care as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 654.3(1)*"a."*

(1) A licensee who regularly provides direct patient care to actively dying patients in Iowa must complete at least two hours of category 1 credit for end-of-life care every five years.

(2) A licensee who had a permanent or special license on January 1, 2019, has until January 1, 2024, to complete the end-of-life care training and shall then complete the training once every five years thereafter.

654.3(2) *Exemptions from renewal requirements.*

a. A licensee shall be exempt from the continuing education requirements in subrule 654.3(1) when, upon license renewal, the licensee provides evidence for:

(1) Periods that the licensee served honorably on active duty in the U.S. armed forces, reserves or national guard;

(2) Periods that the licensee practiced in another state or district and did not provide medical care, including telemedicine services, to patients located in Iowa if the other state or district had continuing education requirements for the profession and the licensee met all requirements of that state or district for practice therein;

(3) Periods that the licensee was a government employee working in the licensee's specialty and assigned to duty outside the United States; or

(4) Other periods of active practice and absence from the state approved by the board.

b. The requirements for training on chronic pain management and end-of-life care for license renewal shall be suspended for a licensee who provides evidence for:

(1) Periods described in subparagraph 654.3(2)*"a"*(1), *"a"*(2), *"a"*(3), or *"a"*(4); or

(2) Periods that the licensee resided outside of Iowa and did not practice in Iowa.

654.3(3) *Extension for completion of or exemption from renewal requirements.* The board may grant an extension of time for or an exemption from completion of the renewal requirements in subrule 11.3(1) in cases of physical disability or illness.

a. A licensee requesting an extension or exemption shall complete and submit a request to the board that sets forth the reasons for the request and has been signed by the licensee and attending physician.

b. The board may grant an extension of time to fulfill the requirements in subrule 654.3(1).

c. The board may grant an exemption from the educational requirements for any period of time not to exceed one calendar year.

d. If the physical disability or illness for which an extension or exemption was granted continues beyond the period of waiver, the licensee must reapply for a continuance of the extension or exemption.

e. The board may, as a condition of any extension or exemption granted, require the applicant to make up a portion of the continuing education requirement by methods it prescribes.

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

654.3(5) *Cost of continuing education and training for renewal or reinstatement.* Each licensee is responsible for all costs of continuing education and training required in 481—Chapter 654.

654.3(6) *Documentation.* A licensee shall maintain documentation of the continuing education and training, including dates, subjects, duration of programs, and proof of participation.

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

654.3(8) *Grounds for discipline.* A licensee may be subject to disciplinary action for failure to comply with continuing education and training requirements in 481—Chapter 654.

[**ARC 9114C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—654.4(272C) Failure to fulfill requirements for continuing education and training for identifying and reporting abuse.

654.4(1) Disagreement over whether material submitted fulfills the requirements specified in rule 481—654.3(272C).

a. Staff will work with a licensee or applicant to resolve any discrepancy concerning credit for renewal or reinstatement.

b. When resolution is not possible, staff will refer the matter to the committee.

(1) In the matter of a licensee seeking license renewal, staff will renew the license if all other matters are in order and inform the licensee that the matter is being referred to the committee.

(2) In the matter of an applicant seeking reactivation, staff will reactivate the license if all other matters are in order and inform the applicant that the matter is being referred to the committee.

c. The committee considers the staff's recommendation for denial of credit for continuing education or training for identifying and reporting abuse, chronic pain management, and end-of-life care.

(1) If the committee approves the credit, it will authorize the staff to inform the licensee or applicant that the matter is resolved.

(2) If the committee disapproves the credit, it will refer the matter to the board with a recommendation for resolution.

d. The board will consider the committee's recommendations.

(1) If the board approves the credit, it will authorize the staff to notify the licensee or applicant for reinstatement if all other matters are in order.

(2) If the board denies the credit, it will:

1. Close the case;
2. Send the licensee or applicant an informal, nonpublic letter of warning or education; or
3. File a statement of charges for noncompliance with the board's rules on continuing education or training and for any other violations that may exist.

654.4(2) Informal appearance for failure to complete requirements for continuing education or training.

a. The licensee or applicant may, within ten days after the date that the notification of the denial was sent by certified mail, request an informal appearance before the board.

b. At the informal appearance, the licensee or applicant will have the opportunity to present information, and the board will issue a written decision.

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These rules are intended to implement Iowa Code chapters 147 and 272C and sections 232.69 and 235B.16.

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CHAPTER 655
STANDARDS OF PRACTICE AND PRINCIPLES OF MEDICAL ETHICS

[Prior to 5/4/88, see 470—135.251 through 135.402]
[Prior to 6/11/25, see Medicine Board[653] Ch 13]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—655.1(148,272C) Standards of practice—packaging, labeling and records of prescription drugs dispensed by a physician.

655.1(1) A physician shall dispense a prescription drug only in a container that meets the requirements of the Poison Prevention Packaging Act of 1970, 15 U.S.C. Sections 1471-1476 (2001), unless otherwise requested by the patient, and of Section 502G of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. Section 301 et seq. (2001).

655.1(2) A label affixed to a container in which a prescription drug is dispensed by a physician shall include:

a. The name and address of the physician.

b. The name of the patient.

c. The date dispensed.

d. The directions for administering the prescription drug and any cautionary statement deemed appropriate by the physician.

e. The name and strength of the prescription drug in the container.

655.1(3) The provisions of subrules 655.1(1) and 655.1(2) shall not apply to packaged drug samples.

655.1(4) Physicians must document all prescription drugs dispensed to patients, including required label information. Noting such information on the patient's chart or record maintained by the physician is sufficient.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.2(124,148,272C) Standards of practice—appropriate pain management.

655.2(1) *Standards.* This rule establishes standards of practice for the management of acute and chronic pain. The board encourages the use of nonopioid pharmacologic therapy and nonpharmacologic therapy.

a. This rule is intended to encourage appropriate pain management, including the use of opioids for the treatment of pain, while stressing the need to establish safeguards to minimize the potential for substance abuse and drug diversion.

b. The goal of pain management is to treat each patient's pain in relation to the patient's overall health. At the end of life, the goals may shift to palliative care.

c. Pain management is an important part of medical practice. Unmanaged or inappropriately treated pain impacts patients' quality of life, reduces patients' ability to be productive members of society, and increases patients' use of health care services.

d. Physicians treating pain with opioids in a manner consistent with appropriate pain management practices should not fear board action. Dosage is not the sole measure of determining whether a physician has complied with appropriate pain management practices. The board recognizes the complexity of treating patients with chronic pain or a substance abuse history. Generally, the board is concerned about a pattern of improper pain management or a single occurrence of willful or gross overtreatment or undertreatment of pain.

e. Inappropriate pain management is a departure from the acceptable standard of practice in Iowa and may be grounds for disciplinary action.

655.2(2) *Definitions.* For the purposes of this rule, the following terms are defined as follows:

"Acute pain" means the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. Generally, acute pain is self-limited, lasting no more than a few weeks following the initial stimulus.

"Addiction" means a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors

that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

"Chronic pain" means pain that lasts longer than three months or past the time of normal tissue healing.

"Pain" means an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Pain is an individual, multifactorial experience influenced by culture, previous pain events, beliefs, mood and ability to cope.

"Physical dependence" means a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

"Pseudoaddiction" means an iatrogenic syndrome resulting from the misinterpretation of relief-seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief-seeking behaviors resolve upon institution of effective analgesic therapy.

"Substance abuse" means the use of a drug, including alcohol, by the patient in an inappropriate manner that may cause harm to the patient or others, or the use of a drug for an indication other than that intended by the prescribing clinician. An abuser may or may not be physically dependent on or addicted to the drug.

"Tolerance" means a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

"Undertreatment of pain" means the failure to properly assess, treat and manage pain or the failure to appropriately document a sound rationale for not treating pain.

655.2(3) *Laws and regulations.* Nothing in this rule relieves a physician from fully complying with applicable federal and state laws and regulations.

655.2(4) *Undertreatment of pain.* The undertreatment of pain is a departure from the acceptable standard of practice in Iowa. Undertreatment may include a failure to recognize symptoms and signs of pain, a failure to treat pain within a reasonable amount of time, a failure to allow interventions, e.g., analgesia, to become effective before invasive steps are taken, a failure to address pain needs in patients with reduced cognitive status, a failure to use opioids for terminal pain due to the physician's concern with addicting the patient, or a failure to use an adequate level of pain management.

655.2(5) *Assessment and treatment of acute and chronic pain.* Appropriate assessment of the etiology of the pain is essential to the appropriate treatment of acute and chronic pain.

a. Prescribing opioids for the treatment of acute and chronic pain should only be accomplished within an established physician-patient relationship and should be based on clearly diagnosed and documented pain. Appropriate management of acute and chronic pain should include an assessment of the mechanism, type and intensity of pain. The patient's medical record should clearly document a medical history, a pain history, a clinical examination, a medical diagnosis and a treatment plan.

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

655.2(6) *Effective management of chronic pain.* To ensure that chronic pain is properly assessed and treated, a physician who prescribes, dispenses or administers opioids to a patient for the treatment of chronic pain shall exercise sound clinical judgment and establish an effective pain management plan in accordance with the following:

a. Patient evaluation. Prior to the patient starting treatment, a patient evaluation must be conducted that includes a physical examination, a comprehensive medical history, pain assessment, and examination of physical and psychological function. This evaluation should also cover diagnostic studies, past interventions, medication and substance abuse history, and any underlying conditions. Depending on the complexity of the case and the physician's expertise, consultation or referral to specialists in pain medicine, addiction medicine, or areas associated with the patient's pain may be necessary. Interdisciplinary evaluation is recommended.

b. Treatment plan. The physician must create a tailored treatment plan addressing the patient's individual needs, outlining treatment objectives such as pain relief or improved functioning, and indicating any planned diagnostic evaluations or treatments. The plan should include other treatment modalities and rehabilitation programs used. Short- and long-term pain relief needs should be considered, along with the patient's ability to request pain relief and the patient's setting. Whenever possible, opioids should be prescribed by one physician and filled at one pharmacy.

c. Informed consent. A discussion of the risks and benefits of opioids with the patient or person representing the patient must be documented.

d. Periodic review. The physician must regularly review the patient's drug treatment course and pain source. Drug therapy should be adjusted to meet individual patient needs, based on progress toward treatment plan objectives. If reviews show treatment plan objectives are not being met or indicate diversion or substance abuse patterns, the physician should reconsider drug therapy and explore other treatment options. Long-term opioid use may lead to tolerance and abnormal pain sensitivity, meaning increasing doses may not improve pain control or function.

e. Consultation/referral. A specialty consultation, including with a physician with expertise in addiction medicine or substance abuse counseling, may be considered if there is evidence of significant adverse effects, lack of response to the medication, diversion, or a pattern of substance abuse. The board encourages a multidisciplinary approach to chronic pain management.

f. Documentation. The physician shall keep accurate, timely, and complete records that detail compliance with this subrule, including patient evaluation, diagnostic studies, treatment modalities, treatment plan, informed consent, periodic review, consultation, and any other relevant information about the patient's condition and treatment.

g. Pain management agreements. Physicians treating chronic pain with opioids should consider implementing a pain management agreement with each patient outlining medication use rules and consequences for misuse. The decision to use such an agreement should be based on individual patient evaluation, weighing risks and benefits of long-term opioid treatment. If opioid treatment exceeds 90 days for chronic pain, and there is a concern for drug abuse or diversion, a pain management agreement should be used. If a physician opts not to use a pain management agreement, reasons should be documented in the patient's medical records. Pain management agreements are not required for hospice or nursing home patients.

h. Substance abuse history or comorbid psychiatric disorder. A patient's prior history of substance abuse does not necessarily contraindicate appropriate pain management. However, treatment of patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care and communication with the patient, monitoring, documentation, and consultation with or referral to an expert in the management of such patients. The board strongly encourages a multidisciplinary approach for pain management of such patients that incorporates the expertise of other health care professionals.

i. Drug testing. A physician who prescribes opioids to a patient for more than 90 days for the treatment of chronic pain should consider utilizing drug testing to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that the patient is at risk of drug abuse or diversion.

j. Termination of care. The physician should consider termination of patient care if there is evidence of noncompliance with the rules for medication use, drug diversion, or a repeated pattern of substance abuse.

655.2(7) *Pain management for terminal illness.* The provisions of this subrule apply to patients who are at the stage in the progression of cancer or other terminal illness when the goal of pain management is comfort care. When the goal of treatment shifts to comfort care rather than cure of the underlying condition, the board recognizes that the dosage level of opioids to control pain may exceed dosages recommended for chronic pain and may come at the expense of patient function. The determination of such pain management should involve the patient, if possible, and others the patient has designated for assisting in end-of-life care.

655.2(8) *Prescription monitoring program.* The board of pharmacy established a prescription monitoring program pursuant to Iowa Code sections 124.551 through 124.558 to help prescribers and

pharmacists track controlled substance prescriptions. Physicians must register for this program when applying for or renewing their controlled substance prescribing registration. Before prescribing opioids, physicians or their agents must use the program to guide treatment decisions and enhance patient care quality. However, utilization is not required for patients in inpatient hospice care or long-term residential facilities. Orders in hospital settings are not considered prescriptions under these rules, as patient safety is managed within these settings.

655.2(9) *Electronic prescriptions.* Beginning January 1, 2020, all prescriptions (controlled and noncontrolled substances) are to be transmitted electronically as electronic prescriptions pursuant to Iowa Code section 124.308. A prescription shall be transmitted to a pharmacy by the physician or the physician's authorized agent in compliance with federal law and regulation for electronic prescriptions of controlled substances.

655.2(10) *Pain management resources.* The board strongly recommends that physicians consult the following resources regarding the proper treatment of chronic pain. This list is provided for the convenience of licensees, and the publications included are not intended to be incorporated in the rule by reference.

a. American Academy of Hospice and Palliative Medicine or AAHPM is the American Medical Association-recognized specialty society of physicians who practice in hospice and palliative medicine in the United States. The mission of the AAHPM is to enhance the treatment of pain at the end of life.

b. American Academy of Pain Medicine or AAPM is the American Medical Association-recognized specialty society of physicians who practice pain medicine in the United States. The mission of the AAPM is to enhance pain medicine practice by promoting a climate conducive to the effective and efficient practice of pain medicine.

c. American Pain Society or APS is the national chapter of the International Association for the Study of Pain, an organization composed of physicians, nurses, psychologists, scientists and other professionals who have an interest in the study and treatment of pain. The mission of the APS is to serve people in pain by advancing research, education, treatment and professional practice.

d. DEA Policy Statement: Dispensing Controlled Substances for the Treatment of Pain. On August 28, 2006, the Drug Enforcement Agency (DEA) issued a policy statement establishing guidelines for practitioners who dispense controlled substances for the treatment of pain. This policy statement may be helpful to practitioners who treat pain with controlled substances.

e. Interagency Guideline on Prescribing Opioids for Pain. Developed by the Washington State Agency Medical Directors' Group in collaboration with an expert advisory panel, actively practicing providers and public stakeholders, the guideline focuses on evidence-based treatment for chronic-pain patients. The guideline was published in 2007 and updated in 2015.

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

g. World Health Organization: Pain Relief Ladder. Cancer pain relief and palliative care. Technical report series 804. Geneva: World Health Organization.

h. CDC Guideline for Prescribing Opioids for Chronic Pain as referenced in paragraph 655.2(4)*"b."*

655.2(11) *Grounds for discipline.* A physician may be subject to disciplinary action for violation of these rules, the rules found in 481—Chapter 661, or any of the following:

a. A physician who prescribes opioids in dosage amounts exceeding what would be prescribed by a reasonably prudent physician in the state of Iowa acting in the same or similar circumstances.

b. A physician who knowingly fails to comply with the confidentiality requirements of Iowa Code section 124.553 or who delegates program information access to another individual except as provided in Iowa Code section 124.553.

c. A physician who knowingly fails to comply with other requirements of Iowa Code chapter 124.

655.2(12) *Unlawful access, disclosure, or use of information.* A person who intentionally or knowingly accesses, uses, or discloses information from the prescription monitoring program in violation of Iowa Code section 124.553, unless otherwise authorized by law, is guilty of a class "D" felony.

This subrule shall not preclude a physician who requests and receives information from the prescription monitoring program consistent with the requirements of Iowa Code section 124.553 from otherwise lawfully providing that information to any other person for medical care purposes.
[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.3(147,148) Standards of practice—chelation therapy. Chelation therapy or disodium ethylene diamine tetra acetic acid (EDTA) may only be used for the treatment of heavy metal poisoning or in the clinical setting when a licensee experienced in clinical investigations conducts a carefully controlled clinical investigation of its effectiveness in treating other diseases or medical conditions under a research protocol that has been approved by an institutional review board of the University of Iowa or Des Moines University—Osteopathic Medical Center.
[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.4(79GA,HF726) Standards of practice—automated dispensing systems. A physician who dispenses prescription drugs via an automated dispensing system or a dispensing system that employs technology may delegate nonjudgmental dispensing functions to staff assistants in the absence of a pharmacist or physician provided that the physician utilizes an internal quality control assurance plan that ensures that the medication dispensed is the medication that was prescribed. The physician must be physically present to determine the accuracy and completeness of any medication that is reconstituted prior to dispensing.

655.4(1) An internal quality control assurance plan shall include the following elements:

a. The name of the physician responsible for the plan and testing;

b. Methods that the dispensing system employs to ensure the accuracy of the patient's name and medication, dosage, directions and amount of medication prescribed;

c. Standards that the physician expects to be met to ensure the accuracy of the dispensing system and the training and qualifications of staff members assigned to dispense via the dispensing system;

d. The procedures utilized to ensure that the physician(s) dispensing via the automated system provide(s) patients counseling regarding the prescription drugs being dispensed;

e. Staff training and qualifications for dispensing via the dispensing system;

f. A list of staff members who meet the qualifications and who are assigned to dispense via the dispensing system;

g. A plan for testing the dispensing system and each staff member assigned to dispense via the dispensing system;

h. The results of testing that show compliance with the standards prior to implementation of the dispensing system and prior to approval of each staff member to dispense via the dispensing system;

i. A plan for interval testing of the accuracy of dispensing, at least annually; and

j. A plan for addressing inaccuracies, including discontinuing dispensing until the accuracy level can be reattained.

655.4(2) Those dispensing systems already in place shall show evidence of a plan and testing within two months of August 31, 2001.

655.4(3) The internal quality control assurance plan shall be submitted to the board of medicine upon request.
[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.5(147,148,272C) Standards of practice—office practices.

655.5(1) *Termination of the physician-patient relationship.* A physician may choose whom to serve. Having undertaken the care of a patient, the physician may not neglect the patient. A physician must provide a patient written notice of the termination of the physician-patient relationship. A physician shall ensure that emergency medical care is available to the patient during the 30-day period following notice of the termination of the physician-patient relationship.

655.5(2) *Patient referrals.* A physician shall not pay or receive compensation for patient referrals.

655.5(3) *Confidentiality.* A physician shall maintain the confidentiality of all patient information obtained in the practice of medicine. Information shall be divulged by the physician when authorized by law or the patient or when required for patient care.

655.5(4) *Sexual conduct.* It is unprofessional and unethical conduct, and is grounds for disciplinary action, for a physician to engage in conduct that violates the following prohibitions:

a. In the course of providing medical care, a physician shall not engage in contact, touching, or comments of a sexual nature with a patient, or with the patient's parent or guardian if the patient is a minor or under a guardianship.

b. A physician shall not engage in any sexual conduct with a patient when that conduct occurs concurrent with the physician-patient relationship, regardless of whether the patient consents to that conduct.

c. A physician shall not engage in any sexual conduct with a former patient unless the physician-patient relationship was completely terminated before the sexual conduct occurred. In considering whether that relationship was completely terminated, the board will consider the duration of the physician-patient relationship, the nature of the medical services provided, the lapse of time since the physician-patient relationship ended, the degree of dependence in the physician-patient relationship, and the extent to which the physician used or exploited the trust, knowledge, emotions, or influence derived from the physician-patient relationship.

d. A psychiatrist, or a physician who provides mental health counseling to a patient, shall never engage in any sexual conduct with a current or former patient, or with that patient's parent or guardian if the patient was a minor or under guardianship, regardless of whether the patient consents to that conduct.

655.5(5) *Disruptive behavior.* A physician shall not engage in disruptive behavior. Disruptive behavior is defined as a pattern of contentious, threatening, or intractable behavior that interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff.

655.5(6) *Sexual harassment.* A physician shall not engage in sexual harassment. Sexual harassment is defined as verbal or physical conduct of a sexual nature that interferes with another health care worker's performance or creates an intimidating, hostile or offensive work environment.

655.5(7) *Transfer of medical records.* A physician must provide a copy of all medical records generated by the physician in a timely manner to the patient or another physician designated by the patient, upon written request when legally requested to do so by the subject patient or by a legally designated representative of the subject patient, except as otherwise required or permitted by law.

655.5(8) *Retention of medical records.*

a. A physician shall retain all medical records, not appropriately transferred to another physician or entity, for at least seven years from the last date of service for each patient, except as otherwise required by law.

b. A physician must retain all medical records of minor patients, not appropriately transferred to another physician or entity, for a period consistent with that established by Iowa Code section 614.8.

c. Beginning July 1, 2023, a physician must appoint another Iowa-licensed physician, or other representative or entity that is held to the same standards of confidentiality as the physician, to ensure that all requirements of this subrule are met in the event of the physician's death or incapacitation. Upon request by the board, the physician must be able to establish by sufficient proof the appointment of a representative pursuant to this paragraph.

d. Upon a physician's death or retirement, the sale of a medical practice, or a physician's departure from the physician's medical practice:

(1) The physician or the physician's representative must ensure that all medical records are transferred to another physician or entity that is held to the same standards of confidentiality and agrees to act as custodian of the records.

(2) The physician or the physician's representative shall notify all active patients that their records will be transferred to another physician or entity that will retain custody of their records and that, at their written request, the records will be sent to the physician or entity of the patient's choice.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.6(148,272C) Standards of practice—medical directors at medical spas—delegation and supervision of medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians. This rule establishes standards of practice for a physician or surgeon or osteopathic physician or surgeon who serves as a medical director at a medical spa. This rule does not apply to the standards of practice for a nonphysician licensed health professional who serves as a medical director at a medical spa pursuant to the rules of the professional's licensing authority.

655.6(1) *Definitions.* As used in this rule:

"Alter" means to change the cellular structure of living tissue.

"Capable of" means any means, method, device or instrument that, if used as intended or otherwise to its greatest strength, has the potential to alter or damage living tissue below the superficial epidermal cells.

"Damage" means to cause a harmful change in the cellular structure of living tissue.

"Delegate" means to entrust or transfer the performance of a medical aesthetic service to qualified licensed or certified nonphysician persons or qualified laser technicians.

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

"Medical director" means a physician who assumes the role of, or holds oneself out as, medical director at a medical spa. The medical director is responsible for implementing policies and procedures to ensure quality patient care and for the delegation and supervision of medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians at a medical spa. The medical director is ultimately responsible for all medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians at a medical spa.

"Medical spa" means any entity, however organized, that is advertised, announced, established, or maintained for the purpose of providing medical aesthetic services. Medical spa shall not include a dermatology practice that is wholly owned and controlled by one or more Iowa-licensed physicians if at least one of the owners is actively practicing at each location.

"Nonsuperficial" means that the therapy alters or damages or is capable of altering or damaging living tissue below the superficial epidermal cells.

"Qualified laser technician" means any person, licensed or unlicensed, who has successfully completed a minimum of 120 hours of training, including a minimum of 40 hours of didactic study and 80 hours of clinical training, in the safe and effective use of lasers in the performance of medical aesthetic services at an accredited laser training program. For the purposes of this rule, a qualified laser technician may only use lasers in the performance of delegated medical aesthetic services under the supervision of a qualified supervising physician at a medical spa. An unlicensed qualified laser technician may not perform any other medical aesthetic services defined in this rule.

"Qualified licensed or certified nonphysician person" means any person who is not licensed to practice medicine and surgery or osteopathic medicine and surgery but who is licensed or certified by another health- or skin care-related licensing board in Iowa and is qualified to perform delegated medical aesthetic services under the supervision of a qualified supervising physician at a medical spa.

"Supervision" means the oversight of qualified licensed or certified nonphysician persons or qualified laser technicians who perform medical aesthetic services delegated by a medical director.

655.6(2) *Delegation by a medical director.* A medical aesthetic service shall only be performed by qualified licensed or certified nonphysician persons or qualified laser technicians if the service has been

delegated by a medical director who is responsible for supervision of the services performed at a medical spa in Iowa. Nothing in this rule shall be interpreted to prevent a qualified nonphysician licensed health professional from serving as a medical director at a medical spa or from appropriately delegating medical aesthetic services pursuant to the rules of the professional's licensing authority.

655.6(3) *Medical director.* A medical director at a medical spa shall:

a. Hold an active unrestricted Iowa medical license to supervise each delegated medical aesthetic service;

b. Possess the appropriate education, training, experience and competence to safely supervise each delegated medical aesthetic service;

c. Retain responsibility for the supervision of each medical aesthetic service performed by qualified licensed or certified nonphysician persons or qualified laser technicians;

d. Ensure that advertising activities do not include false, misleading, or deceptive representations; and

e. Be clearly identified as the medical director in all advertising activities, internet websites and signage related to the medical spa.

655.6(4) *Delegated medical aesthetic service.* When a medical director delegates a medical aesthetic service to qualified licensed or certified nonphysician persons or qualified laser technicians, the service shall be:

a. Within the medical director's scope of practice and medical competence to supervise;

b. Of the type that a reasonable and prudent physician would conclude is within the scope of sound medical judgment to delegate; and

c. A routine and technical service, the performance of which does not require the skill of a licensed physician.

655.6(5) *Supervision.* A medical director who delegates performance of a medical aesthetic service to qualified licensed or certified nonphysician persons or qualified laser technicians is responsible for providing appropriate supervision. The medical director shall:

a. Ensure that all licensed or certified nonphysician persons or qualified laser technicians are qualified and competent to safely perform each delegated medical aesthetic service by personally assessing the person's education, training, experience and ability;

b. Ensure that a qualified licensed or certified nonphysician person does not perform any medical aesthetic services that are beyond the scope of that person's license or certification unless the person is supervised by a qualified supervising physician or other qualified supervising nonphysician licensed health professional;

c. Ensure that all qualified licensed or certified nonphysician persons or qualified laser technicians receive direct, in-person, on-site supervision from the medical director or other qualified licensed physician or other qualified supervising nonphysician licensed health professional at least four hours each week and that the regular supervision is documented;

d. Provide on-site review of medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians each week and review at least 10 percent of patient charts for medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians;

e. Be physically located, at all times, within 60 miles of the location where delegated medical aesthetic services are performed;

f. Be available, in person or electronically, at all times, to consult with qualified licensed or certified nonphysician persons or qualified laser technicians who perform delegated medical aesthetic services, particularly in case of injury or an emergency;

g. Assess the legitimacy and safety of all equipment or other technologies being used by qualified licensed or certified nonphysician persons or qualified laser technicians who perform delegated medical aesthetic services;

h. Develop and implement protocols for responding to emergencies or other injuries suffered by persons receiving delegated medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians;

i. Ensure that all qualified licensed or certified nonphysician persons or qualified laser technicians maintain accurate and timely medical records for the delegated medical aesthetic services they perform;

j. Ensure that each patient provides appropriate informed consent for medical aesthetic services performed by the medical director or other qualified licensed physician and all qualified licensed or certified nonphysician persons or qualified laser technicians and that such informed consent is timely documented in the patient's medical record;

k. Ensure that the identity and licensure and certification of the medical director, other qualified licensed physicians, and all qualified licensed or certified nonphysician persons or qualified laser technicians are visibly displayed at each medical spa where they perform medical aesthetic services and provided in writing to each patient receiving medical aesthetic services at a medical spa; and

l. Ensure that the board receives written verification of the education and training of all qualified licensed or certified nonphysician persons or qualified laser technicians who perform delegated medical aesthetic services at a medical spa, within 14 days of a request by the board.

655.6(6) *Continuing medical education.* A medical director shall complete and shall ensure that all other physicians, qualified licensed or certified nonphysician persons, and qualified laser technicians who practice at the medical spa complete a minimum of 20 hours of continuing medical education in the safe and effective performance of medical aesthetic services each year.

655.6(7) *Exceptions.* This rule is not intended to apply to physicians who serve as medical directors of licensed medical facilities, clinics or practices that provide medical aesthetic services as part of or incident to their other medical services.

655.6(8) *Other qualified nonphysician licensed health professionals.* Nothing in this rule shall be interpreted to contradict or supersede the rules established in 481—Chapters 780 and 781 and 655—Chapter 7.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.7(147,148,272C) Standards of practice—interventional chronic pain management. This rule establishes standards of practice for the practice of interventional chronic pain management. The purpose of this rule is to assist physicians who consider interventional techniques to treat patients with chronic pain.

655.7(1) *Definition.* As used in this rule:

"Interventional chronic pain management" means diagnosing and treating pain-related disorders using interventional techniques for subacute, chronic, persistent, and intractable pain. These techniques include percutaneous needle placement for drug injection, nerve ablation, and certain surgeries. Common procedures involve injecting steroids, analgesic, and anesthetics into targeted areas such as the spine, joints, or nerves. This may include lumbar, thoracic, and cervical spine injections; nerve blocks; and processes like vertebroplasty. Fluoroscopy is used to assess chronic pain causes or aid in identifying anatomical landmarks during these techniques. Specific procedures include joint injections, nerve blocks, epidural injections, and nerve destruction.

655.7(2) *Interventional chronic pain management.* The practice of interventional chronic pain management shall include the following:

a. Comprehensive assessment of the patient;

b. Diagnosis of the cause of the patient's pain;

c. Evaluation of alternative treatment options;

d. Selection of appropriate treatment options;

e. Termination of prescribed treatment options when appropriate;

f. Follow-up care; and

g. Collaboration with other health care providers.

655.7(3) *Practice of medicine.* Interventional chronic pain management is the practice of medicine.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.8(147,148,272C) Standards of practice—physicians who prescribe or administer abortion-inducing drugs.

655.8(1) *Definition.* As used in this rule:

"Abortion-inducing drug" means a drug, medicine, mixture, or preparation, when it is prescribed or administered with the intent to terminate the pregnancy of a woman known to be pregnant.

655.8(2) *Review of patient record.* A physician shall not induce an abortion by providing an abortion-inducing drug unless the physician has first reviewed the lab results, ultrasound images, and medical history provided by the patient to determine, and document in the woman's medical record, the gestational age and intrauterine location of the pregnancy. A physician may utilize telemedicine pursuant to rule 481—655.9(147,148,272C).

655.8(3) *Follow-up appointment required.* If an abortion is induced by an abortion-inducing drug, the physician or designee shall use all reasonable efforts to ensure a follow-up appointment is scheduled with the patient at the same facility within 12 to 18 days after the patient's use of an abortion-inducing drug to confirm the termination of the pregnancy and evaluate the woman's medical condition.

655.8(4) *Parental notification regarding pregnant minors.* A physician shall not induce an abortion by providing an abortion-inducing drug to a pregnant minor prior to compliance with the requirements of Iowa Code chapter 135L and rules 641—89.12(135L) and 641—89.21(135L).

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.9(147,148,272C) Standards of practice—telemedicine. This rule establishes standards of practice for the practice of medicine using telemedicine.

655.9(1) *Definitions.* As used in this rule:

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

"Board" means the Iowa board of medicine.

"In-person encounter" means that the physician and the patient are in the physical presence of each other and are in the same physical location during the physician-patient encounter.

"Licensee" means a medical physician or osteopathic physician licensed by the board.

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

"Telemedicine technologies" means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider.

655.9(2) *Practice guidelines.* A licensee who uses telemedicine shall utilize evidence-based telemedicine practice guidelines and standards of practice, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes. The board acknowledges that some nationally recognized medical specialty organizations have established comprehensive telemedicine practice guidelines that address the clinical and technological aspects of telemedicine for many medical specialties.

655.9(3) *Iowa medical license required.* A physician who uses telemedicine in the diagnosis and treatment of a patient located in Iowa shall hold an active Iowa medical license consistent with state and federal laws. Nothing in this rule shall be construed to supersede the exceptions to licensure contained in 481—subrule 652.2(2).

655.9(4) *Standards of care and professional ethics.* A licensee who uses telemedicine is held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may be a violation of the laws and rules governing the practice of medicine and may subject the licensee to potential discipline by the board.

655.9(5) *Scope of practice.* A licensee who uses telemedicine shall ensure that the services provided are consistent with the licensee's scope of practice, including the licensee's education, training, experience, ability, licensure, and certification.

655.9(6) *Identification of patient and physician.* A licensee who uses telemedicine shall verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide telemedicine services prior to the provision of care.

655.9(7) *Physician-patient relationship.*

a. A licensee who uses telemedicine shall establish a valid physician-patient relationship with the person who receives telemedicine services. The physician-patient relationship begins when:

(1) The person with a health-related matter seeks assistance from a licensee;

(2) The licensee agrees to undertake diagnosis and treatment of the person; and

(3) The person agrees to be treated by the licensee whether or not there has been an in-person encounter between the physician and the person.

b. A valid physician-patient relationship may be established by:

(1) In-person encounter. Through an in-person medical interview and physical examination where the standard of care would require an in-person encounter;

(2) Consultation with another licensee. Through consultation with another licensee (or other health care provider) who has an established relationship with the patient and who agrees to participate in, or supervise, the patient's care; or

(3) Telemedicine encounter. Through telemedicine, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

655.9(8) *Medical history and physical examination.* Generally, a licensee shall perform an in-person medical interview and physical examination for each patient. However, the medical interview and physical examination may not be in-person if the technology utilized in a telemedicine encounter is sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by a licensee.

655.9(9) *Nonphysician health care providers.* If a licensee who uses telemedicine relies upon or delegates the provision of telemedicine services to a nonphysician health care provider, the licensee shall:

a. Ensure that systems are in place to ensure that the nonphysician health care provider is qualified and trained to provide that service within the scope of the nonphysician health care provider's practice;

b. Ensure that the licensee is available in person or electronically to consult with the nonphysician health care provider, particularly in the case of injury or an emergency.

655.9(10) *Informed consent.* A licensee who uses telemedicine shall ensure that the patient provides appropriate informed consent for the medical services provided, including consent for the use of telemedicine to diagnose and treat the patient, and that such informed consent is timely documented in the patient's medical record.

655.9(11) *Coordination of care.* A licensee who uses telemedicine shall, when medically appropriate, identify the medical home or treating physician(s) for the patient, when available, where in-person services can be delivered in coordination with the telemedicine services. The licensee shall provide a copy of the medical record to the patient's medical home or treating physician(s).

655.9(12) *Follow-up care.* A licensee who uses telemedicine shall have access to, or adequate knowledge of, the nature and availability of local medical resources to provide appropriate follow-up care to the patient following a telemedicine encounter.

655.9(13) *Emergency services.* A licensee who uses telemedicine shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of an emergency.

655.9(14) *Medical records.* A licensee who uses telemedicine shall ensure that complete, accurate and timely medical records are maintained for the patient when appropriate, including all patient-related electronic communications, records of past care, physician-patient communications, laboratory and test results, evaluations and consultations, prescriptions, and instructions obtained or produced in connection with the use of telemedicine technologies. The licensee shall note in the patient's record when telemedicine is used to provide diagnosis and treatment. The licensee shall ensure that the patient or another licensee designated by the patient has timely access to all information obtained during the telemedicine encounter. The licensee shall ensure that the patient receives, upon request, a summary of each telemedicine encounter in a timely manner.

655.9(15) *Privacy and security.* A licensee who uses telemedicine shall ensure that all telemedicine encounters comply with the privacy and security measures of the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 16, 2024, to ensure that all patient communications and records are secure and remain confidential.

a. Written protocols shall be established that address the following:

(1) Privacy;

(2) Health care personnel who will process messages;

(3) Hours of operation;

(4) Types of transactions that will be permitted electronically;

(5) Required patient information to be included in the communication, including patient name, identification number and type of transaction;

(6) Archiving and retrieval; and

(7) Quality oversight mechanisms.

b. The written protocols should be periodically evaluated for currency and should be maintained in an accessible and readily available manner for review. The written protocols shall include sufficient privacy and security measures to ensure the confidentiality and integrity of patient-identifiable information, including password protection, encryption or other reliable authentication techniques.

655.9(16) *Technology and equipment.* The board recognizes that three broad categories of telemedicine technologies currently exist, including asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services. While some telemedicine programs are multispecialty in nature, others are tailored to specific diseases and medical specialties. The technology and equipment utilized for telemedicine shall comply with the following requirements:

a. Comply with relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities;

b. Be of sufficient quality, size, resolution and clarity such that the licensee can safely and effectively provide the telemedicine services; and

c. Be compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 16, 2024.

655.9(17) *Disclosure and functionality of telemedicine services.* A licensee who uses telemedicine shall ensure that the following information is clearly disclosed to the patient:

a. Types of services provided;

b. Contact information for the licensee;

c. Identity, licensure, certification, credentials, and qualifications of all health care providers who are providing the telemedicine services;

d. Limitations in the drugs and services that can be provided via telemedicine;

e. Fees for services, cost-sharing responsibilities, and how payment is to be made, if these differ from an in-person encounter;

f. Financial interests, other than fees charged, in any information, products, or services provided by the licensee(s);

g. Appropriate uses and limitations of the technologies, including in emergency situations;

h. Uses of and response times for emails, electronic messages and other communications transmitted via telemedicine technologies;

i. To whom patient health information may be disclosed and for what purpose;

j. Rights of patients with respect to patient health information; and

k. Information collected and passive tracking mechanisms utilized.

655.9(18) *Patient access and feedback.* A licensee who uses telemedicine shall ensure that the patient has easy access to a mechanism for the following purposes:

a. To access, supplement and amend patient-provided personal health information;

b. To provide feedback regarding the quality of the telemedicine services provided; and

c. To register complaints. The mechanism shall include information regarding the filing of complaints with the board.

655.9(19) *Financial interests.* Advertising or promotion of goods or products from which the licensee(s) receives direct remuneration, benefit or incentives (other than the fees for the medical services) is prohibited to the extent that such activities are prohibited by state or federal law. Notwithstanding such prohibition, internet services may provide links to general health information sites to enhance education; however, the licensee(s) should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of a preferred relationship with any pharmacy is prohibited. Licensees shall not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from the pharmacy.

655.9(20) *Circumstances where the standard of care may not require a licensee to personally interview or examine a patient.* Under the following circumstances, whether or not such circumstances involve the use of telemedicine, a licensee may treat a patient who has not been personally interviewed, examined and diagnosed by the licensee:

a. Situations in which the licensee prescribes medications on a short-term basis for a new patient and has scheduled or is in the process of scheduling an appointment to personally examine the patient;

b. For institutional settings, including writing initial admission orders for a newly hospitalized patient;

c. Call situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient;

d. Cross-coverage situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient;

e. Situations in which the patient has been examined in person by an advanced registered nurse practitioner or a physician associate or other licensed practitioner with whom the licensee has a supervisory or collaborative relationship;

f. Emergency situations in which the life or health of the patient is in imminent danger;

g. Emergency situations that constitute an immediate threat to the public health including but not limited to empiric treatment or prophylaxis to prevent or control an infectious disease outbreak;

h. Situations in which the licensee has diagnosed a sexually transmitted disease in a patient and the licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention; and

i. For licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities and hospice settings.

655.9(21) *Prescribing based solely on an internet request, internet questionnaire or a telephonic evaluation—prohibited.* Prescribing to a patient based solely on an internet request or internet questionnaire (i.e., a static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview) is prohibited. Absent a valid physician-patient relationship, a licensee's prescribing to a patient based solely on a telephonic evaluation is prohibited, with the exception of the circumstances described in subrule 655.9(20).

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 6/10/26]

481—655.10(135,147,148,272C,280) Standards of practice—prescribing epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility.

655.10(1) Definition. For purposes of this rule:

"Authorized facility" means a facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school.

655.10(2) Notwithstanding any other provision of law to the contrary, a physician may prescribe epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16 and 280.16A.

655.10(3) A physician who prescribes epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16 and 280.16A, provided the physician has acted reasonably and in good faith, is not liable for any injury arising from the provision, administration, or assistance in the administration of an epinephrine auto-injector, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.11(144E,147,148,272C) Standards of practice—experimental treatments for patients with a terminal illness.

655.11(1) *Exemption from discipline.* To the extent consistent with state law, the board will not revoke, fail to renew, suspend, or take any action against a physician's license based solely on the physician's recommendations to an eligible patient regarding access to or treatment with an investigational drug, biological product, or device.

655.11(2) *Eligible patient.* A physician shall ensure that a patient meets all of the following conditions prior to the use of an investigational drug, biological product, or device pursuant to this rule:

a. The patient has a terminal illness, attested to by the patient's treating physician.

b. The patient has considered and rejected or has tried and failed to respond to all other treatment options approved by the U.S. Food and Drug Administration (FDA).

c. The patient has received a recommendation from the patient's physician for an investigational drug, biological product, or device.

d. The patient has given written informed consent for the use of the investigational drug, biological product, or device.

e. The patient has documentation from the patient's physician that the patient meets the requirements of this rule.

655.11(3) *Investigational drug, biological product, or device.* A physician may recommend access to or treatment with an investigational drug, biological product, or device that has successfully completed phase 1 of an FDA-approved clinical trial but has not yet been approved for general use by the FDA and remains under investigation in an FDA-approved clinical trial.

655.11(4) *Terminal illness.* A physician shall ensure that a patient has a terminal illness prior to the use of an investigational drug, biological product, or device pursuant to this rule. A terminal illness is a progressive disease or medical or surgical condition that entails significant functional impairment and that is not considered by a treating physician to be reversible even with administration of treatments approved by the FDA and that, without life-sustaining procedures, will result in death.

655.11(5) *Written informed consent.* A physician shall obtain written informed consent prior to the use of an investigational drug, biological product, or device pursuant to this rule. Written informed consent is a written document that is signed by a patient, a parent of a minor patient, or a legal guardian or other legal representative of the patient and attested to by the patient's treating physician and a witness and that includes all of the following:

a. An explanation of the products and treatments approved by the FDA for the disease or condition from which the patient suffers.

b. An attestation that the patient concurs with the patient's treating physician in believing that all products and treatments approved by the FDA are unlikely to prolong the patient's life.

c. Clear identification of the specific proposed investigational drug, biological product, or device that the patient is seeking to use.

d. A description of the best and worst potential outcomes of using the investigational drug, biological product, or device and a realistic description of the most likely outcome. The description to include the

possibility that new, unanticipated, different, or worse symptoms might result and that death could be hastened by use of the proposed investigational drug, biological product, or device. The description is based on the treating physician's knowledge of the proposed investigational drug, biological product, or device in conjunction with an awareness of the patient's condition.

e. A statement that the patient's health plan or third-party administrator and provider are not obligated to pay for any care or treatments consequent to the use of the investigational drug, biological product, or device, unless the patient's health plan or third-party administrator and provider are specifically required to do so by law or contract.

f. A statement that the patient's eligibility for hospice care may be withdrawn if the patient begins curative treatment with the investigational drug, biological product, or device and that hospice care may be reinstated if treatment ends and the patient meets hospice eligibility requirements.

g. A statement that the patient understands that the patient is liable for all expenses consequent to the use of the investigational drug, biological product, or device and that this liability extends to the patient's estate unless a contract between the patient and the manufacturer of the investigational drug, biological product, or device states otherwise.

655.11(6) *Assisting suicide.* This rule is not to be construed to allow a patient's treating physician to assist the patient in committing or attempting to commit suicide as prohibited in Iowa Code section 707A.2.

655.11(7) *Grounds for discipline.* A physician may be subject to disciplinary action for violation of this rule or 481—Chapter 661. Grounds for discipline include but are not limited to the following:

a. The physician recommends access to or treatment with an investigational drug, biological product, or device to an individual who is not an eligible patient pursuant to this rule.

b. The physician fails to obtain appropriate written informed consent prior to recommending access to or treatment with an investigational drug, biological product, or device pursuant to this rule.

c. The physician assists the patient in committing or attempting to commit suicide as prohibited in Iowa Code section 707A.2.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.12(147,148,272C) Standards of practice—tick-borne disease diagnosis and treatment.

655.12(1) *Exemption from discipline.* A person licensed by the board under Iowa Code chapter 148 shall not be subject to discipline under this chapter or the board's enabling statute based solely on the physician's recommendation or provision of a treatment method for Lyme disease or other tick-borne disease if the recommendation or provision of such treatment meets all the following criteria:

a. The treatment is provided after an examination is performed and informed consent is received from the patient.

b. The physician identifies a medical reason for recommending or providing the treatment.

c. The treatment is provided after the physician informs the patient about other recognized treatment options and describes to the patient the physician's education, experience, and credentials regarding the treatment of Lyme disease or other tick-borne disease.

d. The physician uses the physician's own medical judgment based on a thorough review of all available clinical information and Lyme disease or other tick-borne disease literature to determine the best course of treatment for the individual patient.

e. The treatment will not, in the opinion of the physician, result in the direct and proximate death of or serious bodily injury to the patient.

655.12(2) *Lyme disease treatment.* Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. Over the past several years, the International Lyme and Associated Diseases Society (ILADS) has supported longer courses of antibiotics for some patients, versus the prescribed treatment durations identified by the Infectious Diseases Society of America (IDSA) and referenced by the CDC. While IDSA has expressed concern about overtreatment, ILADS points out that treatment decisions should be based on a risk-benefit analysis. Both groups have published evidence-based guidelines.

655.12(3) *Tick-borne diseases.* According to the CDC, tick-borne diseases include:

a. Anaplasmosis is transmitted to humans by tick bites primarily from the blacklegged tick (*Ixodes scapularis*) in the northeastern and upper midwestern regions of the United States (U.S.) and the western blacklegged tick (*Ixodes pacificus*) along the Pacific coast.

b. *Babesiosis* is caused by microscopic parasites that infect red blood cells. Most human cases of babesiosis in the U.S. are caused by *Babesia microti*. *Babesia microti* is transmitted by the blacklegged tick (*Ixodes scapularis*) and is found primarily in the northeastern and upper midwestern regions of the U.S.

c. *Borrelia mayonii* infection has recently been described as a cause of illness in the upper midwestern region of the U.S. This infection has been found in blacklegged ticks (*Ixodes scapularis*) in Minnesota and Wisconsin. *Borrelia mayonii* is a new species and is the only species besides *B. burgdorferi* known to cause Lyme disease in North America.

d. *Borrelia miyamotoi* infection has recently been described as a cause of illness in the U.S. This infection is transmitted by the blacklegged tick (*Ixodes scapularis*) and has a geographic range similar to that of Lyme disease.

e. *Bourbon virus* infection has been identified in a limited number of patients in the midwestern and southern regions of the U.S. At this time, it is not known if the virus might be found in other areas of the U.S.

f. *Colorado tick fever* is caused by a virus transmitted by the Rocky Mountain wood tick (*Dermacentor andersoni*). Colorado tick fever occurs in the Rocky Mountain states at elevations of 4,000 to 10,500 feet.

g. *Ehrlichiosis* is transmitted to humans by the lone star tick (*Amblyomma americanum*), found primarily in the south central and eastern regions of the U.S.

h. *Heartland virus* cases have been identified in the midwestern and southern regions of the U.S. Studies suggest that lone star ticks (*Amblyomma americanum*) can transmit the virus. It is unknown if the virus may be found in other areas of the U.S.

i. *Lyme disease* is transmitted by the blacklegged tick (*Ixodes scapularis*) in the northeastern and upper midwestern regions of the U.S. and by the western blacklegged tick (*Ixodes pacificus*) along the Pacific coast.

j. *Powassan disease* is transmitted by the blacklegged tick (*Ixodes scapularis*) and the groundhog tick (*Ixodes cookei*). Cases have been reported primarily from northeastern states and the Great Lakes region.

k. *Rickettsia parkeri rickettsiosis* is transmitted to humans by the Gulf Coast tick (*Amblyomma maculatum*).

l. *Rocky Mountain spotted fever* is transmitted by the American dog tick (*Dermacentor variabilis*), Rocky Mountain wood tick (*Dermacentor andersoni*), and the brown dog tick (*Rhipicephalus sanguineus*) in the U.S. The brown dog tick and other tick species are associated with Rocky Mountain spotted fever in Central America and South America.

m. *Southern tick-associated rash illness* is transmitted via bites from the lone star tick (*Amblyomma americanum*) found in the southeastern and eastern regions of the U.S.

n. *Tick-borne relapsing fever* is transmitted to humans through the bite of infected soft ticks. Tick-borne relapsing fever has been reported in 15 states: Arizona, California, Colorado, Idaho, Kansas, Montana, Nevada, New Mexico, Ohio, Oklahoma, Oregon, Texas, Utah, Washington, and Wyoming and is associated with sleeping in rustic cabins and vacation homes.

o. *Tularemia* is transmitted to humans by the dog tick (*Dermacentor variabilis*), the wood tick (*Dermacentor andersoni*), and the lone star tick (*Amblyomma americanum*). Tularemia occurs throughout the U.S.

p. *364D rickettsiosis* (*Rickettsia phillipi*) is transmitted to humans by the Pacific Coast tick (*Dermacentor occidentalis*). This is a new disease that has been found in California.

655.12(4) *Grounds for discipline.* A physician may be subject to disciplinary action for violation of these rules or the rules found in 481—Chapter 661. Grounds for discipline include but are not limited to the following:

a. The physician fails to perform and document an appropriate examination or fails to obtain and document appropriate informed consent from the patient.

b. The physician fails to identify and document a medical reason for recommending or providing the treatment.

c. The physician fails to inform the patient about other recognized treatment options or fails to describe to the patient the physician's education, experience, and credentials regarding the treatment of Lyme disease or other tick-borne diseases.

d. The physician fails to use the physician's own medical judgment based on a thorough review of all available clinical information and Lyme disease or other tick-borne disease literature to determine the best course of treatment for the individual patient.

e. The treatment provided, in the opinion of the physician, will likely result in the direct and proximate death of or serious bodily injury to the patient.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.13(124E,147,148,272C) Standards of practice—medical cannabidiol.

655.13(1) *Definitions.* For purposes of this rule:

"Bordering state" means the same as defined in Iowa Code section 331.910.

"Debilitating medical condition" means any of the following:

1. Cancer, if the underlying condition or treatment produces one or more of the following:
- Severe or chronic pain.
- Nausea or severe vomiting.
- Cachexia or severe wasting.
2. Multiple sclerosis with severe and persistent muscle spasms.
3. Seizures, including those characteristic of epilepsy.
4. AIDS or HIV as defined in Iowa Code section 141A.1.
5. Crohn's disease.
6. Amyotrophic lateral sclerosis.
7. Any terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
- Severe or chronic pain.
- Nausea or severe vomiting.
- Cachexia or severe wasting.
8. Parkinson's disease.
9. Chronic pain.
10. Ulcerative colitis.
11. Severe, intractable autism with self-injurious or aggressive behaviors.
12. Corticobasal degeneration.
13. Post-traumatic stress disorder.

"Department" means the Iowa department of public health.

"Form and quantity" means the types and amounts of medical cannabidiol allowed to be dispensed to a patient or primary caregiver as approved by the department subject to recommendation by the medical cannabidiol board and approval by the board of medicine.

"Medical cannabidiol" means any pharmaceutical grade cannabinoid found in the plant *Cannabis sativa* L. or *Cannabis indica* or any other preparation thereof that is delivered in a form recommended by the medical cannabidiol board, approved by the board of medicine, and adopted by the department pursuant to rule.

"Medical cannabidiol board" means the board established pursuant to Iowa Code section 124E.5.

"Primary caregiver" means a person who is a resident of this state or a bordering state, including but not limited to a parent or legal guardian, at least 18 years of age, who has been designated by a patient's health care practitioner as a necessary caretaker taking responsibility for managing the well-being of the patient with respect to the use of medical cannabidiol pursuant to the provisions of this chapter.

"Untreatable pain" means any pain whose cause cannot be removed and, according to generally accepted medical practice, the full range of pain management modalities appropriate for the patient has been used without adequate result or with intolerable side effects.

"Written certification" means a document signed by a physician licensed pursuant to Iowa Code chapter 148 with whom the patient has established a patient-physician relationship and who is the patient's

primary care provider that states that the patient has a debilitating medical condition and identifies that condition and provides any other relevant information.

655.13(2) *Written certification.* A physician who is a patient's primary care provider may provide the patient a written certification of diagnosis if, after examining and treating the patient, the physician determines, in the physician's medical judgment, that the patient suffers from a debilitating medical condition that qualifies for the use of medical cannabidiol pursuant to Iowa Code chapter 124E.

a. The physician shall provide explanatory information as provided by the department to the patient about the therapeutic use of medical cannabidiol and the possible risks, benefits, and side effects of the proposed treatment.

b. Subsequently, the physician shall do the following:

(1) Determine, on an annual basis, if the patient continues to suffer from a debilitating medical condition and, if so, may issue the patient a new written certification of that diagnosis.

(2) Otherwise comply with all requirements established by the department pursuant to rule.

c. A physician may provide, but has no duty to provide, a written certification pursuant to this rule.

655.13(3) *Adding or removing debilitating medical conditions and amending form and quantity of medical cannabidiol.* Recommendations made by the medical cannabidiol board pursuant to Iowa Code section 124E.5 relating to the addition or removal of allowable debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial or to the amendment of the form and quantity of allowable medical uses of cannabidiol shall be made to the board of medicine for consideration. The medical cannabidiol board shall submit a written recommendation, a copy of the petition and all other information received during consideration of the petition. The board of medicine shall consider the information received from the medical cannabidiol board and may seek information from other sources if it is deemed relevant by the board of medicine. The decision regarding a recommendation by the medical cannabidiol board is at the sole discretion of the board of medicine. The board of medicine shall make its decision within 180 days of receipt of the recommendation from the medical cannabidiol board. If the recommendation is approved by the board of medicine, it shall be adopted by rule.

655.13(4) *Financial interests.* A physician shall not share office space with, accept referrals from, or have any financial relationship with a medical cannabidiol manufacturer or dispensary.

655.13(5) *Criminal prosecution.* A physician, including any authorized agent or employee thereof, shall not be subject to prosecution for the unlawful certification, possession, or administration of marijuana under the laws of this state for activities arising directly out of or directly related to the certification or use of medical cannabidiol in the treatment of a patient diagnosed with a debilitating medical condition as authorized by Iowa Code chapter 124E.

655.13(6) *Civil or disciplinary penalties.* A physician, including any authorized agent or employee thereof, shall not be subject to any civil or disciplinary penalties by the board of medicine or any business, occupational, or professional licensing board or entity, solely for activities conducted relating to a patient's possession or use of medical cannabidiol as authorized by Iowa Code chapter 124E. Nothing in this rule prevents the board of medicine from taking action in response to violations of any other sections of law or rule.

655.13(7) *Grounds for discipline.* A physician may be subject to disciplinary action for violation of these rules or the rules found in 481—Chapter 661. Grounds for discipline include but are not limited to the following:

a. The physician provides an individual a written certification without establishing a patient-physician relationship, including examining and treating the individual, or without being the individual's primary care provider.

b. The physician provides a patient a written certification without determining, in the physician's medical judgment, that the patient suffers from a debilitating medical condition that qualifies for the use of medical cannabidiol pursuant to Iowa Code chapter 124E.

c. The physician provides a patient a written certification without providing explanatory information as provided by the department to the patient about the therapeutic use of medical cannabidiol and the possible risks, benefits, and side effects of the proposed treatment.

d. The physician provides an individual a new written certification without determining, on an annual basis, that the patient continues to suffer from a debilitating medical condition.

e. The physician shares office space with, accepts referrals from, or has a financial relationship with a medical cannabidiol manufacturer or dispensary.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.14(146A) Abortion prerequisites.

655.14(1) *Written certification.* At least 24 hours prior to performing an abortion, a physician shall obtain written certification from the pregnant woman of each prerequisite as required in Iowa Code sections 146A.1(1)*"a"* through 146A.1(1)*"d"*(1). The written certification shall list each required prerequisite separately and shall include a line for date and signature of the pregnant woman. The physician shall maintain a copy of the certification as part of the pregnant woman's medical records.

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

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

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.15(135L,146A,146E,147,148,272C) Standards of practice for physicians who perform or induce abortions—definitions—detection of fetal heartbeat—fetal heartbeat exceptions—discipline.

655.15(1) *Standards of practice.* This rule sets forth the standards of practice for physicians who perform or induce abortions. More information is contained in Iowa Code section 146E.2(5).

655.15(2) *Definitions.* As used in this rule or in Iowa Code chapter 146E:

"Private health agency" means any establishment, facility, organization, or other entity that is not owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or
4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

"Public health agency" means any establishment; facility; organization; administrative division; or entity that is owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, administrative divisions, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or
4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

"Standard medical practice" means the degree of skill, care, and diligence that a physician of the same medical specialty would employ in like circumstances. As applied to the method used to determine the presence of a fetal heartbeat for purposes of Iowa Code chapter 146E and this rule, "standard medical practice" includes employing the appropriate means of detection depending on the estimated gestational age of the unborn child and the condition of the woman and her pregnancy.

"The pregnancy is the result of a rape" means a circumstance in which the pregnancy is the result of conduct that would constitute an offense under Iowa Code section 709.2, 709.3, 709.4, or 709.4A when perpetrated against a female, regardless of where the conduct occurred.

"The pregnancy is the result of incest" means a circumstance in which a sex act occurs between closely related persons that involves a vaginal penetration that causes a pregnancy. The closely related persons must be related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the

whole or half blood, aunt, uncle, niece, or nephew. For purposes of this rule, a closely related person includes a stepparent, stepchild, or stepsibling, including siblings through adoption.

"Unborn child" means an individual organism of the species *Homo sapiens* from fertilization to live birth—that is, at all stages of development, including embryo and fetus.

"Woman" means a female individual regardless of her age.

655.15(3) *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat.

a. Obligation. The obligation under this rule requires a bona fide effort to detect a fetal heartbeat in the unborn child. This effort must be made in good faith and according to standard medical practice and reasonable medical judgment.

b. Method. The physician shall perform a transabdominal pelvic ultrasound on the woman to determine whether the unborn child has a detectable fetal heartbeat. This shall be performed in a manner consistent with standard medical practice, with real-time ultrasound equipment with a transducer of appropriate frequency. The equipment must be properly maintained and in proper functioning order.

655.15(4) *Fetal heartbeat exceptions.* The following applies to a physician who intends to perform or induce an abortion under a fetal heartbeat exception as defined in Iowa Code chapter 146E and this rule:

a. Incest or rape. For purposes of this rule, a pregnancy resulting from incest or rape may be reported within the appropriate time frame to a licensed physician whose services are retained for an abortion procedure.

(1) To determine whether the pregnancy is the result of incest, a physician who intends to perform or induce an abortion must use the following information:

1. Whether the sex act occurred between the woman and a closely related person, meaning, either legitimately or illegitimately, an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, including a stepparent, stepchild, or stepsibling to include an adopted sibling.
2. The date the act occurred.
3. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, the date the act was reported to a law enforcement agency, public health agency, private health agency, or family physician.

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. This information does not prescribe the manner in which the physician is to obtain this information. This information and its source shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information received upon a good-faith assessment that the information is true. The physician who intends to perform or induce an abortion may require the person providing the information to sign a certification form attesting that the information is true.

(2) To determine whether the pregnancy is the result of a rape, a physician who intends to perform or induce an abortion must use the following information:

1. The date the sex act that caused the pregnancy occurred.
2. The age of the woman seeking an abortion at the time of that sex act.
3. Whether the sex act constituted a rape.
4. Whether the rape was perpetrated against the woman seeking an abortion.
5. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, the date the rape was reported to a law enforcement agency, public health agency, private health agency, or family physician.

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies. This rule does not prescribe the manner in which the physician is to obtain this information. This information and its source shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information received upon a good-faith assessment that the information is true. The physician who intends to perform or induce an

abortion may require the person providing the information to sign a certification form attesting that the information is true.

b. Fetal abnormality. A certification from an attending physician that a fetus has a fetal abnormality that in the attending physician's reasonable medical judgment is incompatible with life must contain the following information:

(1) The diagnosis of the abnormality;

(2) The basis for the diagnosis, including the tests and procedures performed, the results of those tests and procedures, and why those results support the diagnosis; and

(3) A description of why the abnormality is incompatible with life.

The diagnosis and the attending physician's conclusion must be reached in good faith following a bona fide effort, consistent with standard medical practice and reasonable medical judgment, to determine the health of the fetus. The certification must be signed by the attending physician. A physician who intends to perform or induce an abortion may rely in good faith on a certification from an attending physician if the physician who intends to perform or induce an abortion has a copy of the certification. The certification must be included in the woman's medical records by the physician who intends to perform or induce an abortion.

655.15(5) *Discipline.* Failure to comply with this rule or the requirements of Iowa Code chapter 146E may constitute grounds for discipline.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.16(147,148) Principles of medical ethics. The Code of Medical Ethics (2002-2003) prepared and approved by the American Medical Association and the Code of Ethics (2002-2003) prepared and approved by the American Osteopathic Association is utilized by the board as guiding principles in the practice of medicine and surgery and osteopathic medicine and surgery in this state.

655.16(1) *Conflict of interest.* A physician should not provide medical services under terms or conditions that tend to interfere with or impair the free and complete exercise of the physician's medical judgment and skill or tend to cause a deterioration of the quality of medical care.

655.16(2) *Fees.* Any fee charged by a physician shall be reasonable.

[**ARC 9115C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—655.17(147A) Emergency medical care provider. A physician with a license in good standing may be staffed on an authorized emergency medical services (EMS) program provided the physician can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the authorized EMS service program and the department of health and human services bureau of emergency medical and trauma services in accordance with the form adopted by the department of health and human services.

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These rules are intended to implement Iowa Code chapters 124, 124E, 144E, 146E, 148 and 272C and sections 147.55, 148.6, 147.107, 272C.3 and 272C.4.

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CHAPTER 656
LICENSURE OF ACUPUNCTURISTS
[Prior to 6/11/25, see Medicine Board[653] Ch 17]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—656.1(148E) Scope of chapter. The rules in this chapter only apply to individuals licensed under Iowa Code chapter 148E. In accordance with Iowa Code section 148E.3, the rules in this chapter do not apply to the following:

1. A person otherwise licensed by the state to practice medicine and surgery, osteopathic medicine and surgery, chiropractic, podiatry, or dentistry who is exclusively engaged in the practice of the person's profession.
2. A student practicing acupuncture under the direct supervision of a licensed acupuncturist as part of a course of study approved by the board.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—656.2(148E) Definitions. The definitions stated in Iowa Code section 148E.1 apply to this chapter, in addition to those listed below.

"Accreditation Commission for Acupuncture and Oriental Medicine" or *"ACAOM"* means the United States-based accreditation commission that certifies acupuncture and oriental medicine training programs and colleges.

"Acupuncture needle" means a solid-core instrument including but not limited to acupuncture needles, dermal needles, intradermal needles, press tacks, plum blossom needles, prismatic needles, and disposable lancets.

"Acupuncture point" means a specific anatomical location on the human body that serves as the treatment site for the use of acupuncture.

"Applicant" means a person not otherwise authorized to practice acupuncture under Iowa Code section 148E.3 who applies to the board for a license.

"Ashi acupuncture point" means an acupuncture point that is located according to tenderness upon palpation. An ashi acupuncture point is also known as a trigger point.

"Committee" means the licensure committee of the board with oversight responsibility for administration of the licensure of acupuncturists.

"Department" means the department of inspections, appeals, and licensing.

"Disclosure sheet" means the written information licensed acupuncturists must provide to patients on initial contact.

"Disposable needles" means presterilized needles that are discarded after initial use pursuant to Iowa Code section 148E.5.

"License" means a license issued by the board pursuant to Iowa Code section 148E.2.

"Licensee" means a person holding a license to practice acupuncture issued by the board pursuant to Iowa Code chapter 148E.

"National Certification Commission for Acupuncture and Oriental Medicine" or *"NCCAOM"* means the United States-based commission that validates entry-level competency in the practice of acupuncture and oriental medicine through professional certification.

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481—656.3(147,148E) Eligibility for licensure.

656.3(1) *Eligibility requirements.* To be licensed to practice acupuncture by the board, a person shall meet all of the following requirements:

a. Fulfill all the application requirements as specified in rule 481—656.4(147,148E).

b. Hold current active status as a diplomate in NCCAOM or, after June 1, 2004, hold current active status as a diplomate in acupuncture or oriental medicine from NCCAOM.

c. Demonstrate sufficient knowledge of the English language to understand and be understood by patients and board and committee members.

(1) An applicant who passed the NCCAOM written and practical examination components in English may be presumed to have sufficient proficiency in English.

(2) An applicant who passed NCCAOM written or practical examination components in a language other than English shall pass the Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) examinations administered by the Educational Testing Service or shall pass the OET medicine test.

d. Successfully complete a three-year postsecondary training program or acupuncture college program that is accredited by, in candidacy for accreditation by, or that meets the standards of the Accreditation Commission for Acupuncture and Oriental Medicine.

e. Successfully complete a course in clean needle technique approved by the NCCAOM.

f. The applicant's license is not denied by the board due to the commission of a disqualifying offense, as provided in 481—subrule 652.3(3).

656.3(2) *Waiver prohibited.* Provisions of this rule are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; **ARC 0465D**, IAB 8/5/26, effective 9/9/26; Editorial change: IAC Supplement 8/5/26]

481—656.4(147,148E) Application requirements.

656.4(1) *Application for licensure.* To apply for a license to practice acupuncture, an applicant shall:

a. Submit the completed application form provided by the board, including required credentials and documents, a completed fingerprint packet and a sworn statement by the applicant attesting to the truth of all information provided by the applicant;

b. Pay the nonrefundable initial application fee identified in 481—subrule 651.2(1); and

c. Pay the fee identified in 481—subrule 651.2(5) for the evaluation of the fingerprint packet and the national criminal history background checks by the division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI).

656.4(2) *Contents of the application form.* Each applicant shall submit the following information on the application form provided by the board:

a. The applicant's full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board;

b. A chronology accounting for all time periods from the date the applicant entered an acupuncture and oriental medicine training program or college to the date of the application;

c. The other jurisdictions in the United States or other nations or territories in which the applicant is authorized to practice acupuncture, including license, certificate of registration or certification numbers, and date of issuance;

d. Full disclosure of the applicant's involvement in civil litigation related to the practice of acupuncture in any jurisdiction of the United States, other nations or territories. Copies of the legal documents may be requested if needed during the review process;

e. A statement disclosing and explaining any informal or nonpublic actions, warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical, acupuncture or professional regulatory authority, an educational institution, a training or research program, or a health facility in any jurisdiction;

f. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

g. The NCCAOM score report verification form submitted directly to the board by the NCCAOM;

h. An NCCAOM certificate that demonstrates that the applicant holds current active status as a diplomate in acupuncture or oriental medicine from the NCCAOM;

i. Proof of successful completion of a course in clean needle technique approved by the NCCAOM;

j. A description of the applicant's clinical acupuncture training, work experience and, where applicable, supporting documentation;

k. A copy of the applicant's acupuncture degree issued by an educational institution. If a copy of the acupuncture degree cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained an acupuncture degree from a specific educational institution;

l. A complete translation of any diploma not written in English. An official transcript, written in English and received directly from the educational institution, showing graduation from an acupuncture training program or an educational institution is a suitable alternative;

m. A sworn statement from an official of the educational institution certifying the date the applicant received the acupuncture degree and acknowledging what, if any, derogatory comments exist in the institution's record about the applicant. If a sworn statement from an official of the educational institution cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained an acupuncture degree from a specific educational institution;

n. An official transcript sent directly from an acupuncture training program or an educational institution attended by the applicant and, if requested by the board, an English translation of the official transcript;

o. Proof of the applicant's proficiency in the English language, when the applicant has not passed the English version of the NCCAOM written and practical examinations;

p. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board; and

q. A completed fingerprint packet to facilitate a national criminal history background check. The fee for evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

656.4(3) *Application cycle.* If the applicant does not submit all materials, including a completed fingerprint packet, within 90 days of the board's initial request for further information, the application is inactive.

a. To reactivate the application, an applicant shall submit a nonrefundable reactivation of application fee identified in 481—subrule 651.2(2) and shall update application materials if requested by the board. The period for requesting reactivation is limited to 30 days from the date the applicant is notified that the application is inactive, unless the applicant is granted an extension in writing by the committee or the board.

b. Once the application reactivation period is expired, applicants must reapply and submit a new, nonrefundable initial application fee and a new application, including required documents and credentials.

656.4(4) *Applicant responsibilities.* An applicant for licensure to practice acupuncture bears full responsibility for each of the following:

a. Paying all fees charged by regulatory authorities, national testing or credentialing organizations, health facilities, and educational institutions providing the information specified in subrule 656.4(2);

b. Providing accurate, up-to-date, and truthful information on the application form, including but not limited to that specified under subrule 656.4(2) related to prior professional experience, education, training, examination scores, diplomate status, licensure or registration, and disciplinary history; and

c. Submitting English translations of documents in foreign languages bearing the affidavit of the translator certifying that the translation is a true and complete translation of the foreign language original. The applicant shall bear the expense of the translation.

656.4(5) *Licensure application review process.* The process below is utilized to review each application. Priority is given to processing a licensure application when a written request is received in the board office from an applicant whose practice will primarily involve provision of services to underserved populations, including but not limited to persons who are minorities or low-income or who live in rural areas.

a. An application for initial licensure is considered open from the date the application form is received in the board office with the nonrefundable initial application fee.

b. After reviewing each application, staff will notify the applicant about how to resolve any problems identified by the reviewer. An applicant shall provide additional information when requested by staff or the board.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant the license. The staff may grant the license without having received a report on the applicant from the FBI.

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

(1) If there is no current concern, staff will administratively grant the license.

(2) If any concern exists, the application will be referred to the committee.

e. Staff will refer to the committee for review matters that include but are not limited to: falsification of information on the application, criminal record, malpractice, substance abuse, competency, physical or mental illness, or professional disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to issue the license administratively.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee will recommend that the board:

(1) Request an investigation;

(2) Request that the applicant appear for an interview;

(3) If an applicant has not engaged in active practice in the past three years in any jurisdiction of the United States, require an applicant to:

1. Successfully complete continuing education or retraining programs in areas directly related to the safe and healthful practice of acupuncture deemed appropriate by the board or committee;

2. Successfully pass a competency evaluation approved by the board;

3. Successfully pass an examination approved by the board; or

4. Successfully complete a reentry to practice program or monitoring program approved by the board;

(4) Issue a license;

(5) Issue a license under certain terms and conditions or with certain restrictions;

(6) Request that the applicant withdraw the licensure application; or

(7) Deny a license.

h. The board will consider applications and recommendations from the committee and will:

(1) Request an investigation;

(2) Request that the applicant appear for an interview;

(3) If an applicant has not engaged in active practice in the past three years in any jurisdiction of the United States, require an applicant to:

1. Successfully complete continuing education or retraining programs in areas directly related to the safe and healthful practice of acupuncture deemed appropriate by the board or committee;

2. Successfully pass a competency evaluation approved by the board;

3. Successfully pass an examination approved by the board; or

4. Successfully complete a reentry to practice program or monitoring program approved by the board;

(4) Issue a license;

(5) Issue a license under certain terms and conditions or with certain restrictions;

(6) Request that the applicant withdraw the licensure application; or

(7) Deny a license. The board may deny a license for any grounds on which the board may discipline a license.

656.4(6) *Grounds for denial of licensure.* The board, on the recommendation of the committee, may deny an application for licensure for any of the following reasons:

a. Failure to meet the requirements for licensure specified in rule 481—656.3(147,148E) as authorized by Iowa Code section 148E.2 or of this chapter.

b. Pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55 and 148E.8 or in 481—Chapter 8.

656.4(7) *Preliminary notice of denial.* Prior to the denial of licensure to an applicant, the board will issue a preliminary notice of denial that will be sent to the applicant by regular, first-class mail at the address provided by the applicant. The preliminary notice of denial is a public record and cites the factual and legal basis for denying the application, notifies the applicant of the appeal process, and specifies the date upon which the denial will become final if it is not appealed.

656.4(8) *Appeal procedure.* An applicant who has received a preliminary notice of denial may appeal the denial and request a hearing on the issues related to the preliminary notice of denial by serving a request for hearing upon the executive director not more than 30 calendar days following the date when the preliminary notice of denial was mailed. The applicant's current address shall be provided in the request for hearing. The request is deemed filed on the date it is received in the board office. If the request is received with a USPS nonmetered postmark, the board will consider the postmark date as the date the request is filed. The request shall specify the factual or legal errors and that the applicant desires an evidentiary hearing and may provide additional written information or documents in support of licensure.

656.4(9) *Hearing.* If an applicant appeals the preliminary notice of denial and requests a hearing, the hearing will be a contested case open to the public and conducted in accordance with 481—Chapter 506.

656.4(10) *Finality.* If an applicant does not appeal a preliminary notice of denial in accordance with subrule 656.4(8), the preliminary notice of denial automatically becomes final. A final denial of an application for licensure is a public record.

656.4(11) *Failure to pursue appeal.* If an applicant appeals a preliminary notice of denial in accordance with subrule 656.4(8) but the applicant fails to pursue that appeal to a final decision within one year from the date of the preliminary notice of denial, the board may dismiss the appeal. The appeal may be dismissed only after the board sends a written notice by first-class mail to the applicant at the applicant's last-known address. The notice will state that the appeal will be dismissed and the preliminary notice of denial will become final if the applicant does not contact the board to schedule the appeal hearing within 30 days of the date the letter is mailed from the board office. Upon dismissal of an appeal, the preliminary notice of denial becomes final. A final denial of an application for licensure under this rule is a public record.

656.4(12) *Waiver prohibited.* Provisions of this rule are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 8/5/26]

481—656.5(147,148E,272C) Biennial renewal of license required. Pursuant to Iowa Code section 148E.2, a license expires on October 31 of even-numbered years and can be renewed for the fee identified in 481—paragraph 651.2(2)*"c."* The applicant for renewal shall provide an NCCAOM certificate that demonstrates that the applicant holds current active status as a diplomate in acupuncture or oriental medicine from the NCCAOM.

656.5(1) *Expiration date.* Certificates of licensure to practice acupuncture expire on October 31 in even years.

656.5(2) *Prorated fees.* The first renewal fee for a license will be prorated on a monthly basis according to the date of issue.

656.5(3) *Renewal requirements and penalties for late renewal.* The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of responsibility for renewing that license.

a. Upon receipt of the completed renewal application, staff will administratively issue a license that expires on October 31 of even-numbered years. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration.

b. Every renewal shall be displayed in connection with the original certificate of licensure.

c. If the licensee fails to submit the renewal application and renewal fee prior to the expiration date on the current license, a penalty stated in 481—paragraph 651.2(2)*"g"* will be assessed for renewal in the grace period, a period up until January 1.

656.5(4) *Inactive license.* Failure of a licensee to renew by January 1 will result in inactivation of the license, and the license will be invalid.

a. Licensees are prohibited from engaging in the practice of acupuncture with an inactive or lapsed license.

b. Having an acupuncturist license in lapsed status does not preclude the board from taking disciplinary actions authorized in Iowa Code section 147.55 or 148E.8.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—656.6(147,272C) Reactivation of an inactive license.

656.6(1) *Reactivation requirements.* Licensees who allow their licenses to go inactive by failing to renew may apply for reactivation of a license. Pursuant to Iowa Code section 147.11, applicants for reactivation shall:

a. Submit completed application for reactivation of a license to practice acupuncture. The application shall include the following information:

(1) The applicant's full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board.

(2) Every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance.

(3) Full disclosure of the applicant's involvement in civil litigation related to the practice of acupuncture in any jurisdiction of the United States, other nations or territories. Copies of the legal documents may be requested if needed during the review process.

(4) A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical, acupuncture or professional regulatory authority, an educational institution, a training or research program, or a health facility in any jurisdiction.

(5) Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

(6) A chronology accounting for all time periods from the date of initial licensure.

(7) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

b. Submit a completed fingerprint packet to facilitate a national criminal history background check. The fee identified in 481—subrule 651.2(5) for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

c. Pay the reactivation fee identified in rule 481—651.2(147,148,272C) plus the fee identified in 481—subrule 651.2(5) for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

d. Provide an NCCAOM certificate which demonstrates that the applicant holds current active status as a diplomate in acupuncture or oriental medicine from the NCCAOM.

e. Meet any new requirements instituted since the license lapsed.

656.6(2) *Reactivation restrictions.* Pursuant to Iowa Code section 272C.3(2)*"d,"* the committee may require an applicant who has not engaged in active practice in the past three years in any jurisdiction of the United States to meet any or all of the following requirements prior to reactivation of a license:

a. Successfully complete continuing education or retraining programs in areas directly related to the safe and healthful practice of acupuncture deemed appropriate by the board or committee;

b. Successfully pass a competency evaluation approved by the board;

c. Successfully pass an examination approved by the board; or

d. Successfully complete a reentry to practice program or monitoring program approved by the board.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—656.7(272C) Continuing education requirements. Licensees shall demonstrate that they hold current active status as a diplomate from the NCCAOM. The NCCAOM requires 60 points of professional

development activity every four years. Active NCCAOM certification satisfies the continuing education requirements established in Iowa Code section 272C.2.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—656.8(147,148E,272C) General provisions.

656.8(1) *Diagnostic and treatment modalities.* Diagnostic and treatment modalities used by licensees under this chapter may include one or more of the following acupunctural services:

a. The stimulation or piercing of the skin with an acupuncture needle for any of the following purposes:

(1) To evoke a therapeutic physiological response, either locally or distally to the area of insertion or stimulation.

(2) To relieve pain or treat the neuromusculoskeletal system.

(3) To stimulate ashi acupuncture points to relieve pain and dysfunction.

(4) To promote, maintain, and restore health and to prevent disease.

(5) To stimulate the body according to auricular, hand, nose, face, foot or scalp acupuncture therapy.

(6) To use acupuncture needles with or without the use of herbs, electric current, or application of heat.

b. The use of oriental medical diagnosis and treatment, including:

(1) Moxibustion, cupping, thermal methods, magnets, gua sha scraping techniques, acupatches, herbal poultices, hot and cold packs, electromagnetic wave therapy, light and color therapy, sound therapy, or therapy lasers.

(2) Massage, acupressure, reflexology, shiatsu and tui na massage, or manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin.

(3) Herbal medicine and dietary supplements, including those of plant, mineral, animal, and nutraceutical origin.

c. Any other adjunctive service or procedure that is clinically appropriate based on the licensee's training as approved by NCCAOM or ACAOM.

656.8(2) *Use and disposal of needles.* A licensee shall use only presterilized, disposable needles and shall provide for the disposal of used needles in accordance with the requirements of the department.

656.8(3) *Standard of care.* A licensee shall be held to the same standard of care as persons licensed to practice medicine and surgery or osteopathic medicine and surgery. Pursuant to Iowa Code section 272C.3, any error or omission, unreasonable lack of skill, or failure to maintain a reasonable standard of care in the practice of acupuncture constitutes malpractice and is grounds for the revocation or suspension of a license to practice acupuncture in this state.

656.8(4) *Title.* An acupuncturist licensed under this title may use the words "licensed acupuncturist" or "L.Ac." to connote professional standing after the licensee's name in accordance with Iowa Code section 147.74(18).

656.8(5) *Change of contact information.* Licensees shall notify the board of changes in home address, address of the place of practice, home or practice telephone number, or personal email address regularly used by the applicant or licensee for correspondence with the board within one month of the change.

656.8(6) *Delegation of responsibilities.* A licensee shall perform all aspects of acupuncture treatment that involve penetration of the skin of a patient. The licensee may delegate other aspects of treatment to staff and patients who are properly trained by the licensee. It is permissible for appropriately trained staff and patients to remove acupuncture needles from the patient's body. The licensee is responsible for establishing and maintaining written training standards for staff.

656.8(7) *Change of full legal name.* A licensee shall notify the board of any change in the licensee's full legal name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

656.8(8) *Deceased.* A licensee's file will be closed and labeled "deceased" when the board receives a copy of the licensee's death certificate or other reliable information of the licensee's death.

[**ARC 9116C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapter 148E and sections 17A.10 through 17A.20, 147.55, 272C.3 through 272C.6, 272C.8 and 272C.9.

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[Editorial change: IAC Supplement 8/5/26]

◊ Two or more ARCs

CHAPTER 657
PRESCRIBING PSYCHOLOGISTS
[Prior to 6/11/25, see Medicine Board[653] Ch 19]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—657.1(148,154B) Joint rules adopted. The board of medicine adopts and incorporates the following rules as its own: 481—883.1(148,154B), 481—883.3(148,154B), 481—883.4(148,154B), 481—883.6(148,154B) through 481—883.8(148,154B), and 481—883.11(148,154B) through 481—883.13(148,154B).

[**ARC 9117C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—657.2(17A,124,147,148,154B,272C) Standards of practice—supervision of a conditional prescribing psychologist. A supervising physician shall be a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice and who supervises a conditional prescribing psychologist. A supervising physician shall be board-certified in family medicine, internal medicine, neurology, pediatrics, or psychiatry. A supervising physician shall fully comply with the following standards of practice:

657.2(1) *Supervision.* During supervised practice, a supervising physician oversees a conditional prescribing psychologist to ensure patient safety and optimal outcomes. This includes ensuring proper clinical examinations, necessary testing, and appropriate psychopharmacology services for the patient's condition. Supervision can occur in person or electronically according to these rules.

657.2(2) *Primary supervising physician.* A supervising physician shall determine whether the supervising physician has been designated as a conditional prescribing psychologist's primary supervising physician and fulfills the responsibilities of the primary supervising physician in accordance with these rules. A conditional prescribing psychologist may have more than one supervising physician.

657.2(3) *Maximum number of conditional prescribing psychologists.* A supervising physician cannot supervise more than two conditional prescribing psychologists at one time.

657.2(4) *Minimum period of supervision.* The primary supervising physician shall ensure that a conditional prescribing psychologist completes a minimum of two years of supervised practice prescribing psychotropic medications to patients with mental disorders in accordance with these rules in order for the conditional prescribing psychologist to be eligible to apply for a prescription certificate.

657.2(5) *Minimum number of patients.* The primary supervising physician shall ensure that a conditional prescribing psychologist has seen a minimum of 300 patients who had a diagnosed mental disorder for whom pharmacological intervention was considered as a treatment option, even if a decision was made not to prescribe a psychotropic medication to the patient. The primary supervising physician shall ensure that a conditional prescribing psychologist has treated a minimum of 100 patients with psychotropic medication throughout the supervised practice period.

657.2(6) *Initial assessment.* Prior to supervising a conditional prescribing psychologist, each supervising physician shall assess the conditional prescribing psychologist's relevant education, training, experience, and competence.

657.2(7) *Scope of practice.* Each supervising physician shall ensure that all psychopharmacology services provided by a conditional prescribing psychologist are within the competence and scope of practice of the supervising physician and the conditional prescribing psychologist.

657.2(8) *Prescriptive authority.* Each supervising physician shall ensure that a conditional prescribing psychologist only prescribes psychotropic medications for the treatment of mental disorders.

657.2(9) *Prescriptions.* A supervising physician shall ensure that each prescription issued by a conditional prescribing psychologist identifies the prescriber as a "psychologist certified to prescribe" and includes the Iowa license number of the conditional prescribing psychologist and the name of the supervising physician.

657.2(10) *Active DEA and CSA registration.* A supervising physician shall ensure that a conditional prescribing psychologist has an active DEA registration and CSA registration at all times during the period of supervision.

657.2(11) *Patient populations.* A supervising physician shall ensure that a conditional prescribing psychologist only provides psychopharmacology services to patient populations within the conditional prescribing psychologist's education, training, experience, and competence. A supervising physician may establish limitations on the types of populations to whom a conditional prescribing psychologist may provide psychopharmacology services based on the conditional prescribing psychologist's education, training, experience, and competence.

657.2(12) *Psychotropic medications.* A supervising physician shall ensure that a conditional prescribing psychologist only prescribes psychotropic medications that are within the conditional prescribing psychologist's education, training, experience, and competence. A supervising physician may establish limitations on the types of psychotropic medications that a conditional prescribing psychologist may prescribe based on the conditional prescribing psychologist's education, training, experience, and competence.

657.2(13) *Specialization.* A supervising physician shall ensure that a conditional prescribing psychologist has completed the following training during the supervised practice period to be eligible to prescribe psychotropic medications to the respective population as a prescribing psychologist:

a. Children. To prescribe to patients who are less than 17 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A pediatric practice,

(2) A child and adolescent practice, or

(3) A general practice provided the conditional prescribing psychologist treats a minimum of 50 patients who are less than 17 years of age.

b. Elderly patients. To prescribe to patients who are over 65 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A geriatric practice, or

(2) A general practice with patients across the lifespan including patients who are over 65 years of age.

c. Serious medical conditions. To prescribe to patients with serious medical conditions, including but not limited to heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities, a supervising physician shall ensure that a conditional prescribing psychologist has completed at least one year prescribing psychotropic medications to patients with serious medical conditions if the conditional prescribing psychologist intends to treat patients with serious medical conditions after the supervised practice period.

657.2(14) *Informed consent.* A supervising physician shall ensure that a conditional prescribing psychologist obtains appropriate informed consent before the conditional prescribing psychologist provides psychopharmacology services to a patient.

657.2(15) *Release of information.* A supervising physician shall ensure that a conditional prescribing psychologist obtains a release of information authorizing the conditional prescribing psychologist to share information with the supervising physician before the conditional prescribing psychologist provides psychopharmacology services to a patient.

657.2(16) *Primary care physician.* A supervising physician shall ensure that each patient has a designated primary care physician before a conditional prescribing psychologist provides psychopharmacology services to a patient. A supervising physician shall ensure that a conditional prescribing psychologist maintains a cooperative relationship with the primary care physician who oversees a patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition, and significant changes in the patient's medical or psychological condition are discussed. A supervising physician shall ensure that a conditional prescribing psychologist engages in appropriate consultation with a patient's designated primary care physician while the conditional prescribing psychologist is providing psychopharmacology services to a patient.

657.2(17) *Chart reviews.* A supervising physician shall personally review a representative sample of the conditional prescribing psychologist's patient charts.

657.2(18) *Performance evaluations.* A supervising physician shall regularly evaluate the clinical judgment, skills and performance of a conditional prescribing psychologist to safely provide psychopharmacology services to patients and provide appropriate feedback to the conditional prescribing psychologist.

657.2(19) *Supervision plan.* Before supervising a conditional prescribing psychologist, a supervising physician must ensure there is an approved written supervision plan. This plan should outline the supervisory relationship, including review parameters, and consider both parties' education, training, and experience and the psychopharmacology services involved. A template is available from the boards of medicine and psychology. Both the supervising physician and the psychologist must keep a copy of the plan and provide it to the boards if requested. The supervision plan shall include the following:

a. Conditional prescribing psychologist's information. The name, license number, address, telephone number, and email address of the conditional prescribing psychologist.

b. Supervising physician's information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the supervising physician.

c. Designation of the primary supervising physician. Designation of the conditional prescribing psychologist's primary supervising physician.

d. Period of supervision. The beginning date of the supervision plan and estimated date of completion.

e. Locations and settings. A description of the locations and settings where and with whom supervision will occur.

f. Scope of practice. A description of the scope of practice of the supervising physician and the conditional prescribing psychologist.

g. Methods of communication. A description of how the supervising physician and conditional psychologist may communicate for appropriate supervision.

h. Initial assessment. A description of the steps the supervising physician has taken to assess a conditional prescribing psychologist's relevant education, training, experience, and competence prior to supervising the conditional prescribing psychologist.

i. Limitations on psychotropic medications. A description of any limitations on the types of psychotropic medications the conditional prescribing psychologist may prescribe consistent with the supervising physician's and prescribing psychologist's relevant education, training, experience, and competence.

j. Limitations on patient populations. A description of any limitations on the types of populations the conditional prescribing psychologist may treat with psychotropic medications consistent with the supervising physician's and prescribing psychologist's relevant education, training, experience, and competence.

k. Expectations and responsibilities. A description of the expectations and responsibilities of the supervisory relationship.

l. Specialization. A description of the specialized training to be completed by the conditional prescribing psychologist in order to provide psychopharmacology services to children (less than 17 years of age), elderly persons (over 65 years of age), or patients with serious medical conditions, including but not limited to heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities in accordance with rule 481—883.4(148,154B).

m. Chart reviews. A description of the steps the supervising physician has taken to personally review a representative sample of the conditional prescribing psychologist's patient charts.

n. Consultation between the supervising physician and the primary care physician. A requirement that the supervising physician consult with the patient's primary care physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

o. Performance evaluations. A description of the steps the supervising physician has taken to regularly evaluate the clinical judgment, skills and performance of a conditional prescribing psychologist

to safely provide psychopharmacology services to patients and provide appropriate feedback to the conditional prescribing psychologist.

p. Termination of the supervision plan. A description of how the supervision plan may be terminated and the process for notifying affected patients.

q. Signatures. Signatures of the conditional prescribing psychologist and all supervising physicians.

r. Amendment to the supervision plan. A requirement that a conditional prescribing psychologist shall inform the board of psychology of any amendments to the supervision plan, including the addition of any supervising physicians, within 30 days of the change and that any amendment to a supervisory plan be subject to approval of the board of psychology.

s. Request for extension. If the primary supervising physician determines that a conditional prescribing psychologist is unable to successfully complete the supervised practice prior to the expiration of the conditional prescription certificate, the conditional prescribing psychologist may request an extension of the conditional prescription certificate provided that the conditional prescribing psychologist and the primary supervising physician can demonstrate that the conditional prescribing psychologist is likely to successfully complete the supervised practice within the extended time requested.

657.2(20) *Certification of completion.* At the conclusion of the supervised practice period, the primary supervising physician shall certify the following:

a. Supervision. That each supervising physician has provided supervision to the conditional prescribing psychologist in accordance with these rules.

b. Minimum period of supervised practice. That the conditional prescribing psychologist has successfully completed a minimum of two years of supervised practice.

c. Minimum number of patients. That the conditional prescribing psychologist has seen a minimum of 300 patients who had a diagnosed mental disorder with whom pharmacological intervention was considered as a treatment option, even if a decision was made not to prescribe a psychotropic medication to the patient, and that the conditional prescribing psychologist has treated a minimum of 100 patients with psychotropic medication throughout the supervised practice period.

d. Specialization. That a conditional prescribing psychologist who intends to provide psychopharmacology services to children (less than 17 years of age), elderly persons (over 65 years of age), or patients with serious medical conditions, including but not limited to heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities, has successfully completed a minimum of one year of supervised practice with the respective populations during the supervised practice period.

e. Demonstrated competence. That a conditional prescribing psychologist has successfully completed the supervised practice period and demonstrated competence in psychopharmacology by demonstrating competency in the milestones sufficient to obtain a prescription certificate in accordance with 481—subrule 883.3(2).

[**ARC 9117C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—657.3(17A,124,147,148,154B,272C) Standards of practice—collaboration with a prescribing psychologist. A collaborating physician shall be a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who serves as a resource for a prescribing psychologist pursuant to a collaborative practice agreement. A collaborating physician shall be board-certified in family medicine, internal medicine, neurology, pediatrics, or psychiatry. A collaborating physician shall fully comply with the following standards of practice:

657.3(1) *Collaboration.* A collaborating physician shall provide appropriate collaboration with a prescribing psychologist to achieve patient safety and optimal clinical outcomes. A collaborating physician shall ensure that appropriate clinical examinations and necessary testing are performed and that all psychopharmacology services provided are appropriate for the patient's condition. Collaboration may be in person or via electronic communications in accordance with these rules. A prescribing psychologist may have more than one collaborating physician.

657.3(2) *Maximum number of prescribing psychologists.* A physician shall not serve as a collaborating physician for more than two prescribing psychologists at one time.

657.3(3) *Initial assessment.* Prior to serving as a collaborating physician, a physician shall assess a prescribing psychologist's relevant education, training, experience, and competence.

657.3(4) *Scope of practice.* A collaborating physician shall ensure that all psychopharmacology services provided by a prescribing psychologist are within the competence and scope of practice of the collaborating physician and the prescribing psychologist.

657.3(5) *Prescriptive authority.* A collaborating physician shall ensure that a prescribing psychologist only prescribes psychotropic medications for the treatment of mental disorders.

657.3(6) *Delegation.* A collaborating physician shall ensure that a prescribing psychologist does not delegate prescriptive authority to any other person.

657.3(7) *Narcotics.* A collaborating physician shall ensure that a prescribing psychologist does not prescribe narcotics.

657.3(8) *Active DEA and CSA registration.* A collaborating physician shall ensure that a prescribing psychologist has an active DEA registration and CSA registration at all times during the period of collaboration.

657.3(9) *Patient populations.* A collaborating physician shall ensure that a prescribing psychologist only provides psychopharmacology services to patient populations within the prescribing psychologist's education, training, experience, and competence. A collaborating physician may establish limitations on the types of populations to whom a prescribing psychologist may provide psychopharmacology services based on the prescribing psychologist's education, training, experience, and competence.

657.3(10) *Psychotropic medications.* A collaborating physician shall ensure that a prescribing psychologist only prescribes psychotropic medications that are within the prescribing psychologist's education, training, experience, and competence. A collaborating physician may establish limitations on the types of psychotropic medications that a prescribing psychologist may prescribe based on the prescribing psychologist's education, training, experience, and competence.

657.3(11) *Specialization.* A collaborating physician shall ensure that a prescribing psychologist has completed at least one year of the required two years of supervised practice with the respective population in accordance with rule 481—883.4(148,154B) before the prescribing psychologist provides psychopharmacology services to children (less than 17 years of age), elderly persons (over 65 years of age), or patients with serious medical conditions, including but not limited to, heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities.

657.3(12) *Informed consent.* A collaborating physician shall ensure that a prescribing psychologist obtains appropriate informed consent before a prescribing psychologist provides psychopharmacology services to a patient.

657.3(13) *Release of information.* A collaborating physician shall ensure that a prescribing psychologist obtains a release of information authorizing the prescribing psychologist to share information with the collaborating physician before the prescribing psychologist provides psychopharmacology services to a patient.

657.3(14) *Primary care physician.* A collaborating physician shall ensure that each patient has a designated primary care physician before a prescribing psychologist provides psychopharmacology services to a patient. A collaborating physician shall ensure that a prescribing psychologist maintains a cooperative relationship with the primary care physician who oversees a patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition, and significant changes in the patient's medical or psychological condition are discussed. A collaborating physician shall ensure that a prescribing psychologist engages in appropriate consultation with a patient's designated primary care physician while the prescribing psychologist is providing psychopharmacology services to a patient.

657.3(15) *Chart reviews.* A collaborating physician shall personally review a representative sample of the prescribing psychologist's patient charts.

657.3(16) *Performance evaluations.* A collaborating physician shall regularly evaluate the clinical judgment, skills and performance of a prescribing psychologist to safely provide psychopharmacology services to patients and provide appropriate feedback to the prescribing psychologist.

657.3(17) *Collaborative practice agreement.* Prior to serving as a collaborating physician for a prescribing psychologist, the collaborating physician shall ensure that the prescribing psychologist has a written collaborative practice agreement in place. A template may be obtained from the boards of medicine and psychology. The collaborative practice agreement shall define the nature and extent of the collaborative relationship and outline specific parameters for review of the collaborative relationship. The collaborative practice agreement shall take into account the collaborating physician's and prescribing psychologist's relevant education, training, experience, and competence and the nature and scope of the psychopharmacology services to be provided. The collaborating physician shall review the terms of the collaborative practice agreement with the prescribing psychologist at least once each year. The collaborating physician and prescribing psychologist shall each maintain a copy of the collaborative practice agreement and provide a copy of the agreement to the boards of medicine and psychology upon request. The collaborative practice agreement shall include the following:

a. Prescribing psychologist's information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the prescribing psychologist.

b. Collaborating physician's information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the collaborating physician.

c. Period of collaboration. The time period covered by the collaborative practice agreement.

d. Locations and settings. A description of the locations and settings where and with whom collaborative practice will occur.

e. Scope of practice. A description of the scope of practice of the collaborating physician and the prescribing psychologist.

f. Methods of communication. A description of how the collaborating physician and prescribing psychologist may communicate for appropriate collaboration.

g. Initial assessment. A description of the steps the collaborating physician has taken to assess a prescribing psychologist's relevant education, training, experience, and competence prior to collaborating with a prescribing psychologist.

h. Limitations on psychotropic medications. A description of any limitations on the types of psychotropic medications the prescribing psychologist may prescribe consistent with the collaborating physician's and prescribing psychologist's relevant education, training, experience, and competence.

i. Limitations on patient populations. A description of any limitations on the types of populations the prescribing psychologist may treat with psychotropic medications consistent with the collaborating physician's and prescribing psychologist's relevant education, training, experience, and competence.

j. Expectations and responsibilities. A description of the expectations and responsibilities of the collaborative relationship.

k. Specialization. A description of the specialized training the prescribing psychologist has completed in order to provide psychopharmacology services to children (less than 17 years of age), elderly persons (over 65 years of age), or patients with serious medical conditions, including but not limited to, heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities in accordance with rule 481—883.4(148,154B).

l. Chart reviews. A description of the steps the collaborating physician has taken to personally review a representative sample of the prescribing psychologist's patient charts.

m. Consultation between the collaborating physician and the primary care provider. A requirement that the collaborating physician consult with the patient's primary care physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

n. Performance evaluations. A description of the steps the collaborating physician has taken to regularly evaluate the clinical judgment, skills and performance of the prescribing psychologist to safely provide psychopharmacology services to patients and provide appropriate feedback to the prescribing psychologist.

o. Termination of the collaborative practice agreement. A provision describing how the collaborative practice agreement may be terminated and the process for notifying affected patients.

p. *Signatures.* Signatures of the collaborating physician and the prescribing psychologist.

[**ARC 9117C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—657.4(17A,124,147,148,272C) Grounds for discipline. A physician who fails to comply with these rules may be subject to disciplinary action by the board of medicine.

[**ARC 9117C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapters 148 and 154B.

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[Editorial change: IAC Supplement 6/11/25]

CHAPTER 658
LICENSURE OF GENETIC COUNSELORS
[Prior to 6/11/25, see Medicine Board[653] Ch 20]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—658.1(148H) Scope of chapter. This chapter does not apply to any of the following:

1. A physician or surgeon or an osteopathic physician or surgeon licensed under Iowa Code chapter 148, a registered nurse or an advanced registered nurse practitioner licensed under Iowa Code chapter 152, a physician associate licensed under Iowa Code chapter 148C, or other persons licensed under Iowa Code chapter 147 when acting within the scope of the person's profession and doing work of a nature consistent with the person's education and training.
2. A person who is certified by the American Board of Medical Genetics and Genomics as a doctor of philosophy and is not a genetic counselor licensed pursuant to Iowa Code chapter 148H.
3. A person employed as a genetic counselor by the federal government or an agency thereof if the person provides genetic counseling services solely under the direction and control of the entity by which the person is employed.
4. A genetic counseling intern.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 6/10/26]

481—658.2(148H) Definitions. The definitions stated in Iowa Code chapter 148H, in addition to those listed below, apply to this chapter.

"American Board of Genetic Counseling" or *"ABGC"* means the United States-based commission, or its equivalent or successor organization, that validates entry-level competency in the practice of genetic counseling through professional certification.

"American Board of Medical Genetics and Genomics" or *"ABMGG"* means the United States-based commission, or its equivalent or successor organization, that validates entry-level competency in the practice of genetic counseling through professional certification.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.3(148H) Titles used. A genetic counselor licensed under Iowa Code chapter 148H may use the words "genetic counselor" or "licensed genetic counselor" or the corresponding abbreviation "LGC" after the person's name. Persons who possess a provisional license shall add the designation "provisional licensed genetic counselor."

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.4(148H) Qualifications for licensure.

658.4(1) Each applicant for licensure under Iowa Code chapter 148H shall:

a. Submit an application form and supporting documentation.

b. Hold active certification as a genetic counselor by the American Board of Genetic Counseling, as a genetic counselor by the American Board of Medical Genetics and Genomics, or as a medical geneticist by the American Board of Medical Genetics and Genomics, or the successor to any of the aforementioned organizations.

658.4(2) A licensee shall maintain active certification as a genetic counselor by the American Board of Genetic Counseling, as a genetic counselor by the American Board of Medical Genetics and Genomics, or as a medical geneticist by the American Board of Medical Genetics and Genomics, or the successor to any of the aforementioned organizations.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.5(148H) Qualifications for provisional licensure. The board may issue a provisional license to an applicant who meets all of the requirements for licensure except for the certification component and who has been granted active candidate status by the American Board of Genetic Counseling or the American Board of Medical Genetics and Genomics.

658.5(1) The applicant shall submit a provisional license application form, proof of active candidate status, and supporting documentation prescribed by the board.

658.5(2) A provisional license expires and becomes inactive upon the earliest of the following:

a. Issuance of a license as a genetic counselor by the board.

b. Loss of active candidate status.

(1) A person holding a provisional license that is inactive due to loss of active candidate status may submit an application for reactivation of the provisional license upon demonstrating that active candidate status has been reestablished.

(2) An application for extension of a provisional license shall be signed by a qualified supervisor.

c. The date printed on the provisional license.

658.5(3) A person with a provisional license shall work at all times under the supervision of a qualified supervisor.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.6(147,148H) Application requirements.

658.6(1) *Application for licensure.* To apply for a license to practice genetic counseling, an applicant shall:

a. Submit the completed application, including required credentials and documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant;

b. Pay the nonrefundable initial application fee identified in 481—subrule 651.13(1) and pay the fee identified in 481—subrule 651.13(6) for the evaluation of the fingerprint packet and the national criminal history background checks by the division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI).

658.6(2) *Contents of the application form.* Each applicant shall submit the following information on the application form provided by the board:

a. The applicant's full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board;

b. A chronology accounting for all time periods from the date the applicant entered a genetic counseling training program or educational institution to the date of the application;

c. The other jurisdictions in the United States or other nations or territories in which the applicant is authorized to practice genetic counseling, including license, certificate of registration or certification number and date of issuance;

d. Full disclosure of the applicant's involvement in civil litigation related to the practice of genetic counseling in any jurisdiction of the United States or other nations or territories. Copies of the legal documents may be requested if needed during the review process;

e. A statement disclosing and explaining any informal or nonpublic actions, such as letters of warning, letters of education, any confidential retraining, or any kind of confidential action taken toward a genetic counselor's certification or license that is not public discipline; warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical, genetic counseling or professional regulatory authority, an educational institution, a training or research program, or a health facility in any jurisdiction;

f. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

g. A letter sent directly from the ABGC or ABMGG to the board verifying the applicant holds active certification in genetic counseling by the ABGC or ABMGG for genetic counselor licensure or a letter sent directly from ABGC or ABMGG to the board verifying the applicant has been granted active candidate status for provisional licensure;

h. A completed fingerprint packet to facilitate a national criminal history background check. The fee for evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

658.6(3) *Application cycle.* If the applicant does not submit all materials within 90 days of the board's initial request for further information, the application is inactive.

a. To reactivate the application, an applicant shall submit a nonrefundable reactivation of application fee identified in 481—subrule 651.13(2) and shall update application materials if requested by the board. The period for requesting reactivation is limited to 30 days from the date the applicant is notified that the application is inactive, unless the applicant is granted an extension in writing by the committee or the board.

b. Once the application reactivation period is expired, an applicant must reapply and submit a new, nonrefundable initial application fee and a new application, including required documents and credentials.

658.6(4) *Applicant responsibilities.* An applicant for licensure to practice genetic counseling bears full responsibility for each of the following:

a. Paying all fees charged by regulatory authorities, national certifying organizations, health facilities, and educational institutions providing the information specified in subrule 658.6(2);

b. Providing accurate, up-to-date, and truthful information on the application form including but not limited to that specified under subrule 658.6(2) related to prior professional experience, education, training, active certification, licensure, and disciplinary history.

658.6(5) *Licensure application review process.* Licensure applications will be reviewed pursuant to the process outlined in rule 481—652.7(147,148).

658.6(6) *Grounds for denial of licensure.* The board, on the recommendation of the committee, and after consultation with an Iowa-licensed genetic counselor, may deny an application for licensure for any of the following reasons:

a. Failure to meet the requirements for licensure specified in this chapter pursuant to Iowa Code section 148H.3.

b. Pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55 and 148H.7 or in rule 481—658.20(147,148H,272C).

658.6(7) *Preliminary notice of denial.* Prior to the denial of licensure to an applicant, the board issues a preliminary notice of denial that is sent to the applicant by regular, first-class mail at the address provided by the applicant. The preliminary notice of denial is a public record and cites the factual and legal basis for denying the application, notifies the applicant of the appeal process, and specifies the date upon which the denial will become final if it is not appealed.

658.6(8) *Appeal procedure.* An applicant who has received a preliminary notice of denial may appeal the denial and request a hearing on the issues related to the preliminary notice of denial by serving a request for hearing upon the executive director not more than 30 calendar days following the date when the preliminary notice of denial was mailed. The applicant's current address shall be provided in the request for hearing. The request is deemed filed on the date it is received in the board office. If the request is received with a USPS nonmetered postmark, the board considers the postmark date as the date the request is filed. The request shall specify the factual or legal errors and that the applicant desires an evidentiary hearing and may provide additional written information or documents in support of licensure.

658.6(9) *Hearing.* If an applicant appeals the preliminary notice of denial and requests a hearing, the hearing will be a contested case open to the public and conducted in accordance with 481—Chapter 506.

658.6(10) *Finality.* If an applicant does not appeal a preliminary notice of denial in accordance with subrule 658.6(8), the preliminary notice of denial automatically becomes final. A final denial of an application for licensure is a public record.

658.6(11) *Failure to pursue appeal.* If an applicant appeals a preliminary notice of denial in accordance with subrule 658.6(8) but the applicant fails to pursue that appeal to a final decision within one year from the date of the preliminary notice of denial, the board may dismiss the appeal. The appeal may be dismissed only after the board sends a written notice by first-class mail to the applicant at the applicant's last-known address. The notice will state that the appeal will be dismissed and the preliminary notice of denial will become final if the applicant does not contact the board to schedule the appeal hearing within 30 days of the date the letter is mailed from the board office. Upon dismissal of an appeal, the

preliminary notice of denial becomes final. A final denial of an application for licensure under this rule is a public record.

658.6(12) *Waiver prohibited.* Provisions of this rule are not subject to waiver pursuant to 7—Chapter 2504 or any other provision of law.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 8/5/26]

481—658.7(147,148H) Display of license and notification required to change the board's data system.

658.7(1) *Display of license.* Licensed genetic counselors shall display the license issued by the board in a conspicuous place in their primary place of business.

658.7(2) *Change of contact information.* Licensees shall notify the board within one month of a change in home address, address of the place of practice, home or practice telephone number, or personal email address regularly used by the applicant or licensee for correspondence with the board.

658.7(3) *Change of full legal name.* A licensee shall notify the board of any change in the licensee's full legal name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

658.7(4) *Deceased.* A licensee's file will be closed and labeled "deceased" when the board receives a copy of the licensee's death certificate or other reliable information of the licensee's death.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.8(147,148H,272C) Biennial renewal of license required. Pursuant to Iowa Code section 148H.3, a license expires on October 31 of odd-numbered years and can be renewed for the fee identified in 481—paragraph 651.14(2)*"c."*

658.8(1) *Application.* The applicant for renewal shall provide:

a. A renewal application.

b. A letter sent directly from the ABGC or ABMGG to the board verifying that the applicant holds active certification in genetic counseling by the ABGC or ABMGG for genetic counselor licensure or a letter sent directly from ABGC or ABMGG to the board verifying the applicant has been granted active candidate status for provisional licensure.

c. Satisfactory evidence to the board that in the period since the license was issued or last renewed, the applicant has completed 30 hours of National Society of Genetic Counselors or ABMGG continuing education units as approved by the board.

658.8(2) *Expiration date.* Certificates of licensure to practice genetic counseling expire on October 31 in odd years.

658.8(3) *Prorated fees.* The first renewal fee for a license will be prorated on a monthly basis according to the date of issue.

658.8(4) *Renewal requirements and penalties for late renewal.* The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of responsibility for renewing that license.

a. Upon receipt of the completed renewal application, staff will administratively issue a license that expires on October 31 of odd-numbered years. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration.

b. Every renewal shall be displayed in connection with the original certificate of licensure.

c. If the licensee fails to submit the renewal application and renewal fee prior to the expiration date on the current license, a penalty fee identified in 481—subrule 651.13(4) will be assessed for renewal in the grace period, a period up until January 1.

658.8(5) *Inactive license.* Failure of a licensee to renew by January 1 will result in inactivation of the license, and the license will become invalid.

a. Licensees are prohibited from engaging in the practice of genetic counseling with an inactive or lapsed license.

b. Having a genetic counselor license in inactive or lapsed status does not preclude the board from taking disciplinary actions authorized in Iowa Code section 147.55 or 148H.7.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.9(147,272C) Reactivation of an inactive license.

658.9(1) *Reactivation requirements.* Licensees who allow their licenses to go inactive by failing to renew may apply for reactivation of a license. Pursuant to Iowa Code section 147.11, applicants for reactivation shall:

a. Submit a completed application for reactivation of a license to practice genetic counseling. The application shall include the following information:

(1) The applicant's full legal name, date and place of birth, home address, mailing address, principal business address, and personal email address regularly used by the applicant or licensee for correspondence with the board.

(2) Every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance.

(3) Full disclosure of the applicant's involvement in civil litigation related to the practice of genetic counseling in any jurisdiction of the United States or other nations or territories. Copies of the legal documents may be requested if needed during the review process.

(4) A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical, genetic counseling or professional regulatory authority; an educational institution; a training or research program; or a health facility in any jurisdiction.

(5) Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

(6) A chronology accounting for all time periods from the date of initial licensure.

(7) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

b. Submit a completed fingerprint packet to facilitate a national criminal history background check. The fee identified in 481—subrule 651.13(6) for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

c. Pay the reactivation fee identified in 481—subrule 651.13(7) plus the fee identified in 481—subrule 651.13(6) for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

d. A letter sent directly from the ABGC or ABMGG to the board verifying the applicant holds active certification in genetic counseling by the ABGC or ABMGG for genetic counselor licensure or a letter sent directly from the ABGC or ABMGG to the board verifying the applicant has been granted active candidate status for provisional licensure.

e. Meet any new requirements instituted since the license lapsed.

658.9(2) *Reactivation for an applicant who has been out of practice for three years.* If an applicant for reactivation has not engaged in the field of genetic counseling or precision medicine in the past three years in any jurisdiction of the United States, the board may, after consultation with an Iowa-licensed genetic counselor, require an applicant to:

a. Successfully complete board-approved continuing education or remediation.

b. Successfully complete a board-approved employment-based monitoring program developed by the genetic counselor's employer, an Iowa-licensed genetic counselor and the board.

c. Successfully complete any other pathway as agreed upon by the board.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 6/11/25]

481—658.10(272C) Code of ethics. The NSGC Code of Ethics prepared and approved by the National Society of Genetic Counselors shall be utilized by the board as guiding principles in the practice of genetic counseling in this state.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—658.11(148H,272C) Surrender of license to the board.

658.11(1) A genetic counselor whose ABGC certification has lapsed or whose certification has been revoked by the ABGC shall surrender the genetic counselor's license to the board.

658.11(2) A provisional licensee who loses active candidate status with the ABGC must immediately cease the practice of genetic counseling until the provisional licensee obtains an extension of the provisional license or obtains a new provisional license.

[**ARC 9118C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapters 147, 148, 148H, and 272C.

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[1] April 17, 2019, effective date of Chapter 20 [ARC 4339C] delayed 70 days by the Administrative Rules Review Committee at its meeting held April 5, 2019; delay lifted at the meeting held May 14, 2019.

CHAPTER 659
PHYSICIAN SUPERVISION OF A PHYSICIAN ASSOCIATE PURSUANT TO IOWA CODE CHAPTER 148C

[Prior to 2/4/26, see Medicine Board[653] Ch 21]

Chapter rescission date pursuant to Iowa Code section 17A.7: 12/17/30

481—659.1(148,272C) Ineligibility determinants. A physician with an active permanent, special, or temporary Iowa license who is actively engaged in the practice of medicine in Iowa may supervise a physician associate. A physician is ineligible to supervise a physician associate for any of the following reasons:

659.1(1) The physician does not hold an active, permanent, special or temporary Iowa medical license.

659.1(2) The physician is subject to a disciplinary order of the board that restricts or rescinds the physician's authority to supervise a physician associate. The physician may supervise a physician associate to the extent that the order allows.

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 6/10/26]

481—659.2(148,272C) Exemptions from this chapter. This chapter does not apply to the following:

659.2(1) A physician working in a federal facility or under federal authority when the provisions of this chapter conflict with federal regulations.

659.2(2) A physician who supervises a physician associate providing medical care created by an emergency or a state or local disaster pursuant to Iowa Code section 148C.4.

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 6/10/26]

481—659.3(148) Board notification. A physician who supervises a physician associate shall notify the board of the supervisory relationship within 60 days of the provision of initial supervision and at the time of the physician's license renewal.

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 6/10/26]

481—659.4(148,272C) Requirements for supervising. More information regarding requirements for supervising can be found in rules 481—780.4(148C) through 481—780.6(148C).

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26]

481—659.5(148,272C) Grounds for discipline. A physician may be subject to disciplinary action for supervising a physician associate in violation of these rules, 481—Chapter 661, or 481—Chapter 780, which relate to duties and responsibilities for physician supervision of physician associates. Grounds for discipline also include:

659.5(1) The physician supervises a physician associate when the physician does not have sufficient training or experience to supervise a physician associate in the area of medical practice in which a physician associate is to be utilized.

659.5(2) The physician fails to ensure that the physician associate is adequately supervised, including being available in person or by telecommunication to respond to the physician associate.

659.5(3) The physician fails to adequately direct and supervise a physician associate or fails to comply with the minimum standards of supervision in accordance with this chapter, 481—Chapters 780 through 784, and Iowa Code chapters 148 and 148C.

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 6/10/26]

481—659.6(148,272C) Disciplinary sanction. The board may restrict or rescind a physician's authority to supervise a physician associate as part of a disciplinary sanction following a contested case proceeding if

the reason for the disciplinary action impacts the ability of the physician to supervise a physician associate. The board shall notify the board of physician associates when it takes a disciplinary action against a physician's license that affects the physician's authority to supervise a physician associate.

[**ARC 9703C**, IAB 11/12/25, effective 12/17/25; Editorial change: IAC Supplement 2/4/26; Editorial change: IAC Supplement 6/10/26]

481—659.7(148,272C) Communication with physician associate supervisees. The physician shall notify all physician associate supervisees within one workday upon receiving disciplinary action from the board or any other change in status that affects the physician's eligibility to supervise a physician associate.

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These rules are intended to implement Iowa Code chapter 148C and section 272C.3.

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1 Effective date of 3/1/89 delayed 70 days by Administrative Rules Review Committee at its February 13, 1989, meeting.

2 Effective date of 3/1/89 delayed until adjournment of the 1990 Session of the General Assembly at its May 9, 1989, meeting.

3 Delay until adjournment of the 1990 G.A. lifted by the Administrative Rules Review Committee at its August 3, 1989, meeting which allowed the rules to become effective August 4, 1989.

4 Effective date of 4/17/96 delayed 70 days by the Administrative Rules Review Committee at its meeting held April 16, 1996. Effective date delayed until adjournment of the 1997 General Assembly by the Administrative Rules Review Committee at its meeting held June 11, 1996.

5 Effective date of 1/28/04 delayed 70 days by the Administrative Rules Review Committee at its January 6, 2004, meeting; at its meeting held March 8, 2004, the Committee lifted the delay, effective March 9, 2004.

6 Amendments to ch 21 in ARC 2532C, which included the renumbering of 21.4 to 21.7 as 21.5 to 21.8 (Item 1), the adoption of new 21.4 (Item 2), and the amendment to the implementation sentence (Item 3), rescinded by 2017 Iowa Acts, House File 591, section 2, paragraph *"a,"* on 4/12/17 and, pursuant to paragraph *"b,"* prior language restored IAC Supplement 5/10/17.

CHAPTER 660
MANDATORY REPORTING

[Prior to 7/19/06, see Medical Examiners Board[653] Ch 12]
[Prior to 6/11/25, see Medicine Board[653] Ch 22]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—660.1(272C) Mandatory reporting—judgments or settlements. Each licensee, including inactive licensees, will report to the board and provide a copy of every adverse judgment and settlement of a claim against the licensee in a malpractice action within 30 days from the date of said judgment or settlement. Failure to report judgments or settlements within the 30-day period is a basis for disciplinary action.
[**ARC 9119C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—660.2(272C) Mandatory reporting—wrongful acts or omissions.

660.2(1) *Definitions.* For the purposes of this rule, the following definitions apply:

"Knowledge" means any information or evidence of reportable conduct acquired by personal observation, from a reliable or authoritative source, or under circumstances causing the licensee to believe that wrongful acts or omissions may have occurred.

"Reportable conduct" means wrongful acts or omissions that are grounds for license revocation or suspension under these rules or that otherwise constitute negligence, careless acts or omissions that demonstrate a licensee's inability to practice medicine competently, safely, or within the bounds of medical ethics, pursuant to Iowa Code sections 272C.3(2) and 272C.4(6) and 481—Chapter 661.

660.2(2) *Reporting requirement.* A report shall be filed with the board, within 30 days from the date the licensee acquires knowledge, when a licensee has knowledge that another person licensed by the board may have engaged in reportable conduct. Failure to report is a basis for disciplinary action.

a. The report must contain the name and address of the licensee who may have engaged in the reportable conduct; the date, time, place, and circumstances in which the conduct occurred; and a statement explaining how knowledge of the reportable conduct was acquired.

b. The board makes the final determination of whether or not wrongful acts or omissions have occurred.

c. A physician is not required to report confidential communication obtained from a physician in the course of and as a result of a physician-patient relationship or when a state or federal statute prohibits such disclosure.

d. A licensee will not be civilly liable for filing a report with the board so long as such report is not made with malice.
[**ARC 9119C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25; Editorial change: IAC Supplement 6/11/25]

481—660.3(272C) Mandatory reporting—disciplinary action in another jurisdiction. Each licensee, including inactive licensees, will report to the board, within 30 days of the action, every license revocation, suspension or other disciplinary action taken against the licensee by a professional licensing authority of another state; an agency of the United States government; or any country, territory or other jurisdiction. Failure to report in accordance with this rule is a basis for disciplinary action.
[**ARC 9119C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—660.4(272C) Mandatory reporting—child abuse and dependent adult abuse. Each licensee will report child abuse and dependent adult abuse as required by state and federal law. Knowingly and willfully failing to report child abuse and dependent adult abuse is a basis for disciplinary action.
[**ARC 9119C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

481—660.5(272C) Mandatory reporting—hospital disciplinary action. Each licensee, including inactive licensees, will file with the board a copy of the disciplinary action or voluntary action and a written report describing any disciplinary action taken by a hospital for reasons relating to the physician's professional competence or conduct that results in a limitation, restriction, suspension, revocation, relinquishment or nonrenewal of the licensee's hospital privileges or any voluntary limitation, restriction,

suspension, revocation, relinquishment or nonrenewal of the licensee's hospital privileges to avoid an investigation or other hospital disciplinary action. A licensee is not required to report a limitation, restriction, suspension, revocation, relinquishment or nonrenewal of the licensee's privileges of fewer than ten days. A licensee is not required to report a voluntary, nondisciplinary limitation or relinquishment of hospital privileges made at the election of the licensee to narrow or change the nature of the licensee's medical practice for reasons not related to competency or conduct. The written report must be filed with the board within 30 days of the date of the action. Failure to file the written report and a copy of the action is a basis for disciplinary action. Reports shall be maintained by the board in accordance with Iowa Code section 272C.6(4).

[**ARC 9119C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 148, and 272C.

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[2] Effective date of rules 135.206, 135.207 and 135.208 [renumbered 12.6, 12.7 and 12.8, IAC 5/4/88] delayed by the Administrative Rules Review Committee 70 days from December 12, 1984. Delay lifted by committee on January 9, 1985.

CHAPTER 661
GROUNDS FOR DISCIPLINE

[Prior to 7/19/06, see Medical Examiners Board [653] C 12]
[Prior to 6/11/25, see Medicine Board[653] Ch 23]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—661.1(272C) Grounds for discipline. The board has the authority to impose discipline for any violation of Iowa Code chapter 147, 148, 148E, 148H, 252J, 272C or 272D or the rules promulgated thereunder. The grounds for discipline apply to physicians, acupuncturists and genetic counselors. The board may impose any of the disciplinary sanctions set forth in 481—Chapter 506, including civil penalties in an amount not to exceed $10,000, when the board determines that the licensee is guilty of any of the following acts or offenses:

661.1(1) Violating any of the grounds for the revocation or suspension of a license as listed in Iowa Code section 147.55, 148.6, 148E.8, 148H.7, 272C.10, or 272C.15.

661.1(2) Professional incompetency. Professional incompetency includes but is not limited to any of the following:

a. Willful or repeated gross malpractice;

b. Willful or gross negligence;

c. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the licensee's practice;

d. A substantial deviation by the licensee from the standards of learning or skill ordinarily possessed and applied by other physicians, acupuncturists or genetic counselors in the state of Iowa acting in the same or similar circumstances;

e. A failure by a physician, acupuncturist or genetic counselor to exercise in a substantial respect that degree of care that is ordinarily exercised by the average physician, acupuncturist or genetic counselor in the state of Iowa acting in the same or similar circumstances;

f. A willful or repeated departure from or the failure to conform to the minimal standard of acceptable and prevailing practice in the state of Iowa;

g. Failure to meet the acceptable and prevailing standard of care when delegating or supervising services provided by another physician, health care practitioner or individual who is collaborating with or acting as an agent, associate, or employee of the physician, acupuncturist or genetic counselor responsible for the patient's care, whether or not injury results.

661.1(3) Practice harmful or detrimental to the public. Practice harmful or detrimental to the public includes but is not limited to:

a. Failure to possess and exercise that degree of skill, learning and care expected of a reasonable, prudent physician, acupuncturist or genetic counselor acting in the same or similar circumstances.

b. Practicing without reasonable skill and safety as a result of a mental or physical impairment, chemical abuse or chemical dependency.

c. For acupuncturists only: prescribing, dispensing or administering any controlled substance or prescription medication for human use or performing any treatment or healing procedure not authorized in Iowa Code chapter 148E or 481—Chapter 656.

661.1(4) Unprofessional conduct. Engaging in unethical or unprofessional conduct includes but is not limited to the committing by a licensee of an act contrary to honesty, justice or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether committed within this state or elsewhere; or a violation of the standards and principles of medical ethics or rule 481—655.7(147,148,272C), 481—655.20(147,148), 481—656.10(147,148E,272C) or 481—658.4(148H) as interpreted by the board.

661.1(5) Sexual misconduct. Engaging in sexual misconduct includes but is not limited to engaging in conduct set out at 481—subrule 655.7(4) or 655.7(6) as interpreted by the board.

661.1(6) Substance abuse. Substance abuse includes but is not limited to excessive use of alcohol, drugs, narcotics, chemicals or other substances in a manner that may impair a licensee's ability to practice the profession with reasonable skill and safety.

661.1(7) Indiscriminately or promiscuously prescribing, administering or dispensing any drug for other than lawful purpose includes but is not limited to:

a. Self-prescribing or self-dispensing controlled substances.

b. Prescribing or dispensing controlled substances to members of the licensee's immediate family.

(1) Prescribing or dispensing controlled substances to members of the licensee's immediate family is allowable for an acute condition or on an emergency basis when the licensee conducts an examination, establishes a medical record, and maintains proper documentation.

(2) Immediate family includes the physician's spouse or domestic partner and either of the physician's, spouse's, or domestic partner's parents, stepparents or grandparents; the physician's natural or adopted children or stepchildren and any child's spouse, domestic partner or children; the siblings of the physician or the physician's spouse or domestic partner and the sibling's spouse or domestic partner; or anyone else living with the physician.

661.1(8) Physical or mental impairment. Physical or mental impairment includes but is not limited to any physical, neurological or mental condition that may impair a licensee's ability to practice the profession with reasonable skill and safety. Being adjudged mentally incompetent by a court of competent jurisdiction automatically suspends a license for the duration of the license unless the board orders otherwise.

661.1(9) Felony criminal conviction. Being convicted of a felony in the courts of this state, another state, the United States, or any country, territory or other jurisdiction, as defined in Iowa Code section 148.6(2)*"b."* A copy of the record of conviction or plea of guilty or nolo contendere is conclusive evidence of the felony conviction.

661.1(10) Violation of the laws or rules governing the practice of medicine, acupuncture or genetic counseling of this state; another state; the United States; or any country, territory or other jurisdiction. Violation of the laws or rules governing the practice of medicine, acupuncture or genetic counseling includes but is not limited to willful or repeated violation of the provisions of these rules or the provisions of Iowa Code chapter 147, 148, 148E, 148H or 272C or other state or federal laws or rules governing the practice of medicine.

661.1(11) Violation of a lawful order of the board, previously entered by the board in a disciplinary or licensure hearing, or violation of the terms and provisions of a consent agreement or settlement agreement entered into between a licensee and the board.

661.1(12) Violation of an initial agreement or health contract entered into with the Iowa professional health programs (IPHP).

661.1(13) Failure to comply with an evaluation order. Failure to comply with an order of the board requiring a licensee to submit to evaluation under Iowa Code section 148.6(2)*"h"* or 272C.9(1).

661.1(14) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession includes but is not limited to an intentional perversion of the truth, either orally or in writing, by a physician in the practice of medicine and surgery or osteopathic medicine and surgery, by an acupuncturist, or by a genetic counselor.

661.1(15) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice acupuncture, medicine and surgery, osteopathic medicine and surgery, or genetic counseling in this state and includes false representations of material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a license in this state, or attempting to file or filing with the board any false or forged document submitted with an application for a license in this state.

661.1(16) Fraud in representations as to skill or ability. Fraud in representations as to skill or ability includes but is not limited to a licensee's having made misleading, deceptive or untrue representations as to the acupuncturist's, physician's or genetic counselor's competency to perform professional services for which the licensee is not qualified to perform by education, training or experience.

661.1(17) Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes but is not limited to an action by a licensee in making known to the public information or intention that is false, deceptive, misleading or promoted through fraud or misrepresentation and includes statements that may consist of but are not limited to:

a. Inflated or unjustified claims that lead to expectations of favorable results;

b. Self-laudatory claims that imply that the licensee is skilled in a field or specialty of practice for which the licensee is not qualified;

c. Representations that are likely to cause the average person to misunderstand; or

d. Extravagant claims or claims of extraordinary skills not recognized by the profession.

661.1(18) Obtaining any fee by fraud or misrepresentation.

661.1(19) Acceptance of remuneration for referral of a patient to other health professionals in violation of the law or medical ethics.

661.1(20) Knowingly submitting a false report of continuing education or failure to submit the required reports of continuing education.

661.1(21) Knowingly aiding, assisting, procuring, or advising a person in the unlawful practice of acupuncture, medicine and surgery, or osteopathic medicine and surgery.

661.1(22) Failure to report disciplinary action. Failure to report a license revocation, suspension or other disciplinary action taken against the licensee by a professional licensing authority of another state; an agency of the United States government; or any country, territory or other jurisdiction within 30 days of the final action by such licensing authority. A stay by an appellate court does not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, such report will be expunged from the records of the board.

661.1(23) Failure to report voluntary agreements. Failure to report any voluntary agreement to restrict the practice of acupuncture, medicine and surgery, osteopathic medicine and surgery, or genetic counseling entered into with this state; another state; the United States; an agency of the federal government; or any country, territory or other jurisdiction.

661.1(24) Failure to notify the board within 30 days after occurrence of any settlement or adverse judgment of a malpractice claim or action.

661.1(25) Failure to file the reports required by rule 481—660.2(272C) within 30 days concerning wrongful acts or omissions committed by another licensee.

661.1(26) Failure to comply with a valid subpoena issued by the board pursuant to Iowa Code sections 17A.13 and 272C.6, 481—subrule 662.2(6), and 481—Chapter 506.

661.1(27) Failure to submit to a board-ordered mental, physical, clinical competency, or substance abuse evaluation or drug or alcohol screening.

661.1(28) The inappropriate use of a rubber stamp to affix a signature to a prescription. A person who is unable, due to a disability, to make a written signature or mark, however, may substitute in lieu of a signature a rubber stamp that is adopted by the disabled person for all purposes requiring a signature and that is affixed by the disabled person or affixed by another person upon the request of the disabled person and in the presence of the disabled person.

661.1(29) Maintaining any presigned prescription that is intended to be completed and issued at a later time.

661.1(30) Failure to comply with the recommendations issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures, or with the protocols established pursuant to Iowa Code chapter 139A.

661.1(31) Failure by a physician with HIV or HBV who practices in a hospital setting, and who performs exposure-prone procedures, to report the physician's HIV or HBV status to an expert review panel established by a hospital under Iowa Code section 139A.22(1) or to an expert review panel established by the department of health and human services under Iowa Code section 139A.22(3).

661.1(32) Failure by a physician with HIV or HBV who practices outside a hospital setting, and who performs exposure-prone procedures, to report the physician's HIV or HBV status to an expert review panel established by the department of health and human services under Iowa Code section 139A.22(3).

661.1(33) Failure by a physician subject to the reporting requirements of subrules 661.1(31) and 661.1(32) to comply with the recommendations of an expert review panel established by the department of health and human services pursuant to Iowa Code section 139A.22(3), with hospital protocols established pursuant to Iowa Code section 139A.22(1), or with health care facility procedures established pursuant to Iowa Code section 139A.22(2).

661.1(34) Noncompliance with a support order or with a written agreement for payment of support as evidenced by a certificate of noncompliance issued pursuant to Iowa Code chapter 252J. Disciplinary proceedings initiated under this rule shall follow the procedures set forth in Iowa Code chapter 252J and 481—Chapter 8.

661.1(35) Fraud in the practice. Fraud in the practice includes but is not limited to any misleading, deceptive, untrue or fraudulent representation in the practice of acupuncture, medicine or surgery, or genetic counseling, made orally or in writing, that is contrary to the licensee's legal or equitable duty, trust, or confidence and is deemed by the board to be contrary to good conscience, prejudicial to the public welfare, and potentially injurious to another. Proof of actual injury need not be established.

661.1(36) Improper management of medical records. Improper management of medical records includes but is not limited to failure to maintain timely, accurate, and complete medical records.

661.1(37) Failure to transfer medical records to another physician in a timely fashion when legally requested to do so by the subject patient or by a legally designated representative of the subject patient.

661.1(38) Failure to respond to or comply with a board investigation initiated pursuant to Iowa Code section 272C.3 and rule 481—662.2(17A,147,148,272C).

661.1(39) Failure to comply with the direct billing requirements for anatomic pathology services established in Iowa Code section 147.106.

661.1(40) Failure to submit an additional completed fingerprint card and applicable fee, within 30 days of a request made by board staff, when a previous fingerprint submission has been determined to be unacceptable.

661.1(41) Failure to respond to the board or submit continuing education materials during a board audit, within 30 days of a request made by board staff or within the extension of time if one had been granted.

661.1(42) Failure to respond to the board or submit requested mandatory training for identifying and reporting abuse materials during a board audit, within 30 days of a request made by board staff or within the extension of time if one had been granted.

661.1(43) Nonpayment of state debt as evidenced by a certificate of noncompliance issued pursuant to Iowa Code chapter 272D and 481—Chapter 8.

661.1(44) Voluntary agreements. The board may take disciplinary action against a physician if that physician has entered into a voluntary agreement to restrict the practice of medicine in another state, district, territory, or country.

a. The board will use the following criteria to determine if a physician has entered into a voluntary agreement within the meaning of Iowa Code section 148.12 and this rule.

(1) The voluntary agreement was signed during or at the conclusion of a disciplinary investigation, or to prevent a matter from proceeding to a disciplinary investigation.

(2) The agreement includes any or all of the following:

1. Education or testing that is beyond the jurisdiction's usual requirement for a license or license renewal.
2. An assignment beyond what is required for license renewal or regular practice (e.g., adoption of a protocol, use of a chaperone, completion of specified continuing education, or completion of a writing assignment).
3. A prohibition or limitation on practice privileges (e.g., a restriction on prescribing or administering controlled substances).
4. Compliance with an educational plan.
5. A requirement that surveys or reviews of patients or patient records be conducted.
6. A practice monitoring requirement.
7. A special notification requirement for a change of address.

8. Payment that is not routinely required of all physicians in that jurisdiction, such as a civil penalty, fine, or reimbursement of any expenses.

9. Any other activity or requirements imposed by the board that are beyond the usual licensure requirements for obtaining, renewing, or reinstating a license in that jurisdiction.

b. A certified copy of the voluntary agreement shall be considered prima facie evidence.

661.1(45) Performing or attempting to perform any surgical or invasive procedure on the wrong patient or at the wrong anatomical site or performing the wrong surgical procedure on a patient.

661.1(46) Violation of the standards of practice for medical directors who delegate and supervise medical aesthetic services performed by nonphysician persons at a medical spa as set out in rule 481—655.8(148,272C).

661.1(47) Failure to provide the board, within 14 days of a request by the board as set out in 481—paragraph 655.8(5)*"l,"* written verification of the education and training of all nonphysician persons who perform medical aesthetic services at a medical spa.

661.1(48) Failure to file with the board a written report and a copy of the hospital disciplinary action within 30 days of any hospital disciplinary action or the licensee's voluntary action to avoid a hospital investigation or hospital disciplinary action as required by rule 481—660.5(272C).

661.1(49) Unethical conduct of acupuncturist. The Code of Ethics (2016) prepared and approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is utilized by the board as guiding principles in the practice of acupuncture in this state. Unethical conduct in the practice of acupuncture includes but is not limited to:

a. Failing to provide patients with the information required in Iowa Code section 148E.6 or providing false information to patients;

b. Disclosing confidential information about a patient without proper authorization; or

c. Abrogating the boundaries of acceptable conduct in the practice of acupuncture established by the profession that the board deems appropriate for ensuring that acupuncturists provide Iowans with safe and healthful care.

This rule is intended to implement Iowa Code chapters 17A, 147, 148, 148E, 148H, 272C and 272D.

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◊ Two or more ARCs

1 Effective date of subrule 135.204(10) [renumbered 12/4(10), IAC 5/4/88] delayed by the Administrative Rules Review Committee 70 days from November 2, 1983.

2 Effective date of rules 135.206, 135.207 and 135.208 [renumbered 12.6, 12.7 and 12.8, IAC 5/4/88] delayed by the Administrative Rules Review Committee 70 days from December 12, 1984. Delay lifted by committee on January 9, 1985.

CHAPTER 662
COMPLAINTS AND INVESTIGATIONS

[Prior to 7/19/06, see Medical Examiners Board [653] Ch 12]
[Prior to 6/11/25, see Medicine Board[653] Ch 24]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—662.1(17A,147,148,272C) Complaints.

662.1(1) *Form and content of the complaint.* A complaint will be made in the form deemed acceptable by the board. The complaint will contain the following information:

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

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

c. A clear and accurate statement of the facts that apprises the board of the allegations against the licensee.

662.1(2) *Place and time of filing of the complaint.* A written complaint may be delivered in person, by mail or electronically to the board office. The office address is Iowa Board of Medicine, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

662.1(3) *Immunity.* A person is not civilly liable as a result of filing a report or complaint with the board or peer review committee, or for the disclosure to the board or its agents or employees, whether or not pursuant to a subpoena of records, documents, testimony or other forms of information that constitute privileged matter concerning a recipient of health care services or some other person, in connection with proceedings of a peer review committee, or in connection with duties of the board. However, such immunity from civil liability is not applicable if such act is done with malice.

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481—662.2(17A,147,148,272C) Processing complaints and investigations.

662.2(1) *Complaint and investigative files.* Board staff shall open a complaint file upon receiving a complaint or other appropriate information or upon a motion of the board. A complaint file becomes an investigative file once an investigation is ordered.

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

b. A complaint file will be labeled as such and is not a public record. A complaint file will become part of the licensee's history with the board.

c. Any time an investigation is ordered, a complaint file will be relabeled as an investigative file. An investigative file is not a public record. The investigative file will become part of the licensee's history with the board and may be shared with another licensing authority upon request.

662.2(2) *Complaint review committee.*

a. The complaint review committee includes the medical advisor, executive director, general counsel for the board, and chief investigator.

b. The complaint review committee reviews each complaint the board has received and takes one of the following four actions:

(1) Close a complaint file administratively for any of these reasons:

1. The board does not have legal jurisdiction over the matter;
2. The case involves a matter that the board is already addressing; or
3. The case is appropriate for referral to the board's Iowa physician health program, and investigation is not warranted.

(2) Recommend to the board's screening committee that the board close the complaint file without investigation.

(3) Request a letter of explanation from the physician, medical records, or both.

(4) Request a full investigation.

c. The complaint review committee uses the following to guide its decision making:

(1) Serious public safety issues include but are not limited to the following:

1. A clear violation of the laws and rules governing the practice of medicine, genetic counseling, or acupuncture, as applicable;

2. Significant investigative history that raises serious concerns about the licensee's ability to practice in a competent and safe manner;

3. Significant investigative history that raises serious concerns that the licensee has engaged in a pattern of unprofessional conduct or disruptive behavior that interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff;

4. Serious quality of care cases that include severe patient harm, a pattern of inappropriate treatment, or serious medical errors;

5. Serious criminal conduct;

6. Substance abuse or other impairment that significantly impacts the licensee's ability to practice the licensee's respective practice in a competent and safe manner;

7. Sexual misconduct;

8. Severe unprofessional conduct or disruptive behavior;

9. Disciplinary action by another regulatory authority; or

10. Unlicensed practice of medicine, genetic counseling, or acupuncture.

(2) Less serious public safety issues include but are not limited to the following:

1. Less serious quality of care cases that do not involve serious patient harm and are isolated occurrences rather than a part of a pattern of inappropriate treatment or serious medical errors;

2. A single incident involving a billing dispute;

3. A single incident involving rude behavior or personality conflicts;

4. A single incident of communication problems; or

5. Poor recordkeeping practices that are not repeated or ongoing in nature and do not significantly affect patient care.

d. The board may at any time reopen for review and reconsideration any complaint or investigative file that has been closed administratively.

e. The complaint review committee will indicate high-priority cases when they are assigned for investigation. The committee may provide recommendations to investigators regarding the nature of investigation to be completed. The medical advisor will provide medical advice to the investigators as part of the investigative process.

662.2(3) *Screening committee.* The screening committee will review the recommendations of the complaint review committee and take one of the following actions:

a. Recommend to the board that the complaint file be closed without investigation.

b. Request a letter of explanation from the physician, medical records, or both.

c. Review the materials acquired pursuant to paragraph 662.2(3)*"b"* and recommend to the board that the investigative file be closed, with or without issuing an informal letter.

d. Request an investigation for board review.

662.2(4) *Board action.*

a. The board will review the screening committee's recommendations and take one of the following actions:

(1) Close the complaint file without investigation. The board will notify the complainant.

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

(3) Request further investigation.

b. The board may reconsider and reopen a closed complaint or investigative file at a later date should it be deemed appropriate.

662.2(5) *Investigations.*

a. Complainants. At the time an investigation is opened, the complainant will be sent a letter with the name of the investigator assigned to the case and the investigator's contact information and a statement encouraging the complainant to submit any further information that would assist the investigator with the case.

(1) The complainant may request a meeting with the investigator prior to the completion of the investigation.

(2) The complainant will be informed of the confidentiality of the investigative information as provided in subrule 662.2(8).

(3) The complainant may contact the chief investigator with questions or concerns about the investigation.

b. Investigative subpoenas.

(1) Issuance of an investigative subpoena. The executive director or a designee may, upon the written request of a board investigator or upon the executive director's own initiative, subpoena books, papers, records, and other real evidence necessary for a board investigation.

(2) Request for subpoena. A written request for a subpoena will contain the following:

1. The name and address of the person to whom the subpoena will be directed;
2. A specific description of the books, papers, records or other real evidence requested;
3. An explanation of why the evidence sought to be subpoenaed is necessary for the board to determine whether it should institute a contested case proceeding; and
4. In the case of a subpoena request for mental health records, confirmation that the conditions described in subparagraph 662.2(5)*"b"*(4) have been satisfied.

(3) Contents of subpoena. Each subpoena will contain the following:

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

(4) Subpoena for mental health records. A subpoena for mental health records shall meet the requirements of subparagraph 662.2(5)*"b"*(3). The board shall document the following prior to the issuance of a subpoena for mental health records:

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

(5) Motion to quash or modify subpoena.

1. Any person who is adversely affected by compliance with the subpoena and desires to challenge the subpoena must file with the board a motion to quash or modify the subpoena within 14 days of service, or before if the time specified is less than 14 days. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.
2. Hearing on motion. Upon receipt of a timely motion to quash or modify a subpoena, the board may request an administrative law judge to hold a hearing and issue a decision, or the board may conduct a hearing and issue a decision. Oral argument may be scheduled at the discretion of the administrative law judge or the board. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.
3. Appeal of decision on motion. A person who is aggrieved by a ruling of an administrative law judge and who desires to challenge that ruling must appeal the ruling to the board by serving on the board's executive director, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.
4. Final agency action. If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either the

person is notified that the investigation has been concluded with no formal action or there is a final decision in the contested case.

c. Licensee response. Before a contested case begins, the investigator will attempt to reach the licensee at the licensee's listed address to allow the licensee to respond to the allegations. If the licensee cannot be found there, reasonable efforts to locate the licensee will be made. If the licensee cannot be located, the investigation will proceed without the licensee's response, and the findings will be sent to the board. Contact and response from the licensee can be in writing or through a personal interview.

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

e. Board review. The board will review the investigative record, discuss the case, and take one of the following actions:

(1) Close the investigative file without action. The board will notify the complainant and the licensee of the decision. The board may reconsider and reopen a closed complaint or investigative file at a later date should it be deemed appropriate.

(2) Request further investigation, including peer review.

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

1. Board members have personally investigated the case, and
2. Board members have combined investigative and adjudicative functions.

If the executive director or director of legal affairs participates in the appearance, the licensee further waives any objection to having the executive director or director of legal affairs assist the board in the contested case proceeding.

(4) Issue an informal letter of warning or education. If the board concludes that there is not probable cause to file disciplinary charges, the board may issue the licensee an informal letter of warning or education. A letter of warning or education is an informal communication between the board and the licensee and is not formal disciplinary action or a public document.

(5) File a statement of charges. If the board determines that there is probable cause for taking formal disciplinary action against a licensee, the board shall file a statement of charges, thereby commencing a contested case proceeding.

Prior to the initiation of formal disciplinary charges in a case involving the supervision of a physician associate, the board shall forward a copy of the investigative report to the board of physician associates for its advice and recommendation. The board of physician associates shall respond within six weeks or sooner if requested by the board of medicine. The board of medicine shall consider the advice and recommendation of the board of physician associates.

(6) Request a combined statement of charges and settlement agreement. At the board's discretion, the board and the licensee may enter into a combined statement of charges and settlement agreement to resolve a contested case proceeding.

662.2(6) *Licensee-patient privileged communications.* The privilege of confidential communication between the recipient and the provider of health care services do not extend to afford confidentiality to medical records maintained by or on behalf of the subject of an investigation by the board, or records maintained by any public or private agency or organization, which relate to a matter under investigation by the board. No provision of Iowa Code section 622.10, except as it relates to an attorney of the licensee, or the stenographer or confidential clerk of the licensee's attorney, shall be interpreted to restrict access by the board or its staff or agents to information sought in an investigation being conducted by the board.

662.2(7) *Investigation of malpractice lawsuits, judgments and settlements.* The board will review reports received from insurance carriers and licensees involving malpractice lawsuits, adverse judgments, and settlements. The board may choose to investigate such reports in the same manner as is prescribed

in these rules for the review and investigation of other complaints to determine whether there is probable cause under applicable statutes or administrative rules for licensee discipline.

662.2(8) *Confidentiality of investigative information.* All investigative information gathered by the board or its employees or agents, including peer reviewers, is confidential and privileged. The information cannot be obtained through discovery, subpoena, or other legal means except by the licensee and the board. This information is not admissible in any judicial or administrative proceeding, except in cases involving licensee discipline. However, the board's statement of charges, settlement agreements, or decisions in disciplinary proceedings are public records.

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481—662.3(272C) Peer review. The board may assign any case to peer review for evaluation of the professional services rendered by the licensee and report to the board.

662.3(1) *Registration of peer reviewers.* The board may register peer reviewers by maintaining a list of peer reviewers in the board office. The board will enter into a contract with peer reviewers to provide peer review services.

662.3(2) *Case referral for peer review.* The board or board staff will determine which peer reviewer(s) will review a case and what investigative information is referred to a peer reviewer.

662.3(3) *Board assistance to peer reviewers.* The board may provide investigatory and related services to assist the peer reviewer(s).

662.3(4) *Confidentiality.* Peer reviewers shall observe the confidentiality requirements imposed by Iowa Code section 272C.6(4).

662.3(5) *Liability, defense and indemnity.* Peer reviewers are not liable for acts, omissions or decisions made in connection with service on the peer review committee. However, such immunity from civil liability does not apply if such act is done with malice. Peer reviewers are to be provided a defense by the state for civil lawsuits related to board peer review and will be indemnified for all such judgments or settlements as provided by applicable law and administrative rules.

662.3(6) *Written peer review report.* Peer reviewers will review the information provided by the board and provide a written report to the board.

a. The written report will contain a statement of facts, an opinion of the peer reviewers whether the licensee violated the standard of care, and the rationale supporting the opinion.

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

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

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481—662.4(272C) Order for physical, mental, or clinical competency evaluation. All licensees will undergo a physical, mental, or clinical evaluation as directed by the board. This evaluation may be ordered if there is probable cause of a mental, physical, or behavioral condition, including professional misconduct, disruptive behavior, or substance abuse. The evaluation may include various assessments for disruptive behavior or neuropsychological, psychiatric, sexual misconduct, or substance abuse evaluations. Clinical competency evaluations can be ordered if there is probable cause of professional incompetence. All evaluation orders and related information are confidential according to Iowa Code section 272C.6(4). The licensee will bear the cost, and orders will be delivered via personal service or certified mail, return receipt requested.

662.4(1) *Content of order.* A board order shall include the following items:

a. Probable cause. A showing by the board that there is probable cause to order the licensee to complete an evaluation.

b. Nature of evaluation or screening. A description of the type of evaluation or screening that the licensee needs to complete.

c. Evaluation facility. The name and address of the examiner or evaluation or treatment or screening facility that the board has identified to perform the evaluation.

d. Scheduling the evaluation. The amount of time in which the licensee must schedule the required evaluation.

e. Completion of the evaluation. The amount of time in which the licensee must complete the evaluation.

f. Board release. A requirement that the licensee sign all necessary releases for the board to communicate with the evaluator or the evaluation or treatment program and to obtain any reports generated by the program.

662.4(2) *Alternatives.* Following issuance of the evaluation order, the licensee may request additional time to schedule or complete the evaluation or to request the board to approve an alternative evaluator or treatment facility. The board will determine whether to grant such a request.

662.4(3) *Objection to order.* A licensee who is the subject of a board evaluation order and who objects to the order may file a request for hearing. The request shall be filed within 14 days of issuance of the evaluation order. A licensee who fails to timely file a request for hearing to object to an evaluation order waives any future objection to the evaluation order in the event formal disciplinary charges are filed for failure to comply with the evaluation order or on any other grounds. The request for hearing shall specifically identify the factual and legal issues upon which the licensee bases the objection. The hearing will be considered a contested case proceeding and will be governed by the provisions of 481—Chapter 506.

662.4(4) *Closed hearing.* Any hearing on an objection to the board order will be closed pursuant to Iowa Code section 272C.6(1).

662.4(5) *Order and reports confidential.* An evaluation order and any subsequent evaluation reports issued in the course of a board investigation are confidential investigative information pursuant to Iowa Code section 272C.6(4). However, all investigative information related to an evaluation order will be provided to the licensee in the event the licensee files an objection under subrule 662.4(3), in order to allow the licensee an opportunity to prepare for hearing.

662.4(6) *Admissibility.* In the event the licensee submits to evaluation and subsequent proceedings are held before the board, all objections will be waived as to the admissibility of the licensee's testimony or evaluation reports on the grounds that they constitute privileged communication. The medical testimony or examination reports will not be used against the licensee in any proceeding other than one relating to licensee discipline by the board.

662.4(7) *Failure to submit.* Failure of a licensee to submit to a board-ordered mental, physical, clinical competency or substance abuse evaluation or alcohol or drug screening constitutes a violation of the rules of the board and is grounds for disciplinary action.

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CHAPTER 663
REINSTATEMENT AFTER DISCIPLINARY ACTION

[Prior to 7/19/06, see Medical Examiners Board[653] Ch 12]
[Prior to 6/11/25, see Medicine Board[653] Ch 26]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/21/30

481—663.1(17A) Reinstatement. Any person whose license has not been permanently suspended or revoked by the board may apply to the board for reinstatement in accordance with the terms and conditions of the order of revocation or suspension.

663.1(1) If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the board order or the date of voluntary surrender.

663.1(2) All proceedings for reinstatement shall be initiated by the respondent, who shall file with the board an application for the reinstatement of the respondent's license. Such application will be docketed in the original case in which the license was revoked, suspended, or relinquished. All proceedings upon the petition for reinstatement are subject to the same rules of procedure as other cases before the board.

663.1(3) An application for reinstatement shall allege facts that, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts is on the respondent.

663.1(4) At the board's discretion, the board and the licensee may agree to enter into a reinstatement order by agreement, in lieu of a formal reinstatement hearing before the board.

663.1(5) A reinstatement order must be based upon the affirmative vote of a quorum of the board. The reinstatement order is public information pursuant to 481—Chapter 506.

663.1(6) A physician seeking reinstatement under this rule whose license became inactive during the period of suspension or revocation is also required to complete the reactivation process set forth in rule 481—652.13(147,148) or 481—652.14(147,148).

This rule is intended to implement Iowa Code chapters 17A, 147, 148, and 272C.

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CHAPTERS 664 to 699
Reserved

BOARD OF PODIATRY

CHAPTER 700
LICENSURE OF PODIATRISTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 220]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—700.1(149) Definitions.

"Active license" means a license that is current and has not expired.

"Board" means the board of podiatry.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as a podiatrist in the state of Iowa.

"License expiration date" means June 30 of even-numbered years.

"Licensure by endorsement" means the issuance of an Iowa license to practice podiatry to an applicant who is or has been licensed in another state.

"NBPME" means National Board of Podiatric Medical Examiners.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—700.15(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice podiatry to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of podiatry to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.2(149) Requirements for licensure.

700.2(1) The applicant will submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149).

700.2(2) No application will be considered complete until official copies of academic transcripts are received, verifying graduation from a college of podiatric medicine approved by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association. Transcripts must be sent directly from the college to the board.

700.2(3) Licensees who were issued their licenses within six months prior to the renewal date do not need to renew their licenses until the renewal date two years later.

700.2(4) Incomplete applications that have been on file in the board office for more than two years will be:

a. Considered invalid and destroyed; or

b. Retained upon written request of the applicant. The applicant is responsible for requesting that the file be retained.

700.2(5) An applicant who graduated from a podiatric college in 1961 or earlier, is currently licensed in another state and has practiced for the 24 months immediately prior to application may be exempted from passing Part I and Part II of the NBPME examination based on the applicant's credentials and the discretion of the board.

700.2(6) An applicant who graduated from a podiatric college on or after January 1, 1995, but before January 1, 2013, shall present documentation of successful completion of a residency approved by the CPME of the American Podiatric Medical Association.

700.2(7) An applicant who graduated from a podiatric college on or after January 1, 2013, shall present documentation of successful completion of two years of a residency approved by the CPME of the American Podiatric Medical Association.

700.2(8) Passing score reports for Part I, Part II, and Part III of the NBPME examination shall be sent directly from the examination service to the board.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.3(149) Written examinations.

700.3(1) The examinations required by the board shall be Part I, Part II, and Part III of the NBPME.

700.3(2) The applicant has responsibility for:

a. Making arrangements to take the examinations; and

b. Arranging to have the examination score reports sent directly to the board from the NBPME.

700.3(3) A passing score as recommended by the administrators of the NBPME examinations shall be required.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.4(149) Educational qualifications.

700.4(1) A new applicant for permanent or temporary licensure to practice as a podiatrist shall present official copies of academic transcripts, verifying graduation from a college of podiatric medicine approved by the CPME of the American Podiatric Medical Association. Transcripts must be sent directly from the college to the board of podiatry.

700.4(2) Foreign-trained podiatrists shall:

a. Provide an equivalency evaluation of their educational credentials by one of the following: International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665, telephone 310.258.9451, website www.ierf.org, or email at info@ierf.org; or International Credentialing Associates, Inc., 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, telephone 727.549.8555. The professional curriculum must be equivalent to that stated in these rules. The candidate shall bear the expense of the curriculum evaluation.

b. Provide a notarized copy of the certificate or diploma awarded to the applicant from a podiatry program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.5(149) Title designations. A podiatrist may use the prefix "Doctor" but shall add after the person's name the word "Podiatrist" or "DPM."

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.6(147,149) Temporary license.

700.6(1) A temporary license may be issued for up to one year and may be annually renewed at the discretion of the board. Temporary licenses will expire on June 30.

700.6(2) Each applicant shall:

a. Submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149);

b. Have official copies of academic transcripts sent directly to the board of podiatry from a college of podiatric medicine approved by the CPME of the American Podiatric Medical Association;

c. Request that passing score reports of the NBPME examination Part I and Part II be sent directly to the board of podiatry from the National Board of Podiatric Medical Examiners;

d. Furnish an affidavit by the institution director or dean of an approved podiatric college attesting that the applicant has been accepted into a residency program in this state that is approved by the CPME of the American Podiatric Medical Association;

e. Request verification of license from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;
(3) Current licensure status; and
(4) Any disciplinary action taken against the license.

700.6(3) An applicant who graduated from a podiatric college in 1961 or earlier, is currently licensed in another state, and has practiced for the 24 months immediately prior to application may be exempted from passing Part I and Part II of the NBPME examination based on the applicant's credentials and the discretion of the board.

700.6(4) The ultimate decision to issue a temporary license resides with the board, and a temporary license shall be surrendered if the reason for issuance ceases to exist.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.7(149) Licensure by endorsement. An applicant who has been a licensed podiatrist under the laws of another jurisdiction may file an application for licensure by endorsement with the board office.

700.7(1) The board may receive by endorsement any applicant from the District of Columbia, another state, territory, province or foreign country who:

a. Submits a completed online application for licensure and pays the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149);

b. Shows evidence of licensure requirements that are similar to those required in Iowa;

c. Provides the board with official copies of academic transcripts, verifying graduation from a college of podiatric medicine approved by the CPME of the American Podiatric Medical Association. Transcripts must be sent directly from the school to the board of podiatry; and

d. Provides verification of license from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;
(2) Date of initial licensure;
(3) Current licensure status; and
(4) Any disciplinary action taken against the license.

700.7(2) An applicant shall submit the passing score reports for Part I and Part II of the NBPME examination. An applicant who graduated from a podiatric college in 1961 or earlier, is currently licensed in another state, and has practiced for the 24 months immediately prior to application may be exempted from passing Part I and Part II of the NBPME examination based on the applicant's credentials and the discretion of the board.

700.7(3) An applicant shall submit passing score reports for Part III of the NBPME examination. An applicant who passed the Part III NBPME examination more than three years prior to the date of application in Iowa must submit proof of podiatry practice for one of the last three years.

700.7(4) An applicant who graduated from a podiatric college on or after January 1, 1995, must present documentation of successful completion of a residency approved by the CPME of the American Podiatric Medical Association.

700.7(5) A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.8(149) License renewal.

700.8(1) The biennial license renewal period for a license to practice podiatry begins on July 1 of an even-numbered year and ends on June 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration.

700.8(2) An individual who was issued a license within six months of the license renewal date does not need to renew the individual's license until the subsequent renewal two years later.

700.8(3) An applicant who graduated from a podiatric college on or after January 1, 2013, and who is seeking renewal for the first time shall present documentation of successful completion of a residency program approved by the CPME of the American Podiatric Medical Association.

700.8(4) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—702.2(149,272C) and the mandatory reporting requirements of subrule 700.9(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

700.8(5) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children and dependent adults in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting in the previous five years or condition(s) for waiver of this requirement as identified in paragraph 700.8(5) *"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall complete the applicable department of health and human services training related to the identification and reporting of child and dependent adult abuse as required by Iowa Code section 232.69(3)*"b."* The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 500.

c. The board may select licensees for audit of compliance with the requirements in paragraphs 700.8(5)*"a"* and *"b."*

700.8(6) Upon receiving the information required by this rule and the required fee, board staff will administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

700.8(7) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

700.8(8) Late renewal. A license not renewed by the expiration date will be assessed a late fee as specified in 481—subrule 507.15(3). Completion of renewal requirements and submission of the late fee within the grace period are needed to renew the license.

700.8(9) Inactive license. A license not renewed by the end of the grace period is inactive. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a podiatrist in Iowa until the license is reactivated. A licensee who practices as a podiatrist in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 7986C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—700.9(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, an applicant will:

700.9(1) Submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149).

700.9(2) Provide verification of current competence to practice as a podiatrist by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, provide the following:

(1) Verification of the license from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 40 hours of continuing education within two years of application for reactivation.

b. If the license has been on inactive status for more than five years, provide the following:

(1) Verification of the license from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 80 hours of continuing education within two years of application for reactivation.

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481—700.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with 481—Chapter 506 and must apply for and be granted reactivation of the license in accordance with rule 481—700.15(17A,147,272C) prior to practicing as a podiatrist in this state.

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◊ Two or more ARCs

CHAPTER 701
LICENSURE OF ORTHOTISTS, PROSTHETISTS, AND PEDORTHISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 221]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—701.1(148F) Definitions.

"Active license" means a license that is current and has not expired.

"Board" means the board of podiatry.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as an orthotist, prosthetist, or pedorthist in the state of Iowa.

"License expiration date" means June 30 of even-numbered years.

"Licensure by endorsement" means the issuance of an Iowa license to practice orthotics, prosthetics, or pedorthics to an applicant who is or has been licensed in another state.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—701.8(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice orthotics, prosthetics, or pedorthics to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of podiatry to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.2(148F) Requirements for licensure.

701.2(1) The applicant will submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149).

701.2(2) No application will be considered complete until official copies of academic transcripts are received.

a. Applicants for licensure in orthotics or prosthetics must submit proof of graduation from an educational program approved by the Commission on Accreditation of Allied Health Education Programs.

b. Applicants for licensure in pedorthics must submit proof of graduation from an educational program approved by the National Commission on Orthotic and Prosthetic Education.

701.2(3) Transcripts must be sent directly from the program to the board.

701.2(4) Licensees who were issued their licenses within six months prior to the renewal date do not need to renew their licenses until the renewal date two years later.

701.2(5) Incomplete applications that have been on file in the board office for more than two years will be:

a. Considered invalid and destroyed; or

b. Retained upon written request of the applicant. The applicant is responsible for requesting that the file be retained.

701.2(6) The applicant shall ensure that the passing score from the appropriate professional examination is sent directly to the board from the examination service.

701.2(7) Applicants for licensure in orthotics or prosthetics must provide documentation of successful completion of a residency program accredited by the National Commission on Orthotic and Prosthetic Education.

701.2(8) Applicants for licensure in pedorthics must provide documentation of successful completion of a qualified clinical experience program.

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.3(148F) Written examinations.

701.3(1) Prosthetists must have completed and passed the Board of Certification/Accreditation, International (BOC), or American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated (ABC), examination for prosthetists.

701.3(2) Orthotists must have completed and passed the BOC or ABC examination for orthotists.

701.3(3) Pedorthists must have completed and passed the BOC or ABC examination for pedorthists.

701.3(4) The applicant has responsibility for:

a. Making arrangements to take the examination; and

b. Arranging to have the examination score reports sent directly to the board from the ABC or BOC.

701.3(5) A passing score as recommended by the administrators of the ABC or BOC examination shall be required.

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.4(148F) Educational qualifications.

701.4(1) An applicant for licensure to practice as an orthotist or prosthetist shall present official copies of academic transcripts, verifying completion of the following requirements:

a. A baccalaureate or higher degree from a regionally accredited college or university. Transcripts must be sent directly from the college or university to the board of podiatry; and

b. Verification of completion of an academic program in orthotics or prosthetics accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Transcripts must be sent directly from the program to the board of podiatry.

701.4(2) An applicant for licensure to practice as a pedorthist shall present official copies of academic transcripts, verifying completion of the following requirements:

a. A high school diploma or its equivalent; and

b. Verification of completion of an academic program in pedorthics accredited by the National Commission on Orthotic and Prosthetic Education. Verification must be sent directly from the program to the board of podiatry.

701.4(3) An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.5(148F) Licensure by endorsement.

701.5(1) An applicant who has been a licensed orthotist, prosthetist, or pedorthist under the laws of another jurisdiction may file an application for licensure by endorsement with the board office. The board may receive by endorsement any applicant from the District of Columbia, or another state, territory, province or foreign country who:

a. Submits a completed online application for licensure and pays the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149);

b. Shows evidence of licensure requirements that are similar to those required in Iowa;

c. For prosthetic or orthotic licensure, provides:

(1) A baccalaureate or higher degree from a regionally accredited college or university. Transcripts must be sent directly from the college or university to the board of podiatry; and

(2) Verification of completion of an academic program in orthotics or prosthetics accredited by CAAHEP. Transcripts must be sent directly from the program to the board of podiatry;

d. For pedorthic licensure, provides:

(1) A high school diploma or its equivalent; and

(2) Verification of completion of an academic program in pedorthics accredited by the National Commission on Orthotic and Prosthetic Education. Verification must be sent directly from the program to the board of podiatry;

e. Provides verification of license from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license;

f. Submits a copy of the scores from the appropriate professional examination to be sent directly from the examination service to the board.

701.5(2) Individuals who were issued their licenses by endorsement within six months of the license renewal date do not need to renew their licenses until the next renewal date two years later.

701.5(3) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.6(148F) License renewal.

701.6(1) The biennial license renewal period for a license to practice orthotics, prosthetics, or pedorthics begins on July 1 of an even-numbered year and ends on June 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration.

701.6(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

701.6(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—705.2(148F,272C). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

701.6(4) Upon receipt of the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

701.6(5) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

701.6(6) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.15(7). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

701.6(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice as an orthotist, prosthetist, or pedorthist in Iowa until the license is reactivated. A licensee who practices as an orthotist, prosthetist, or pedorthist in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 7987C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—701.7(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

701.7(1) Submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.15(147,148F,149).

701.7(2) Provide verification of current competence to practice by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of:

1. For orthotists or prosthetists, 30 hours of continuing education within two years of application for reactivation.
2. For pedorthists, 20 hours of continuing education within two years of application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of:

1. For orthotists or prosthetists, 60 hours of continuing education within two years of application for reactivation.
2. For pedorthists, 40 hours of continuing education within two years of application for reactivation.

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481—701.8(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—701.8(17A,147,272C) prior to practicing as an orthotist, a prosthetist, or a pedorthist in this state.

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These rules are intended to implement Iowa Code chapters 17A, 147, 148F, and 272C.

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CHAPTER 702
CONTINUING EDUCATION FOR PODIATRISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 222]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—702.1(149,272C) Definitions.

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of podiatry.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a podiatrist in the state of Iowa.

[**ARC 7988C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—702.2(149,272C) Continuing education requirements.

702.2(1) The biennial continuing education compliance period extends for a two-year period beginning on July 1 of each even-numbered year and ending on June 30 of the next even-numbered year. Each biennium, each person who is licensed to practice as a podiatrist in this state shall be required to complete a minimum of 40 hours of continuing education. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 20 hours from the previous renewal period.

702.2(2) Requirements for new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 40 hours of continuing education per biennium for each subsequent license renewal.

702.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

702.2(4) No hours of continuing education will be carried over into the next biennium.

702.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 7988C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9216C**, IAB 5/14/25, effective 6/18/25]

481—702.3(149,272C) Standards.

702.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

702.3(2) *Specific criteria.*

a. Licensees may obtain continuing education hours of credit by teaching in a college, university, or graduate school that is recognized by the U.S. Department of Education. The licensee may receive credit on a one-time basis for the first offering of a course.

b. Continuing education hours of credit may be obtained by completing the following programs/activities of a podiatric scientific nature and sponsored by an accredited college of podiatric medicine or the American Podiatric Medical Association or a regional or state affiliate or nonprofit hospital that are:

(1) Educational activities in which participants and faculty are present at the same time and attendance can be verified. Such activities include lectures, conferences, focused seminars, clinical and practical workshops, simultaneous live satellite broadcasts and teleconferences; and

(2) Scientifically oriented material or risk management activities.

c. If the podiatrist utilizes conscious sedation, the podiatrist shall obtain a minimum of one hour of continuing education in the area of conscious sedation or other related topics.

d. A licensee who has prescribed opioids to a patient during a renewal cycle shall have obtained a minimum of one hour of continuing education regarding the United States Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options.

e. Combined maximum per biennium of 20 hours for the following continuing education source areas will not exceed:

(1) Presenting professional programs that meet the criteria listed in this subrule. Two hours of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit.

(2) Ten hours of credit for viewing videotaped presentations if the following criteria are met:

1. There is an approved sponsoring group or agency;
2. There is a facilitator or program official present;
3. The program official is not the only attendee; and
4. The program meets all the criteria in rule 481—702.3(149,272C).

(3) Ten hours of credit for computer-assisted instructional courses or programs pertaining to patient care and the practice of podiatric medicine and surgery. These courses and programs must be approved by the American Podiatric Medical Association or its affiliates and have a certificate of completion that includes the following information:

1. Date course/program was completed;
2. Title of course/program;
3. Number of course/program contact hours; and
4. Official signature or verification of course/program sponsor.

(4) Five hours of credit for reading journal articles pertaining to patient care and the practice of podiatric medicine and surgery. The licensee must pass a required posttest and be provided with a certificate of completion.

f. No office management courses will be accepted by the board.

g. Continuing education hours of credit equivalents for academic coursework per biennium are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

h. Credit is given only for actual hours attended.

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These rules are intended to implement Iowa Code section 272C.2 and chapter 149.

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◊ Two or more ARCs

CHAPTER 703
PRACTICE OF PODIATRY

[Prior to 8/7/02, see rules 645—219.3(514F), 645—219.4(139A)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 223]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—703.1(149) Definitions.

"Ambulatory surgical center" or *"ASC"* means an ambulatory surgical center that has in effect an agreement with the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services, in accordance with 42 CFR Part 416 as amended to November 22, 2023.

"Conscious sedation" means a depressed level of consciousness produced by the administration of pharmacological substances that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

[**ARC 7989C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—703.2(149) Requirements for administering conscious sedation. A licensed podiatrist who holds a permanent license in good standing may use conscious sedation for podiatric patients on an outpatient basis in a hospital or ASC after the podiatrist has submitted to the board office an attestation on a form approved by the board.

703.2(1) The attestation shall include:

a. Evidence of successful completion within the past five years of a formal anesthesiology rotation in a residency program approved by the Council on Podiatric Medical Education (CPME); or

b. For a podiatrist who does not meet the requirements of paragraph 703.2(1)*"a,"* an attestation with evidence that the podiatrist is authorized by the governing body of a hospital or ASC to use conscious sedation. This attestation must be received by the board prior to January 1, 2005.

703.2(2) The podiatrist will provide verification of current certification in Basic Cardiac Life Support (BCLS) or Advanced Cardiac Life Support (ACLS).

703.2(3) A podiatrist who has an attestation on file and continues to use conscious sedation will meet the requirements of 645—Chapter 702 at the time of license renewal. A minimum of one hour of continuing education in the area of conscious sedation or related topics is required beginning with the renewal cycle of July 1, 2004, to June 30, 2006. Continuing education credit in the area of conscious sedation may be applied toward the 40 hours of continuing education required for renewal of the license. In addition, the podiatrist will maintain current certification in BCLS or ACLS.

703.2(4) A podiatrist will only utilize conscious sedation in a hospital or ASC when the podiatrist has been granted clinical privileges by the governing body of the hospital or ASC in accordance with approved policies and procedures of the hospital or ASC.

703.2(5) It is a violation of the standard of care for a podiatrist to use conscious sedation agents that result in a deep sedation or general anesthetic state.

703.2(6) Reporting of adverse occurrences related to conscious sedation. A licensed podiatrist who has an attestation on file with the board must submit a report to the board within 30 days of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during or as a result of conscious sedation. Included in the report will be the following:

a. Description of podiatric procedures;

b. Description of preoperative physical condition of patient;

c. List of drugs and dosage administered;

d. Description, in detail, of techniques utilized in administering the drugs;

e. Description of adverse occurrence, including:

(1) Symptoms of any complications including, but not limited to, onset and type of symptoms;

(2) Treatment instituted;

(3) Response of the patient to treatment;

f. Description of the patient's condition on termination of any procedures undertaken;

g. If a patient is transferred, a statement providing where and to whom; and

h. Name of the registered nurse who is trained to administer conscious sedation and who assisted in the procedure.

703.2(7) Failure to report. Failure to comply with subrule 703.2(6) when the adverse occurrence is related to the use of conscious sedation may result in the podiatrist's loss of authorization to administer conscious sedation or in other sanctions provided by law.

703.2(8) Recordkeeping. The patient's chart must include:

a. Preoperative and postoperative vital signs;

b. Drugs administered;

c. Dosage administered;

d. Anesthesia time in minutes;

e. Monitors used;

f. Intermittent vital signs recorded during procedures and until the patient is fully alert and oriented with stable vital signs;

g. Name of the person to whom the patient was discharged; and

h. Name of the registered nurse who is trained to administer conscious sedation and who assisted in the procedure.

703.2(9) Failure to comply with these rules is grounds for discipline.

[**ARC 7989C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—703.3(139A) Preventing HIV and HBV transmission. Podiatrists will comply with the recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures, issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, or with the recommendations of the expert review panel established pursuant to Iowa Code section 139A.22(3) and applicable hospital protocols established pursuant to Iowa Code section 139A.22(1). Failure to comply will be grounds for disciplinary action.

[**ARC 7989C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—703.4(149) Unlicensed graduate of a podiatric college. An unlicensed graduate of a podiatric college may function in the licensed podiatrist's office only as a podiatric assistant. The licensed podiatrist has full responsibility and liability for the unlicensed person.

703.4(1) Treatments, charting, and notations completed by the unlicensed graduate must be initialed by that person and countersigned by the licensed podiatrist.

703.4(2) An unlicensed graduate will not:

a. Be referred to as "doctor" during professional contact with patients.

b. Treat patients in the office without a licensed podiatrist present.

c. Perform surgical work without direct supervision of a licensed podiatrist.

d. Diagnose or prescribe medicine.

e. Take independent actions regarding diagnosis, treatment or prescriptions.

f. Visit nursing homes or make house calls without the presence of the licensed podiatrist.

g. Bill for any services.

[**ARC 7989C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—703.5(149) Prescribing opioids. Podiatrists will review a patient's information contained in the prescription monitoring program database for each opioid prescription prior to prescribing, unless the patient is receiving inpatient hospice care or long-term residential facility care.

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CHAPTER 704
DISCIPLINE FOR PODIATRISTS, ORTHOTISTS, PROSTHETISTS, AND PEDORTHISTS

[Prior to 2/6/02, see 645—Chapter 220]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 224]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—704.1(148F,149,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

704.1(1) Prescribing opioids in dosage amounts exceeding what would be prescribed by a reasonably prudent prescribing practitioner engaged in the same practice.

704.1(2) Reserved.

[**ARC 7990C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—704.2(148F,149,272C) Indiscriminately prescribing, administering or dispensing any drug for other than a lawful purpose. The board may impose any of the disciplinary sanctions provided in 645—Chapter 13 when the board determines that the licensee is guilty of any of the following acts or offenses:

704.2(1) Self-prescribing or self-dispensing controlled substances.

704.2(2) Prescribing or dispensing controlled substances to members of the licensee's immediate family for an extended period of time.

a. Prescribing or dispensing controlled substances to members of the licensee's immediate family is allowable for an acute condition or on an emergency basis when the physician conducts an examination, establishes a medical record, and maintains proper documentation.

b. Immediate family includes spouse or life partner, natural or adopted children, grandparent, parent, sibling, or grandchild of the physician; and natural or adopted children, grandparent, parent, sibling, or grandchild of the physician's spouse or life partner.

704.2(3) Prescribing or dispensing controlled substances outside the scope of the practice of podiatry.

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CHAPTER 705
CONTINUING EDUCATION FOR ORTHOTISTS, PROSTHETISTS, AND PEDORTHISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 225]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—705.1(148F) Definitions.

"ABC" means the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated.

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of podiatry.

"BOC" means the Board of Certification/Accreditation, International.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as an orthotist, prosthetist, or pedorthist in the state of Iowa.

[**ARC 7991C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—705.2(148F,272C) Continuing education requirements.

705.2(1) The biennial continuing education compliance period extends for a two-year period beginning on July 1 of each even-numbered year and ending on June 30 of the next even-numbered year.

a. Each biennium, each person who is licensed to practice as an orthotist in this state shall be required to complete a minimum of 30 hours of continuing education.

b. Each biennium, each person who is licensed to practice as a prosthetist in this state shall be required to complete a minimum of 30 hours of continuing education.

c. Each biennium, each person who is licensed to practice as a pedorthist in this state shall be required to complete a minimum of 20 hours of continuing education.

705.2(2) Requirements for new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

a. The new orthotic licensee will be required to complete a minimum of 30 hours of continuing education per biennium for each subsequent license renewal.

b. The new prosthetic licensee will be required to complete a minimum of 30 hours of continuing education per biennium for each subsequent license renewal.

c. The new pedorthic licensee will be required to complete a minimum of 20 hours of continuing education per biennium for each subsequent license renewal.

705.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

705.2(4) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Prosthetists and orthotists may apply a maximum of 15 hours from the previous renewal period, and pedorthists may apply a maximum of 10 hours from the previous renewal period.

705.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 7991C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9217C**, IAB 5/14/25, effective 6/18/25]

481—705.3(148F,272C) Standards.

705.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of that said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, and presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

705.3(2) *Specific criteria for licensees.*

a. Licensees may obtain continuing education hours of credit by attending workshops, conferences, symposiums, electronically transmitted courses, live interactive conferences, and academic courses that relate directly to the professional competency of the licensee. Official transcripts indicating successful completion of academic courses that apply to the field of orthotics, prosthetics, or pedorthics will be necessary in order to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

b. Licensees may obtain continuing education hours of credit by teaching in an approved college, university, or graduate school. The licensee may receive credit on a one-time basis for the first offering of a course.

c. Continuing education hours of credit may be granted for any of the following activities not to exceed a maximum combined total of 15 hours for orthotists and prosthetists and 10 hours for pedorthists:

(1) Presenting professional programs that meet the criteria listed in this rule. Two hours of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit.

(2) Authoring research or other activities, the results of which are published in a recognized professional publication. The licensee will receive five hours of credit per page.

(3) Viewing videotaped presentations and electronically transmitted material that have a postcourse test if the following criteria are met:

1. There is a sponsoring group or agency;
2. There is a facilitator or program official present;
3. The program official is not the only attendee; and
4. The program meets all the criteria specified in this rule.

(4) Participating in home study courses that have a certificate of completion and a postcourse test.

(5) Participating in courses that have business-related topics: marketing, time management, government regulations, and other like topics.

(6) Participating in courses that have personal skills topics: career burnout, communication skills, human relations, and other like topics.

(7) Participating in courses that have general health topics: clinical research, CPR, child abuse reporting, and other like topics.

[**ARC 7991C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—705.4(148F,272C) Audit of continuing education report. In addition to the requirements of 645—4.11(272C), proof of current BOC or ABC certification as an orthotist, prosthetist, or pedorthist will be accepted in lieu of individual certificates of completion for an audit.

[**ARC 7991C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 148F.

[Filed ARC 1192C (Notice ARC 0942C, IAB 8/7/13), IAB 11/27/13, effective 1/1/14]
[Filed ARC 7991C (Notice ARC 7180C, IAB 12/13/23), IAB 5/15/24, effective 6/19/24]
[Editorial change: IAC Supplement 9/18/24]
[Filed ARC 9217C (Notice ARC 8881C, IAB 2/19/25), IAB 5/14/25, effective 6/18/25]

CHAPTER 706
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 226]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—706.1(17A,272C) Board of podiatry adoption of uniform and model rules. The board hereby adopts by reference the following:

706.1(1) to **706.1(9)** Reserved.

706.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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[Editorial change: IAC Supplement 9/18/24]

CHAPTERS 707 to 719
Reserved

BOARD OF RESPIRATORY CARE AND POLYSOMNOGRAPHY

CHAPTER 720
LICENSURE OF RESPIRATORY CARE PRACTITIONERS, POLYSOMNOGRAPHIC TECHNOLOGISTS, AND RESPIRATORY CARE AND POLYSOMNOGRAPHY PRACTITIONERS

[Prior to 4/17/02, see 645—Chapter 260]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 261]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—720.1(148G,152B) Definitions.

"Active license" means a license that is current and has not expired.

"Board" means the board of respiratory care and polysomnography.

"BRPT" means the Board of Registered Polysomnographic Technologists.

"CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.

"CoARC" means the Commission on Accreditation for Respiratory Care.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Licensee" means any person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner in the state of Iowa.

"License expiration date" means March 31 of even-numbered years.

"NBRC" means the National Board for Respiratory Care.

"Polysomnographic technologist" means a person licensed by the board to engage in the practice of polysomnography under the general supervision of a physician or a qualified health care professional prescriber.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—720.14(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of respiratory care and polysomnography to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.2(148G,152B) General requirements for licensure. The following general criteria apply to licensure:

720.2(1) An applicant must submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.17(147,152B). The applicant must submit two completed sets of fingerprint cards to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint cards and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) criminal history background checks is assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

a. An applicant must submit a release authorizing the background check.

b. Licensees who were issued their licenses within six months prior to the renewal do not need to renew their licenses until the renewal month two years later.

c. An applicant who has been a licensed respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner under the laws of another jurisdiction

shall provide verification of license from the jurisdiction in which the applicant has most recently been licensed. Verification shall be sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;
(2) Date of initial licensure;
(3) Current licensure status; and
(4) All disciplinary action taken against the license.

720.2(2) Incomplete applications that have been on file in the board office for more than two years will be considered invalid and destroyed.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.3(152B) Additional requirements for respiratory care practitioner licensure. The following are additional specific criteria for licensure as a respiratory care practitioner:

720.3(1) Successful completion of a respiratory care education program accredited by, or under a letter of review from, CoARC or CAAHEP.

720.3(2) Foreign-trained respiratory care practitioners shall:

a. Provide an equivalency evaluation of their educational credentials by one of the following: International Education Research Foundation, Inc., Credentials Evaluation Service; or International Credentialing Associates, Inc. The professional curriculum must be equivalent to that stated in these rules. The candidate bears the expense of the curriculum evaluation.

b. Provide a copy of the certificate or diploma awarded to the applicant from a respiratory care program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

720.3(3) The examination required by the board shall be the Therapist Multiple-Choice Examination or the Certified Respiratory Therapist Examination administered by the NBRC. A score on the examination that meets or exceeds the minimum passing score established by the NBRC is required.

720.3(4) Results of the examination must be received by the board of respiratory care and polysomnography by one of the following methods:

a. Scores are sent directly from the examination service to the board;

b. A copy of a certificate showing proof of the successful achievement of the certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credential awarded by the NBRC is submitted to the board; or

c. A copy of the score report or an electronic web-based confirmation by the NBRC showing proof of successful completion is submitted to the board.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.4(148G,152B) Additional requirements for polysomnographic technologist licensure. The following are additional specific criteria for licensure as a polysomnographic technologist:

720.4(1) Graduation from a polysomnographic educational program accredited by CAAHEP. A transcript shall be submitted to the board office directly from the college or university; or

720.4(2) Graduation from an entry into respiratory care professional practice program accredited by CoARC or CAAHEP for which a transcript will be submitted to the board office directly from the college or university; and direct-source verification of one of the following:

a. Completion of a sleep specialist program option accredited by CoARC or CAAHEP, or

b. Obtaining the sleep disorder specialist credential from the NBRC, or

c. Obtaining the registered polysomnographic technologist credential from the BRPT; or

720.4(3) Graduation from an electroneurodiagnostic technologist program with a polysomnographic technology track that is accredited by CAAHEP with the transcript sent directly to the board from the college or university; or

720.4(4) Requirements for current Iowa licensees holding a license in a profession other than polysomnography. An individual who holds an active license under Iowa Code section 147.2 in a

profession other than polysomnography and whose license is in good standing with the board for that profession may receive licensure upon verification from the medical director of the individual's current employer or the medical director's designee that the individual has completed on-the-job training in the field of polysomnography and is competent to perform polysomnography.

720.4(5) Foreign-trained polysomnographic technologists shall:

a. Provide an equivalency evaluation of their educational credentials by either International Education Research Foundation, Inc., Credentials Evaluation Service; or International Credentialing Associates, Inc. The candidate will bear the expense of the curriculum evaluation.

b. Provide a copy of the certificate or diploma awarded to the applicant from a respiratory care program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

720.4(6) Licensure by proof of work experience. An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

720.4(7) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.5(148G,152B) Requirements for dual licensure. The following are additional specific criteria for licensure as a respiratory care and polysomnography practitioner. An applicant for licensure as a respiratory care and polysomnography practitioner shall meet the requirements of subrules 720.5(1) and 720.5(2).

720.5(1) The applicant shall have successfully completed a respiratory care education program accredited by, or under a letter of review from, CoARC or CAAHEP.

a. Foreign-trained practitioners shall:

(1) Provide an equivalency evaluation of their educational credentials by International Education Research Foundation, Inc., Credentials Evaluation Service; or International Credentialing Associates, Inc. The professional curriculum must be equivalent to that stated in these rules. The candidate will bear the expense of the curriculum evaluation.

(2) Provide a copy of the certificate or diploma awarded to the applicant from the program in the country in which the applicant was educated.

(3) Receive a final determination from the board regarding the application for licensure.

b. Examination requirements. The examinations required by the board shall be the Therapist Multiple-Choice Examination administered by the NBRC and either the Sleep Disorders Specialist Examination (SDS) administered by the NBRC or the Registered Polysomnographic Technologist Examination administered by the BRPT. The minimum passing score established by the NBRC or BRPT is required.

c. Results of the examination. Results of the examination must be received by the board of respiratory care and polysomnography by one of the following methods:

(1) Scores are sent directly from the examination service to the board;

(2) A copy of a certificate showing proof of the successful achievement of the CRT or RRT credential awarded by the NBRC submitted to the board; or

(3) A copy of the score report or an electronic web-based confirmation by the NBRC showing proof of successful completion of the Therapist Multiple-Choice Examination, State Clinical Examination, or Certified Respiratory Therapist Examination administered by the NBRC submitted to the board.

720.5(2) The applicant must also meet one of the following requirements:

a. Graduation from a polysomnographic educational program accredited by CAAHEP, with the transcript sent directly from the college or university to the board; or

b. Completion of a sleep specialist program option accredited by CoARC or CAAHEP with the transcript submitted to the board office directly from the college or university; and direct-source verification of one of the following:

(1) Completion of the curriculum for a polysomnographic certificate established and accredited by the CAAHEP as an extension of the respiratory care program, or

(2) Obtaining the sleep disorder specialist credential from the NBRC, or

(3) Obtaining the registered polysomnographic technologist credential from the BRPT; or

c. Graduation from an electroneurodiagnostic technologist program with a polysomnographic technology track that is accredited by CAAHEP, with the transcript submitted to the board office directly from the college or university; or

d. Hold an active license under Iowa Code section 147.2 in a profession other than polysomnography that is in good standing with the board for that profession and provide verification from the medical director of the applicant's current employer or the medical director's designee that the applicant has completed on-the-job training in the field of polysomnography and is competent to perform polysomnography.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.6(148G,152B) License renewal.

720.6(1) The biennial license renewal period for a license will begin on April 1 of an even-numbered year and end on March 31 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration.

720.6(2) An individual who was issued an initial license within six months of the license renewal date does not need to renew the license until the subsequent renewal two years later.

720.6(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—721.2(148G,152B,272C) and the mandatory reporting requirements of subrule 720.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

720.6(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children and dependent adults in Iowa will complete the applicable department of health and human services training relating to the identification and reporting of child and dependent adult abuse as required by Iowa Code section 232.69(3)*"b."*

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 721.

c. The board may select licensees for audit of compliance with the requirements in paragraphs 720.6(4)*"a"* and *"b."*

720.6(5) Upon receiving the information and the fee, a two-year license will be administratively issued. In the event the board receives adverse information on the renewal application, the renewal license will be issued but the board may refer the adverse information for further consideration or disciplinary investigation.

720.6(6) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

720.6(7) Late renewal. A license not renewed by the expiration date will be assessed a late fee as specified in rule 481—507.17(147,152B). Completion of renewal requirements and submission of the late fee within the grace period are needed to renew the license.

720.6(8) Inactive license. A license not renewed by the end of the grace period is inactive. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice respiratory care in Iowa until the license is reactivated. A licensee who practices respiratory care in the

state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.7(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

720.7(1) Submit a reactivation application and pay the reactivation fee specified in rule 481—507.17(147,152B).

720.7(2) If the license has been inactive for two or more years, submit two completed fingerprint cards to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

720.7(3) Provide verification of current competence to practice by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of continuing education that conforms to standards defined in rule 481—721.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction within 24 months immediately preceding an application for reactivation.

1. For respiratory care practitioners: 24 hours of continuing education.
2. For polysomnographic technologists: 24 hours of continuing education.
3. For respiratory care and polysomnography practitioners: 24 hours of continuing education, of which at least 8 hours but no more than 12 hours shall be on sleep-related topics.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of continuing education that conforms to standards defined in rule 481—721.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction within 24 months immediately preceding an application for reactivation.

1. For respiratory care practitioners: 48 hours of continuing education.
2. For polysomnographic technologists: 48 hours of continuing education.
3. For respiratory care and polysomnography practitioners: 48 hours of continuing education of which at least 16 hours but no more than 24 hours shall be on sleep-related topics.

720.7(4) Submit a sworn statement of previous active practice from an employer or professional associate, detailing places and dates of employment and verifying that the applicant has practiced at least 2,080 hours or taught as the equivalent of a full-time faculty member for at least one of the immediately preceding years during the last two-year time period. Sole proprietors may submit the sworn statement on their own behalf.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—720.8(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—720.14(17A,147,272C) prior to practicing in this state.

[**ARC 8073C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 148G, 152B, and 272C.

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CHAPTER 721
CONTINUING EDUCATION FOR RESPIRATORY CARE PRACTITIONERS AND POLYSOMNOGRAPHIC TECHNOLOGISTS

[Prior to 4/17/02, see 645—Chapter 261]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 262]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—721.1(148G,152B,272C) Definitions.

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of respiratory care and polysomnography.

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"License" means license to practice.

"Licensee" means any person licensed to practice as a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner in the state of Iowa.

[**ARC 8074C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—721.2(148G,152B,272C) Continuing education requirements.

721.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on April 1 of each even-numbered year and ending on March 31 of the next even-numbered year. Each biennium, the licensee will be required to complete continuing education that meets the requirements specified in rule 481—721.3(148G,152B,272C).

a. For respiratory care practitioner licensees: complete a minimum of 24 hours of continuing education.

b. For respiratory care and polysomnography practitioner licensees: complete a minimum of 24 hours of continuing education.

c. For polysomnographic technologist licensees: complete a minimum of 24 hours of continuing education.

721.2(2) Requirements of new licensees. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. For each subsequent license renewal, the new licensee will be required to complete continuing education per biennium.

721.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

721.2(4) Up to 50 percent of continuing education hours can be carried over into the next biennium if there was an amount of continuing education completed during the prior period that exceeded the minimum requirement. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

721.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 8074C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24; **ARC 9556C**, IAB 9/17/25, effective 10/22/25]

481—721.3(148G,152B,272C) Standards.

721.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

721.3(2) *Specific criteria.* Continuing education hours of credit may be obtained by:

a. Programs/activities of a clinical nature related to the practice of respiratory care or polysomnography.

b. Program presenters who will receive one hour of credit for each hour of presentation for the first offering of the continuing education program/activity.

c. Completing academic coursework that meets the criteria set forth in the rules and is accompanied by an official transcript indicating successful completion of the course. Continuing education credit equivalents are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

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

CERTIFICATIONS:

Advanced Cardiac Life Support	12 hours
Basic Cardiac Life Support—Instructor	8 hours
Basic Cardiac Life Support	6 hours
Neonatal Resuscitation	9 hours
Pediatric Advanced Life Support	14 hours
Mandatory Reporting	4 hours
Certified Pulmonary Function Technologist	8 hours
Registered Pulmonary Function Technologist	12 hours

[**ARC 8074C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapters 148G and 152B.

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CHAPTER 722
PRACTICE OF RESPIRATORY CARE PRACTITIONERS AND POLYSOMNOGRAPHIC TECHNOLOGISTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 265]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/31/29

481—722.1(148G,152B,272C) Definitions.

"Board" means the board of respiratory care and polysomnography.

"Direct supervision" means that the respiratory care and polysomnography practitioner or the polysomnographic technologist providing supervision must be present where the polysomnographic procedure is being performed and immediately available to furnish assistance and direction throughout the performance of the procedure.

"General supervision" means that the polysomnographic procedure is provided under a physician's or qualified health care professional prescriber's overall direction and control, but the physician's or qualified health care professional prescriber's presence is not required during the performance of the procedure.

"Physician" means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery, is board-certified, and is actively involved in the sleep medicine center or laboratory.

"Polysomnographic student" means a person who is enrolled in a program approved by the board and who may provide sleep-related services under the direct supervision of a respiratory care and polysomnography practitioner or a polysomnographic technologist as part of the person's education program.

"Polysomnographic technician" means a person who has graduated from a program approved by the board, but has not yet received an accepted national credential awarded from an examination program approved by the board and who may provide sleep-related services under the direct supervision of a licensed respiratory care and polysomnography practitioner or a licensed polysomnographic technologist for a period of up to 30 days following graduation while awaiting credentialing examination scheduling and results.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.2(148G,152B,272C) Code of ethics.

722.2(1) The respiratory care practitioner or polysomnographic technologist will practice acceptable methods of treatment and will not practice beyond the competence or exceed the authority vested in the practitioner or technologist by physicians.

722.2(2) The respiratory care practitioner or polysomnographic technologist will continually strive to increase and improve knowledge and skill and will render to each patient the full measure of the practitioner's or technologist's ability. All services will be provided with respect for the dignity of the patient, regardless of the patient's social or economic status or personal attributes or the nature of the patient's health problems.

722.2(3) The respiratory care practitioner or polysomnographic technologist will be responsible for the competent and efficient performance of assigned duties and will expose incompetent, illegal or unethical conduct of members of the profession.

722.2(4) The respiratory care practitioner or polysomnographic technologist will hold in confidence all privileged information concerning the patient and refer all inquiries regarding the patient to the patient's physician.

722.2(5) The respiratory care practitioner or polysomnographic technologist will not accept gratuities and shall guard against conflict of interest.

722.2(6) The respiratory care practitioner or polysomnographic technologist will uphold the dignity and honor of the profession and abide by its ethical principles.

722.2(7) The respiratory care practitioner or polysomnographic technologist will have knowledge of existing state and federal laws governing the practice of respiratory therapy or polysomnography and will comply with those laws.

722.2(8) The respiratory care practitioner or polysomnographic technologist will cooperate with other health care professionals and participate in activities to promote community, state, and national efforts to meet the health needs of the public.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.3(152B,272C) Intravenous administration. Starting an intravenous line or administering intravenous medications is outside the scope of practice of a licensed respiratory care practitioner. However, this rule does not preclude a licensed respiratory care practitioner from performing intravenous administration under the auspices of the employing agency if formal training is acquired and documented.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.4(152B,272C) Setup and delivery of respiratory care equipment.

722.4(1) Unlicensed personnel may deliver, set up, and test the operation of respiratory care equipment for a patient but will not perform any type of patient care. Instruction or demonstration of the equipment will be limited to its mechanical operation (on and off switches, emergency button, cleaning, maintenance). Any instruction or demonstration to the patient regarding the clinical use of the equipment; the fitting of any device to the patient or making any adjustment; or any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory therapist or other licensed health care provider allowed by Iowa law.

722.4(2) Respiratory care equipment includes but is not limited to:

a. Positive airway pressure (continuous positive airway pressure and bi-level positive airway pressure) devices and supplies;

b. Airway clearance devices;

c. Invasive and noninvasive mechanical ventilation devices and supplies;

d. Nasotracheal and tracheal suctioning devices and supplies;

e. Apnea monitors and alarms and supplies;

f. Tracheostomy care devices and supplies;

g. Respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO2 monitoring, and spirometry devices and supplies; and

h. Pulse-dose or demand-type oxygen conserving devices or any oxygen delivery systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.5(152B,272C) Respiratory care as a practice. "Respiratory care as a practice" means a health care profession, under medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities that affect the pulmonary system and associated aspects of cardiopulmonary and other systems' functions and includes but is not limited to the following direct and indirect respiratory care services that are safe, of comfort, aseptic, preventative, and restorative to the patient:

1. Observing and monitoring signs and symptoms, general behavior, reactions, and general physical responses to respiratory care treatment and diagnostic testing.
2. Determining whether the signs, symptoms, behavior, reactions, or general responses exhibit abnormal characteristics.
3. Performing pulmonary diagnostic testing.
4. Analyzing blood gases and respiratory secretions.
5. Measuring and monitoring hemodynamic and physiologic function related to cardiopulmonary pathophysiology.
6. Performing diagnostic and testing techniques in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurement of ventilatory volumes, pressures, and flows; and collection of specimens of blood and from the respiratory tract.
7. Administering:

- Medical gases, aerosols, and humidification, not including general anesthesia.
- Lung expansion therapies.
- Bronchopulmonary hygiene therapies.
- Hyperbaric therapy.
- Pharmacologic and therapeutic agents necessary to implement therapeutic, disease prevention, pulmonary rehabilitative, or diagnostic regimens prescribed by a licensed physician, surgeon, or other qualified health care professional prescriber.

8. Maintaining natural and artificial airways.
9. Without cutting tissues, inserting and maintaining artificial airways.
10. Initiating, monitoring, modifying and discontinuing invasive or noninvasive mechanical ventilation.
11. Performing basic and advanced cardiopulmonary resuscitation.
12. Performing invasive procedures that relate to respiratory care.
13. Implementing changes in treatment regimen based on observed abnormalities and respiratory care protocols to include appropriate reporting and referral.
14. Managing asthma, COPD, and other respiratory diseases.
15. Performing cardiopulmonary rehabilitation.
16. Instructing patients in respiratory care, functional training in self-care and home respiratory care management and promoting the maintenance of respiratory care fitness, health, and quality of life.
17. Performing those advanced practice procedures that are permitted within the policies of the employing institution and for which the respiratory care practitioner has documented training and demonstrated competence.
18. Managing the clinical delivery of respiratory care services through the ongoing supervision, teaching, and evaluation of respiratory care.
19. Transcribing and implementing a written, verbal, or telephonic order from a licensed physician, surgeon, or other qualified health care professional prescriber pertaining to the practice of respiratory care.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.6(148G,272C) Practice of polysomnography.

722.6(1) The practice of polysomnography consists of but is not limited to the following tasks as performed for the purpose of polysomnography, under the general supervision of a licensed physician or qualified health care professional prescriber:

a. Monitoring, recording, and evaluating physiologic data during polysomnographic testing and review during the evaluation of sleep-related disorders, including sleep-related respiratory disturbances, by applying any of the following techniques, equipment, or procedures:

(1) Noninvasive continuous, bilevel positive airway pressure, or adaptive servo-ventilation titration on spontaneously breathing patients using a mask or oral appliance; provided, however, that the mask or oral appliance does not extend into the trachea or attach to an artificial airway.

(2) Supplemental low-flow oxygen therapy of less than six liters per minute, utilizing a nasal cannula or incorporated into a positive airway pressure device during a polysomnogram.

(3) Capnography during a polysomnogram.

(4) Cardiopulmonary resuscitation.

(5) Pulse oximetry.

(6) Gastroesophageal pH monitoring.

(7) Esophageal pressure monitoring.

(8) Sleep stage recording using surface electroencephalography, surface electrooculography, and surface submental electromyography.

(9) Surface electromyography.

(10) Electrocardiography.

(11) Respiratory effort monitoring, including thoracic and abdominal movement.

(12) Plethysmography blood flow monitoring.

(13) Snore monitoring.

(14) Audio and video monitoring.

(15) Body movement monitoring.

(16) Nocturnal penile tumescence monitoring.

(17) Nasal and oral airflow monitoring.

(18) Body temperature monitoring.

b. Monitoring the effects that a mask or oral appliance used to treat sleep disorders has on sleep patterns; provided, however, that the mask or oral appliance does not extend into the trachea or attach to an artificial airway.

c. Observing and monitoring physical signs and symptoms, general behavior, and general physical response to polysomnographic evaluation and determining whether initiation, modification, or discontinuation of a treatment regimen is warranted.

d. Analyzing and scoring data collected during the monitoring described in this subrule for the purpose of assisting a physician in the diagnosis and treatment of sleep and wake disorders that result from developmental defects, the aging process, physical injury, disease, or actual or anticipated somatic dysfunction.

e. Implementation of a written or verbal order from a physician or qualified health care professional prescriber to perform polysomnography.

f. Education of a patient regarding the treatment regimen that assists the patient in improving the patient's sleep.

g. Use of any oral appliance used to treat sleep-disordered breathing while under the care of a licensed polysomnographic technologist during the performance of a sleep study, as directed by a licensed dentist.

722.6(2) Before providing any sleep-related services, a polysomnographic technician or polysomnographic student who is obtaining clinical experience will give notice to the board that the person is working under the direct supervision of a respiratory care and polysomnography practitioner or a polysomnographic technologist in order to gain the experience to be eligible to sit for a national certification examination. A badge that appropriately identifies the person is to be worn while providing such services.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.7(148G,152B,272C) Students.

722.7(1) A student who is enrolled in an approved respiratory care, sleep add-on, polysomnography training program, or electroneurodiagnostic program and is employed in an organized health care system may render services defined in Iowa Code sections 152B.2 and 152B.3 and chapter 148G under the direct and immediate supervision of a respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner for the duration of the program, but not to exceed the duration of the program.

722.7(2) Direct and immediate supervision of a respiratory care or polysomnographic student means that the licensed respiratory care practitioner or polysomnographic technologist will:

a. Be continuously on site and present in the department or facility where the student is performing care;

b. Be immediately available to assist the person being supervised in the care being performed; and

c. Be responsible for care provided by students.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

481—722.8(148G,272C) Location of polysomnography services. The practice of polysomnography is to take place only in a facility that is accredited by a nationally recognized sleep medicine laboratory or center accrediting agency, in a facility operated by a hospital or a hospital licensed under Iowa Code chapter 135B, or in a patient's home pursuant to rules adopted by the board; provided, however, that the scoring of data and the education of patients may take place in another setting.

[**ARC 8076C**, IAB 6/26/24, effective 7/31/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 148G, 152B, and 272C.

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CHAPTER 723
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 266]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—723.1(17A,272C) Board of respiratory care and polysomnography adoption of uniform and model rules. The board hereby adopts by reference the following:

723.1(1) to **723.1(9)** Reserved.

723.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 724 to 739
Reserved

BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

CHAPTER 740
LICENSURE OF SPEECH PATHOLOGISTS AND AUDIOLOGISTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 300]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—740.1(147) Definitions. For purposes of these rules, the following definitions shall apply:

"ABA" means the American Board of Audiology.

"ASHA" means the American Speech-Language Hearing Association.

"Assistant" means an unlicensed person who works under the supervision of an Iowa-licensed speech pathologist or audiologist and meets the minimum requirements set forth in these rules.

"Audiologist" means a person who engages in the application of principles, methods and procedures for measurement, testing, evaluation, prediction, consultation, counseling, instruction, habilitation, rehabilitation, or remediation related to hearing and disorders of hearing and associated communication disorders for the purpose of nonmedically evaluating, identifying, preventing, ameliorating, modifying, or remediating such disorders and conditions in individuals or groups of individuals, including the determination, selection and use of appropriate hearing devices.

"Board" means the board of speech pathology and audiology.

"DCI" means the Iowa division of criminal investigation.

"Department" means the department of inspections, appeals, and licensing.

"FBI" means the Federal Bureau of Investigation.

"Full-time" means a minimum of 30 hours per week.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as a speech pathologist or audiologist in the state of Iowa.

"License expiration date" means December 31 of odd-numbered years.

"On site" means:

1. To be continuously on site and present in the department or facility where services are being provided;
2. To be immediately available to assist the person being supervised in the services being performed; and
3. To provide continued direction of appropriate aspects of each treatment session in which a component of treatment is delegated.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—740.10(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions.

"Speech pathologist" or *"speech-language pathologist"* means a person who engages in the application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, consultation, counseling, instruction, habilitation, rehabilitation, or remediation related to the development and disorders of speech, swallowing, fluency, voice, or language for the purpose of nonmedically evaluating, preventing, ameliorating, modifying, or remediating such disorders and conditions in individuals or groups of individuals.

[**ARC 7825C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0596D**, IAB 9/16/26, effective 7/1/27]

481—740.2(147) Initial licensure. The following criteria will apply to licensure:

740.2(1) Applicants will submit a completed online licensure application and pay the nonrefundable licensure fee specified in rule 481—507.20(147,154F).

740.2(2) Application requirements.

a. Applicants who did not complete the nine months of clinical experience under supervision of a licensed Iowa speech pathologist or audiologist, as appropriate, must submit:

(1) An official copy of a current ASHA certificate of clinical competence; or

(2) Verification of current ABA certification.

b. Applicants who complete the nine-month clinical experience under Iowa supervision may submit evidence of licensure requirements as outlined in paragraph 740.2(2)*"a"* or must submit the following:

(1) Official copies of academic transcripts sent directly from the school to the board showing proof of completion of not less than 400 hours of supervised clinical training; and

(2) Verification of nine months of full-time clinical experience, or equivalent, completed after the master's degree, under the supervision of a licensed speech pathologist or audiologist or as a part of the doctoral degree.

c. Results of the Praxis Examination.

740.2(3) Applicants will submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check by the DCI and the FBI. The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

740.2(4) An applicant who has been licensed in the District of Columbia or another state, territory, province or foreign country who has been a licensed speech pathologist or audiologist under the laws of another jurisdiction will provide verification of license from the jurisdiction in which the applicant has most recently been licensed sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

740.2(5) An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

740.2(6) If the application is not completed according to the instructions, the application will not be reviewed by the board.

[**ARC 0596D**, IAB 9/16/26, effective 7/1/27]

481—740.3(147) Educational qualifications.

740.3(1) The applicant shall possess the following:

a. A master's degree from an accredited school, college or university with a major in speech pathology; or

b. A master's or doctoral degree from an accredited school, college or university with a major in audiology.

740.3(2) Foreign-trained applicants.

a. Foreign-trained speech pathologist and audiologist applicants who do not hold a license in another state or U.S. territory shall provide an English translation and an equivalency evaluation at the licensee's expense of the licensee's educational credentials by one of the approved credential evaluation services on ABA's or ASHA's websites or approved by the board. The professional curriculum must be equivalent to that stated in these rules.

b. Foreign-trained applicants who hold a license in another state or U.S. territory may apply for licensure by endorsement.

[**ARC 7825C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0596D**, IAB 9/16/26, effective 7/1/27]

481—740.4(147) Examination requirements. The examination required by the board will be the Praxis Examination in speech pathology or audiology. This examination is administered by the Educational Testing Service. The applicant will make arrangements to take the Praxis Examination in speech pathology or audiology and pay all expenses associated with taking the examination. The applicant will have the examination scores sent directly to the board from the Educational Testing Service.
[**ARC 7825C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—740.5(147) Audiology and speech-language pathology interstate compact. The rules of the audiology and speech-language pathology interstate compact commission are incorporated by reference pursuant to Iowa Code section 147F.1. An audiologist or speech-language pathologist may engage in the practice of audiology or speech-language pathology in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the audiology and speech-language pathology interstate compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the speech-language pathology interstate compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active-duty military member or spouse of an individual who is an active-duty military member. An audiologist or speech-language pathologist who practices audiology or speech-language pathology in Iowa using a compact privilege is subject to the rules governing licensees in rule 481—740.8(147) and in 481—Chapters 741 and 743. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A, 147F, 154F and 272C and with 481—Chapters 503, 504, and 506.
[**ARC 0596D**, IAB 9/16/26, effective 7/1/27]

481—740.6(147) Temporary clinical license. A temporary clinical license for the purpose of obtaining clinical experience as a prerequisite for licensure is valid for one year and may be renewed at the discretion of the board. The license shall be designated "temporary clinical license in speech pathology" or "temporary clinical license in audiology."

740.6(1) A speech pathology applicant will submit the following to the board:

a. Evidence of supervision by a speech pathologist with an active, current Iowa license in good standing;

b. A completed application form and the temporary clinical license fee;

c. An official copy of the transcript sent directly from the school to the board;

d. Official verification of completion of not less than 400 hours of supervised clinical training in an accredited college or university; and

e. Results of the Praxis Examination.

740.6(2) An audiology applicant or an applicant completing a doctoral externship must submit the following to the board:

a. Evidence of supervision by an audiologist with an active, current Iowa license in good standing. The applicant completing an audiology doctoral externship must show evidence of on-site supervision;

b. A completed application form and the temporary clinical license fee;

c. An official copy of the transcript, sent directly from the school to the board;

d. Official verification of completion of not less than 400 hours of supervised clinical training in an accredited college or university; and

e. Results of the Praxis Examination.

740.6(3) The plan for supervised clinical experience must be approved by the board before the applicant starts practice and shall:

a. Include at least nine months of full-time clinical experience, or equivalent;

b. Include supervision by an Iowa-licensed speech pathologist or audiologist, as appropriate. If the applicant is being supervised by more than one individual, each supervisor must submit a supervised clinical experience plan for approval. If there is a change in the supervised clinical experience plan at any time during the supervised clinical experience, the licensee must contact the board for approval within 30 days of the change;

c. Be kept by the supervisor for two years from the last date of the clinical experience; and

d. Include a completed supervised clinical experience report form that shall be submitted to the board of speech pathology and audiology upon the applicant's successful completion of the nine months of full-time clinical experience. If the applicant was supervised by more than one individual, each supervisor must submit a supervised clinical experience report.

[**ARC 7825C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—740.7(147) Temporary permit.

740.7(1) A nonresident may apply to the board for a temporary permit to practice speech pathology or audiology:

a. For a period not to exceed three months;

b. By submitting a letter to support the need for such a permit;

c. By submitting documents to show that the applicant has substantially the same qualifications as required for licensure in Iowa;

d. By submitting the documentation prior to the date the applicant intends to begin practice; and

e. By submitting the temporary permit fee.

740.7(2) The applicant shall receive a final determination from the board regarding the application for a temporary permit.

[**ARC 7825C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—740.8(147) Use of assistants. A licensee will, in the delivery of professional services, utilize assistants only to the extent provided in these rules. Such assistants will use the title provided by these rules.

740.8(1) *Duties.*

a. Speech pathology assistant I. A speech pathology assistant I works with an individual for whom significant improvement is expected within a reasonable amount of time.

b. Speech pathology assistant II. A speech pathology assistant II works with an individual for whom maintenance of present level of communication is the goal; or for whom, based on the history and diagnosis, only slow improvement is expected.

c. Audiology assistant I. An audiology assistant I is more broadly trained and may be given a variety of duties depending upon the individual's training.

d. Audiology assistant II. An audiology assistant II is trained specifically for a single task for screening.

740.8(2) *Minimum requirements.*

a. A speech pathology assistant I or II or audiology assistant I will satisfy the following minimum requirements:

(1) Reach the age of majority;

(2) Complete a high school education, or its equivalent; and

(3) Complete one of the following:

1. A three-semester-hour (or four-quarter-hour) course in introductory speech and language pathology for speech pathology assistants or in audiology for audiology assistants from an accredited educational institution and 15 hours of instruction in the specific tasks that the assistant will be performing; or

2. A minimum training period comprised of 75 clock hours on instruction and practicum experience.

b. An audiology assistant II will satisfy the following requirements:

(1) Reach the age of majority.

(2) Complete a high school education, or its equivalent.

(3) Complete a minimum of 15 clock hours of instruction and practicum experience in the specific task that the assistant will be performing.

740.8(3) *Utilization.* Utilization of a speech pathology or audiology assistant requires that a plan be developed by the licensee desiring to utilize that assistant, consisting of the following information:

a. Documentation that the assistant meets minimum requirements;

b. A written plan of the activities and supervision that will be kept by the licensee supervising the assistant. This supervision will include direct on-site observation for a minimum of 20 percent of the

assistant's direct patient care for level I speech pathology and level I audiology assistants and 10 percent for level II speech pathology assistants. Level II audiology assistants will be supervised 10 percent of the time. At least half of that time will be direct on-site observation with the other portion provided as time interpreting results;

c. A listing of the facilities where the assistant will be utilized; and

d. A statement, signed by the licensee and the assistant, acknowledging the licensee and the assistant have read the rules pertaining to assistants.

740.8(4) *Maximum number of assistants.* A licensee may not utilize more than three assistants unless a plan of supervision is filed and approved by the board.

740.8(5) *Supervisor responsibilities.* A licensee who utilizes an assistant will have the following responsibilities:

a. To be legally responsible for the actions of the assistant in assigned duties with a client;

b. To make all professional decisions relating to the management of a client;

c. To ensure that the assistant is assigned only those duties and responsibilities for which the assistant has been specifically trained and is qualified to perform;

d. To ensure compliance of the assistant(s) under supervision with the provisions of these rules by providing direct observation and supervision of the activities of the assistant; and

e. To submit to the board of speech pathology and audiology upon request a copy of the plan of activities and supervision for each assistant and documentation of the dates each assistant was utilized by the licensee.

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481—740.9(147) License renewal.

740.9(1) The biennial license renewal period for a license to practice speech pathology or audiology will begin on January 1 of an even-numbered year and end on December 31 of the next odd-numbered year. The licensee is responsible for renewing the license prior to its expiration.

740.9(2) An individual who was issued an initial license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

740.9(3) A licensee seeking renewal will:

a. Meet the continuing education requirements of rule 481—742.2(147) and the mandatory reporting requirements of subrule 740.9(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

740.9(4) Mandatory reporter training requirements.

a. A licensee who examines, attends, counsels, or treats children, dependent adults, or both in the scope of a licensee's professional practice will complete the applicable department of health and human services' training relating to the identification and reporting of child abuse, dependent adult abuse, or both. Written documentation of training completion should be maintained for three years. The training is not required if the licensee is engaged in active duty military service or holds a waiver demonstrating a hardship in complying with these training requirements.

b. The board may select licensees for audit of compliance with the requirements in paragraphs 740.10(4)*"a"* and *"b."*

740.9(5) A two-year license will be issued after the requirements of the rule are met. If the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

740.9(6) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

740.9(7) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.20(3). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

740.9(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice until the license is reactivated.

740.9(9) Compact eligibility review. This rule applies to licensees who were licensed prior to enactment of this rule. In order to complete the compact eligibility review, at or prior to a licensee's next renewal, the licensee must submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and the FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and the FBI.

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481—740.10(17A,147,272C) License reactivation. To apply for reactivation of an inactive license:

740.10(1) Submit a completed reactivation application and pay the nonrefundable application fee.

740.10(2) Provide verification of current competence to practice speech pathology and audiology by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has been most recently licensed and has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 26 hours of continuing education within two years of application for reactivation or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has been most recently licensed and has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 52 hours of continuing education within two years of application for reactivation or 26 hours of continuing education within two years of application for reactivation and verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation; or

(3) Verification of passing the Praxis Examination in speech pathology or audiology within the last two years prior to application for reactivation.

740.10(3) If the license has been inactive for two or more years and the licensee cannot provide verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation, the licensee must submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and the FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and the FBI.

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481—740.11(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to practicing speech pathology and audiology in this state.

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CHAPTER 741
PRACTICE OF SPEECH PATHOLOGISTS AND AUDIOLOGISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 301]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—741.1(147) Telehealth visits. A licensee may provide speech pathology or audiology services to a patient utilizing a telehealth visit if the services are provided in accordance with the following:

741.1(1) "Telehealth visit" means the provision of speech pathology or audiology services by a licensee to a patient using technology where the licensee and the patient are not at the same physical location during the appointment.

741.1(2) A licensee engaged in a telehealth visit will utilize technology that is secure and HIPAA-compliant (Health Insurance Portability and Accountability Act of 1996, PL 104–191, August 21, 1996, 110 Stat 1936), and that includes, at a minimum, audio and video equipment that allows two-way real-time interactive communication between the licensee and the patient. A licensee may use non-real-time technologies to prepare for an appointment or to communicate with a patient between appointments.

741.1(3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person speech pathology or audiology services. A licensee will not utilize a telehealth visit if the standard of care for the particular speech pathology or audiology service cannot be met using technology.

741.1(4) Prior to the first telehealth visit, a licensee will obtain informed consent from the patient specific to the services that will be provided in a telehealth visit. At a minimum, the informed consent will specifically inform the patient of the following:

a. The risks and limitations of the use of technology to provide speech pathology or audiology services;

b. The potential for unauthorized access to protected health information; and

c. The potential for disruption of technology during a telehealth visit.

741.1(5) A licensee will only provide speech pathology or audiology services using a telehealth visit in the areas of competence wherein proficiency in providing the particular service using technology has been gained through education, training, and experience.

741.1(6) A licensee will identify in the clinical record when speech pathology or audiology services are provided utilizing a telehealth visit.

741.1(7) Speech pathology or audiology services in Iowa through telephonic, electronic, or other means constitute the practice of speech pathology or audiology and require Iowa licensure, regardless of the location of the speech/language pathologist or audiologist.

This rule is intended to implement Iowa Code chapters 147 and 154F.

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481—741.2(147) Hearing aid dispensing. A licensed audiologist may dispense hearing aids without a separate hearing aid specialist license if the services are provided in accordance with the following:

741.2(1) Definitions.

"Dispense" or *"sell"* means a transfer of title or of the right to use by lease, bailment, or any other means but excludes a wholesale transaction with a distributor or hearing aid specialist and excludes the temporary, charitable loan or educational loan of a hearing aid without remuneration.

"Hearing aid specialist" means any person engaged in the fitting, dispensing and sale of hearing aids and providing hearing aid services or maintenance by means of procedures stipulated by Iowa Code chapter 154A or the board. These rules are not intended to regulate unlicensed persons who sell, dispense, market, use, distribute, or provide customer support to over-the-counter hearing aids as regulated by the U.S. Food and Drug Administration.

741.2(2) An audiologist dispensing hearing aids will be held to the same standard of care as a licensed hearing aid specialist and will follow the rules in 481—Chapter 2062.

This rule is intended to implement Iowa Code chapters 147 and 154F.

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CHAPTER 742
CONTINUING EDUCATION FOR SPEECH PATHOLOGISTS AND AUDIOLOGISTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 303]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—742.1(147) Definitions. For the purpose of these rules, the following definitions will apply:

"AAA" means the American Association of Audiology.

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

"ASHA" means the American Speech-Language Hearing Association.

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

"Board" means the board of speech pathology and audiology.

"Continuing education" means an approved program/activity that is directly related to the sciences or contemporary clinical practice of audiology, speech-language pathology and speech-language-hearing science and whose content and focus are beyond the basic preparation required for entry into the professions.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"License" means license to practice.

"Licensee" means any person licensed to practice speech pathology or audiology or both in the state of Iowa.

[**ARC 7827C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—742.2(147) Continuing education requirements.

742.2(1) The biennial continuing education compliance period will run concurrently with each two-year period between January 1 of each even-numbered year and December 31 of each odd-numbered year. Each biennium, a person who is licensed to practice as a speech pathology or audiology licensee in this state will be required to complete a minimum of 26 hours of continuing education approved by the board. A person holding licensure in both speech pathology and audiology must meet the requirements for each profession. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 13 hours from the previous renewal period.

742.2(2) Requirements of new licensees. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

742.2(3) Hours of continuing education credit may be obtained by participation in an approved program or activity. Such programs and activities may take place individually or in group settings including in-person conferences, journal readings, teleconferences, videoconferences and online programs or activities as long as such programs and activities meet the criteria specified in the definition of continuing education in rule 481—742.1(147).

742.2(4) A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

742.2(5) The licensee is responsible for the cost of continuing education.

[**ARC 7827C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 9316C**, IAB 5/28/25, effective 7/2/25]

481—742.3(147,272C) Standards.

742.3(1) *General criteria.* A continuing education program or activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education program or activity:

a. Meets the definition of continuing education as defined in rule 481—742.1(147);

b. Is conducted by individuals who have specialized education, training and experience in the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

c. Fulfills state program goals, objectives, or both; and

d. Provides proof of attendance, including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

742.3(2) *Specific criteria.*

a. Subject matters that integrally relate to the practice of speech pathology or audiology or both that will be considered for approval are:

(1) Basic communication processes. Information (beyond the basic licensure requirements) applicable to the normal development and use of speech, language, and hearing, i.e., anatomic and physiologic bases for the normal development and use of speech, language, and hearing; physical bases and processes of the production and perception of speech, language, and hearing; linguistic and psycholinguistic variables related to normal development and use of speech, language, and hearing; and technological, biomedical, engineering, and instrumentation information that would enable expansion of knowledge in the basic communication processes.

(2) Professional areas. Information pertaining to disorders of speech, language, and hearing, i.e., various types of disorders of communication, their manifestations, classification and causes; evaluation skills, including procedures, techniques, and instrumentation for assessment; and management procedures and principles in habilitation and rehabilitation of communication disorders. The board will accept dysphagia courses provided by qualified instructors.

(3) Related areas. Study pertaining to the understanding of human behavior, both normal and abnormal, as well as services available from related professions that apply to the contemporary practice of speech-language pathology/audiology, e.g., theories of learning and behavior; services available from related professions that also deal with persons who have disorders of communication; information from these professions about the sensory, physical, emotional, social or intellectual states of child or adult; professional ethics; clinical supervision; counseling; and interviewing.

Unacceptable subject matter includes personal development, human relations, collective bargaining, and tours. A licensee may elect to take the Praxis Examination in speech pathology or audiology in lieu of earning continuing education credits. The licensee will have the results of the examination sent to the board by the agency administering the examination.

b. A licensee may present professional programs that meet the criteria in this rule. Two hours of credit will be allowed for each hour of newly developed presentation material. A maximum of 16 hours may be obtained per biennium. A course schedule or brochure must be maintained for audit.

c. A combined total of six hours per biennium may be used for the following activities:

(1) Government regulations;

(2) CPR, child abuse and dependent adult abuse; and

(3) A maximum of two hours may be used for business-related topics.

d. An applicant will provide official transcripts indicating successful completion of academic courses that apply to the field of speech pathology and audiology in order to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

e. Continuing education credit may be earned by participation in continuing education programs and activities that meet the criteria in this rule and that are completed through journal readings, teleconference

or videoconference participation, and online program participation. In addition, such programs and activities must include a posttest that the participant must pass in order to receive continuing education credit.

f. Continuing education will be obtained by attending a program that meets the criteria in subrule 742.3(1) including but not limited to continuing education programs offered by AAA and ASHA. Other individuals or groups may offer continuing education programs that meet the criteria in rule 481—742.3(147,272C) through one of the following organizations:

(1) National, state or local associations of speech pathology and audiology;

(2) Schools and institutes of speech pathology and audiology;

(3) Universities, colleges or community colleges.

Continuing education must be offered by or approved in advance of delivery by the organizations stated above.

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◊ Two or more ARCs

CHAPTER 743
DISCIPLINE FOR SPEECH PATHOLOGISTS AND AUDIOLOGISTS

[Prior to 9/9/87, see Health Department [470], Ch 156]
[Prior to 9/19/01, see 645—Chapter 301]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 304]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—743.1(272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in rule 481—504.3(272C) when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in rule 481—Chapter 504.

743.1(1) Violation of the following code of ethics:

a. Licensees will provide ethical, professional services, conduct research with honesty and compassion, and respect the dignity, worth and rights of those served.

b. Claims of expected clinical results will be based upon sound evidence and shall accurately convey the probability and degree of expected improvement.

c. Records will be adequately maintained for the period of time required by applicable state and federal laws.

d. Persons served professionally or the files of such persons will be used for teaching or research purposes only after obtaining informed consent from those persons or from the legal guardians of such persons.

e. Information of a personal or professional nature obtained from persons served professionally will be released only to individuals authorized by the persons receiving professional service or to those individuals to whom release is required by law.

f. Licensees who engage in research will comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals, such as those promulgated in the current Responsible Conduct of Research by the U.S. Office of Research Integrity.

g. Individuals in administrative or supervisory roles will not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff members' independent and objective professional judgment.

h. Relationships between professionals and between a professional and a client shall be based on high personal regard and mutual respect without concern for race, religious preference, sex, age, ethnicity, gender identity/gender expression, sexual orientation, national origin, disability, culture, language or dialect.

i. Referral of clients for additional services or evaluation and recommendation of sources for purchasing appliances will be without any consideration for financial or material gain to the licensee making the referral or recommendation for purchase.

j. Licensees who dispense products to persons served professionally will provide clients with freedom of choice for the source of services and products.

k. Failure to comply with current Food and Drug Administration regulations 21 CFR §801.420 (2022), "Hearing aid devices; professional and patient labeling," and 21 CFR §801.421 (2022), "Hearing aid devices; conditions for sale."

l. Licensees will comply with universal newborn and infant hearing screening requirements within Iowa Code section 135.131 and 641—Chapter 3.

743.1(2) Reserved.

This rule is intended to implement Iowa Code chapters 147 and 272C.

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CHAPTER 744
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 305]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—744.1(17A,272C) Board of speech pathology and audiology adoption of uniform and model rules. The board hereby adopts by reference the following:

744.1(1) to **744.1(9)** Reserved.

744.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

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CHAPTERS 745 to 759
Reserved

BOARD OF OPTOMETRY

CHAPTER 760
LICENSURE OF OPTOMETRISTS

[Prior to 6/13/01, see 645—Chapter 180]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 180]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—760.1(154) Definitions. For purposes of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

"Board" means the board of optometry.

"CELMO" means the Council on Endorsed Licensure Mobility for Optometrists.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as an optometrist in the state of Iowa.

"Licensure by endorsement" means the issuance of an Iowa license to practice optometry to an applicant who is or has been licensed in another state.

"Mandatory training" means training on identifying and reporting child abuse or dependent adult abuse required of optometrists who are mandatory reporters. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69. The full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

"NBEO" means the National Board of Examiners in Optometry.

"Optometrist" means an optometrist who is licensed to practice optometry in Iowa and who is certified by the board of optometry to employ all diagnostic and therapeutic pharmaceutical agents for the purpose of diagnosis and treatment of the conditions of the human eye and adnexa, excluding the use of injections other than to counteract an anaphylactic reaction, and notwithstanding Iowa Code section 147.107, may without charge supply any of the above pharmaceuticals to commence a course of therapy, with the exclusions cited in Iowa Code chapter 154.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—760.5(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions.

"TPA" means therapeutic pharmaceutical agents.

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—760.2(154) Requirements for licensure.

760.2(1) The following criteria applies to licensure:

a. Submit a completed online application and pay the non-refundable licensure fee specified in rule 481—507.12(147,154).

b. Applicants will submit proof of satisfactory completion of all educational requirements contained in Iowa Code chapter 154 including official copies of academic transcripts sent directly to the board from an accredited school or college of optometry.

c. Applicants will submit proof of passing all current NBEO examinations.

d. An applicant who has been licensed in another state will provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

760.2(2) Reserved.

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—760.3(154) Licensure by endorsement.

760.3(1) Applicants who have been licensed as an optometrist in another state may apply for licensure by endorsement by submitting the following:

a. Verification the applicant meets the requirements of rule 481—760.2(154); and

b. Verification of current competence to practice as an optometrist by satisfying one of the following criteria:

(1) Current CELMO certification;

(2) Practice as an optometrist for a minimum of 2,080 hours during the preceding two-year period;

(3) Employment as a faculty member teaching optometry in an accredited school of optometry for at least one academic year during the preceding two-year period;

(4) Completion of a minimum of 50 hours of continuing education during the preceding two-year period; or

(5) Passing the NBEO examination during the preceding two-year period.

760.3(2) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—760.4(154) License renewal.

760.4(1) The biennial license renewal period for a license to practice optometry will begin on July 1 of an even-numbered year and end on June 30 two years later. The licensee is responsible for renewing the license prior to its expiration.

760.4(2) An individual who was issued a license within six months of the license renewal date does not need to renew the license until the subsequent renewal two years later.

760.4(3) A licensee applying for renewal will:

a. Meet the continuing education requirements of rule 481—761.2(154) and the mandatory reporting requirements of subrule 760.5(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

760.4(4) Mandatory reporter training requirements.

a. A licensee who examines, attends, counsels, or treats children, dependent adults, or both in the scope of the licensee's professional practice will complete the applicable department of health and human services training relating to the identification reporting of child abuse, dependent adult abuse, or both. Written documentation of training completion should be maintained for three years. The training is not required if the licensee is engaged in active duty military service or holds a waiver demonstrating a hardship in complying with these training requirements.

b. The board may select licensees for audit of compliance with the requirements in 481—Chapter 761.

760.4(5) A two-year license will be issued after the requirements of the rule are met. If the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

760.4(6) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

760.4(7) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in

481—subrule 507.12(3). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

760.4(8) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice until the license is reactivated.

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—760.5(17A,147,272C) License reactivation. To apply for reactivation of an inactive license:

760.5(1) Submit a completed online reactivation application and payment of the non-refundable application fee.

760.5(2) If licensed in another jurisdiction, provide verification from the jurisdiction in which the licensee has most recently been licensed showing the licensee's name, date of initial licensure, current licensure status, and any disciplinary action taken against the licensee.

760.5(3) Verification of current competence to practice as an optometrist by satisfying one of the following criteria:

a. Practice as an optometrist for a minimum of 2,080 hours during the preceding two-year period;

b. Employment as a faculty member teaching optometry in an accredited school of optometry for at least one academic year during the preceding two-year period;

c. Completion of a minimum of 50 hours of continuing education during the preceding two-year period; or

d. Passing the NBEO examination during the preceding two-year period.

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—760.6(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to practicing as an optometrist in this state.

[**ARC 7974C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 154 and 272C.

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◊ Two or more ARCs

CHAPTER 761
CONTINUING EDUCATION FOR OPTOMETRISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 181]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—761.1(154) Definitions. For the purpose of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of optometry.

"CELMO" means the Council on Endorsed Licensure Mobility for Optometrists.

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Distance learning" means a format that provides one-way content to the licensee without immediate interaction with the instructor, including but not limited to correspondence courses, online courses and local study group programs.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"Interactive online CE" means the format allows for immediate interaction and feedback between the audience and the instructor.

"License" means license to practice.

"Licensee" means any person licensed to practice as an optometrist in the state of Iowa.

[**ARC 7975C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—761.2(154) Continuing education requirements.

761.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on July 1 and ending on June 30 of each even-numbered year. Each biennium, each person who is licensed to practice as an optometrist in this state will be required to complete a minimum of 50 hours of continuing education that meets the standards in this chapter. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period in compliance with Iowa Code section 272C.2(2)*"h."*

761.2(2) Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

761.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity.

761.2(4) The licensee is responsible for the cost of continuing education.

[**ARC 7975C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9283C**, IAB 5/14/25, effective 6/18/25]

481—761.3(154,272C) Standards.

761.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Is an organized program of learning fundamental to the practice of the profession that contributes directly to the professional competency of the licensee;

b. Is conducted by individuals who have specialized education and training in the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

c. Fulfills stated program goals, objectives, or both; and

d. Provides proof of attendance, including:

(1) Date, location, course title, presenter(s);

(2) Numbers of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

761.3(2) *Specific criteria.*

a. Continuing education hours of credit may be obtained by attending:

(1) The continuing education programs of the Iowa Optometric Association, the American Optometric Association, the American Academy of Optometry, and national regional optometric congresses, schools of optometry, all state optometric associations, and any accredited department of ophthalmology.

(2) Postgraduate study through an accredited school or college of optometry.

(3) Meetings or seminars that are approved and certified for optometric continuing education by the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (COPE) committee.

b. The maximum number of hours in each category in each biennium is as follows:

(1) Five hours of credit for distance learning.

(2) Fifteen hours of credit for interactive online CE.

(3) Twenty hours of credit for postgraduate study courses as referenced in subparagraph 761.3(2)*"a"*(2).

c. Required continuing education hours. Licensees shall provide proof of continuing education in all of the following areas:

(1) Current certification in CPR offered in person by the American Heart Association, the American Red Cross or an equivalent organization. At least two hours per biennium is required, but credit will be granted for four hours.

(2) Training on child abuse and dependent adult abuse identification and reporting through the department of health and human services for all licensees who examine, attend, counsel or treat children or dependent adults in the scope of the professional practice. Initial two-hour courses need to be taken with six months of employment. One-hour recertification training needs to be done every three years.

(3) A minimum of one hour of continuing education per renewal period regarding guidelines for prescribing opioids, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options. Credit will be granted for up to two hours per renewal period. If the continuing education did not cover the United States Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, the licensee shall read the guideline prior to license renewal. "Opioid" means any drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

d. Current CELMO certification meets the continuing education requirements for licensees.

[**ARC 7975C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 154.

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◊ Two or more ARCs

CHAPTER 762
PRACTICE OF OPTOMETRISTS

[Prior to 8/7/02, see 645—179.4(154), 179.5(154,272C), 179.7(154) and 179.8(155A)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 182]

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481—762.1(154) Code of ethics. The board hereby adopts by reference the Code of Ethics of the American Optometric Association as published by the American Optometric Association, 243 North Lindbergh Boulevard, St. Louis, Missouri 63141, modified June 2007.
[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.2(154,272C) Recordkeeping. Optometrists will maintain patient records in a manner consistent with the protection of the welfare of the patient. Records will be permanent, timely, accurate, legible, and easily understandable.

762.2(1) Optometrists will maintain optometry records for each patient. The records will contain all of the following:

a. Personal data.

(1) Name, date of birth, address and, if a minor, name of parent or guardian; and

(2) Name and telephone number of emergency contact.

b. Optometry and medical history. Optometry records will include information from the patient or the patient's parent or guardian regarding the patient's optometric and medical history. The information will include sufficient data to support the recommended treatment plan.

c. Patient's reason for visit. Optometric records will include the patient's stated visual health care reasons for visiting the optometrist.

d. Clinical examination progress notes. Optometric records will include chronological dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;

(2) Plan of intended treatment and treatment sequence;

(3) Services rendered and any treatment complications;

(4) All ancillary testing, if applicable;

(5) Vision tests completed and visual acuity;

(6) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and

(7) Name of optometrist who performs any treatment or service or who may have contact with a patient regarding the patient's optometric health.

e. Informed consent. Optometric records will include documentation of informed consent for procedure(s) and treatment that have potential serious complications and known risks.

762.2(2) Retention of records. An optometrist will maintain a patient's record(s) for a minimum of five years after the date of last examination, prescription, or treatment. Records for minors will be maintained for, at minimum, one year after the patient reaches the age of majority (18) or five years after the date of last examination, prescription, or treatment, whichever is longer.

Proper safeguards will be maintained to ensure the safety of records from destructive elements.

762.2(3) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, an optometrist will keep either a duplicate hard-copy record or a back-up unalterable electronic record.

762.2(4) Correction of records. Notations will be legible, written in ink, and contain no erasures or white-outs. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by an optometric health care worker.

762.2(5) Confidentiality and transfer of records. Optometrists will preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or the patient's new optometrist, the optometrist will furnish such optometry records or copies of the records as will be beneficial for the future treatment of that patient. The optometrist may include a summary of the record(s) with the record(s) or copy of the record(s). The optometrist may charge a nominal

fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees. The optometrist may ask for a written request for the record(s).

762.2(6) Retirement or discontinuance of practice. A licensee, upon retirement, or upon discontinuation of the practice of optometry, or upon leaving a practice or moving from a community, will notify all active patients in writing, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community, that the licensee intends to discontinue the practice of optometry in the community, and will encourage patients to seek the services of another licensee. The licensee will make reasonable arrangements with active patients for the transfer of patient records, or copies of those records, to the succeeding licensee. "Active patient" means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to retirement, discontinuation of the practice of optometry, or leaving a practice or moving from a community.

762.2(7) Nothing stated in these rules will prohibit a licensee from conveying or transferring the licensee's patient records to another licensed optometrist who is assuming a practice, provided that written notice is furnished to all patients.

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.3(154) Furnishing prescriptions. Before a licensed optometrist provides a spectacle or contact lens prescription to a patient, the eye examination record will include best-corrected visual acuity with ophthalmic lenses or contact lenses in the lens powers determined by refraction. Each contact lens or ophthalmic spectacle lens/eyeglass prescription by a licensed optometrist must meet the requirements as listed below:

762.3(1) A contact lens prescription will contain the following information:

a. Date of issuance;

b. Name and date of birth of patient for whom the contact lens or lenses are prescribed;

c. Name, address, and signature of the practitioner;

d. All parameters required to duplicate properly the original contact lens;

e. A specific date of expiration, not to exceed 18 months, the quantity of lenses allowed and the number of refills allowed; and

f. At the option of the prescribing practitioner, the prescription may contain fitting and material guidelines and specific instructions for use by the patient.

762.3(2) Release of contact lens prescription.

a. After the contact lenses have been adequately adapted and the patient released from initial follow-up care by the prescribing practitioner, the prescribing practitioner will provide a copy of the contact lens prescription, at no cost, for the duplication of the original contact lens. A licensed optometrist may refuse to provide a copy of the contact lens prescription if the patient has not paid the fees associated with the examination from which the prescription was generated including applicable contact lens fitting fees.

b. A practitioner choosing to issue an oral prescription will furnish the same information required for the written prescription except for the written signature and address of the practitioner. An oral prescription may be released by an O.D. to any dispensing person who is a licensed professional with the O.D., M.D., D.O., or R.Ph. degree or a person under direct supervision of those licensed under Iowa Code chapter 148, 154 or 155A.

c. The issuing of an oral prescription will be followed by a written copy to be kept by the dispenser of the contact lenses until the date of expiration.

762.3(3) An ophthalmic spectacle lens prescription will contain the following information:

a. Date of issuance;

b. Name and date of birth of the patient for whom the ophthalmic lens or lenses are prescribed;

c. Name, address, and signature of the practitioner issuing the prescription;

d. All parameters necessary to duplicate properly the ophthalmic lens prescription; and

e. A specific date of expiration not to exceed two years.

A dispenser of ophthalmic materials, in spectacle or eyeglass form, must keep a valid copy of the prescription on file for two years.

762.3(4) Release of ophthalmic lens prescription.

a. The ophthalmic lens prescription will be furnished upon request at no additional charge to the patient. A licensed optometrist may refuse to provide a copy of the ophthalmic lens prescription if the patient has not paid the fees associated with the examination from which the prescription was generated.

b. The prescription, at the option of the prescriber, may contain adapting and material guidelines and may also contain specific instructions for use by the patient.

c. Spectacle lens prescriptions will be in written format, according to Iowa Code section 147.109(1).

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.4(155A) Prescription drug orders. Each prescription drug order furnished by an optometrist in this state will meet the following requirements:

762.4(1) Written prescription drug orders will contain:

a. The date of issuance;

b. The name and date of birth of the patient for whom the drug is dispensed;

c. The name, strength, and quantity of the drug, medicine, or device prescribed;

d. The directions for use of the drug, medicine, or device prescribed;

e. The name, address, and written signature of the practitioner issuing the prescription; and

f. The federal drug enforcement administration number, if required under Iowa Code chapter 124.

762.4(2) The practitioner issuing oral prescription drug orders will furnish the same information required for a written prescription, except for the written signature and address of the practitioner.

762.4(3) Prior to prescribing any controlled substance, an optometrist will review the patient's information contained in the prescription monitoring program database, unless the patient is receiving inpatient hospice care or long-term residential facility care.

762.4(4) Beginning January 1, 2020, every prescription issued for a prescription drug will be transmitted electronically unless exempted pursuant to Iowa Code section 124.308 or 155A.27. Beginning January 1, 2020, a licensee who fails to comply with the electronic prescription mandate may be subject to a nondisciplinary administrative penalty of $250 per violation, up to a maximum of $5,000 per calendar year.

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.5(154) Use of injectables. A licensed optometrist shall not administer any injection prior to receiving approval from the board. A licensed optometrist may administer only the following injections:

762.5(1) Subconjunctival injections for the medical treatment of the eye.

762.5(2) Intralesional injections for the treatment of chalazia.

762.5(3) Botulinum toxin to the muscles of facial expression innervated by the facial nerve, including for cosmetic purposes.

762.5(4) Injections to counteract an anaphylactic reaction.

762.5(5) Local anesthetics prior to a minor surgical procedure authorized by this chapter.

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.6(154) Education and training approval.

762.6(1) The board will not approve the use of injections other than to counteract an anaphylactic reaction unless the licensed optometrist demonstrates to the board sufficient educational or clinical training from a college or university accredited by a regional or professional accreditation organization that is recognized or approved by the Council for Higher Education Accreditation or by the United States Department of Education, or clinical training equivalent to clinical training offered by such an institution.

762.6(2) A licensed optometrist who completes the requirements of rule 481—762.7(154) is deemed approved by the board for use of injectables as outlined in this chapter.

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.7(154) Education and training. In order to use injections, a licensed optometrist will be able to show proof of completion of the following requirements for board approval:

762.7(1) Be fully licensed and in good standing within the state of Iowa as a licensed optometrist.

762.7(2) Have completed a total of 24 hours of approved educational training pertaining to injections.

a. At least 4 hours of the 24 hours must be clinical training.

b. At least 5 hours of the 24 hours must pertain to the administration and side effects of injection treatment for botulinum toxin and chalazia.

[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 154 and 155A.

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CHAPTER 763
DISCIPLINE FOR OPTOMETRISTS

[Prior to 6/13/01, see 645—Ch 180]
[Prior to 8/7/02, see 645—Ch 182]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 183]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—763.1(154,272C) Grounds for discipline.

763.1(1) The board may impose any of the disciplinary sanctions provided in rule 481—504.3(272C) when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in rule 481—Chapter 504.

763.1(2) The licensee prescribes any controlled substance in dosage amounts that exceed what would be prescribed by a reasonably prudent licensee.

This rule is intended to implement Iowa Code chapters 147, 154 and 272C.

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CHAPTER 764
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 184]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—764.1(17A,272C) Board of optometry adoption of uniform and model rules. The board hereby adopts by reference the following:

764.1(1) to **764.1(9)** Reserved.

764.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 765 to 779
Reserved

BOARD OF PHYSICIAN ASSOCIATES

CHAPTER 780
LICENSURE OF PHYSICIAN ASSOCIATES

[Prior to 8/7/02, see 645—325.2(148C) to 645—325.5(148C) and 645—325.16(148C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 326]

Chapter rescission date pursuant to Iowa Code section 17A.7: 10/8/30

481—780.1(148C) Definitions. In addition to the definitions herein, and unless otherwise stated, the board adopts by reference the definitions found in Iowa Code section 148C.1.

"Active license" means a license that is current and has not expired.

"Approved program" means a program for the education of physician associates that has been accredited by the Accreditation Review Commission on Education for the Physician Assistant, or its successor, or, if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

"CME" means continuing medical education.

"Collaboration" means consultation with or referral to the appropriate physician or other health care professional by a physician associate as indicated by the patient's condition; the education, competencies, and experience of the physician associate; and the best practice guidelines.

"Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat 1936.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Licensee" means a person licensed by the board as a physician associate.

"Licensure by endorsement" means the issuance of an Iowa license to practice as a physician associate to an applicant who is or has been licensed in another state.

"Locum tenens" means the temporary substitution of one licensed physician associate for another.

"Mandatory training" means training on identifying and reporting child abuse or dependent adult abuse required of physician associates who are mandatory reporters. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69. The full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Opioid" means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain or opioid use disorder.

"Other health care provider" means a person licensed as a physician associate under Iowa Code chapter 148C or an advanced registered nurse practitioner licensed under Iowa Code chapter 152.

"Physician" means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery. A physician supervising a physician associate practicing in a federal facility or under federal authority will not be required to obtain licensure beyond licensure requirements mandated by the federal government for supervising physicians.

"Prescription monitoring program database" or *"PMP database"* means the Iowa prescription monitoring program database administered by the board of pharmacy pursuant to Iowa Code chapter 124, subchapter VI, and 481—Chapter 556.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—780.9(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"Supervising physician" means a physician who supervises the medical services provided by the physician associate engaged in independent practice consistent with the physician associate's education, training, or experience. Supervision shall not be construed as a requirement to be applied to those physician associates who (1) are not engaged in an independent practice arrangement, (2) have already met the requirements to practice independently, or (3) are not required by law to be supervised. Supervision shall not be construed as requiring the personal presence of a supervising physician at the place where such services are rendered, except insofar as the personal presence is expressly required by these rules or by Iowa Code chapter 148C.

"Supply prescription drugs" means to deliver to a patient or the patient's representative a quantity of prescription drugs or devices that are properly packaged and labeled.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.2(148C) Initial licensure.

780.2(1) The following criteria shall apply to the initial licensure of physician associates:

a. The applicant for licensure will complete an online application packet and pay the nonrefundable application fee.

b. The applicant for licensure will successfully pass the certifying examination conducted by the NCCPA or a successor examination approved by the board. The applicant will request the NCCPA, or its successor agency, to send a copy of the initial certification to the board office.

c. The applicant for licensure will request the approved program for education of physician associates to submit official copies of the applicant's transcript to the board office.

EXCEPTION: An applicant who is not a graduate of an approved program but who passed the NCCPA initial certification examination prior to 1986 is exempt from the graduation requirement.

d. In lieu of paragraphs 780.2(1)*"b"* and *"c,"* an applicant for licensure may provide documentation from the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards as primary source verification for identity, education and national certification information.

780.2(2) If licensed in another jurisdiction, an applicant for licensure will:

a. Complete the licensure by endorsement application;

b. Submit a license verification document that discloses any disciplinary action taken in all jurisdictions where the applicant was previously licensed; and

c. Submit proof of completion of 100 CME hours for each biennium since the licensee was initially certified.

780.2(3) An applicant for licensure who is licensed in another jurisdiction who cannot satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

780.2(4) An application not completed according to guidelines will not be reviewed by the board.

780.2(5) Incomplete applications that have been on file in the board office for more than two years will be:

a. Considered invalid and destroyed; or

b. Maintained upon written request from the applicant for licensure.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.3(148C) Temporary licensure.

780.3(1) A temporary license may be issued for an applicant for licensure who has not taken the NCCPA initial certification examination or successor agency examination or is waiting for the results of the examination.

780.3(2) An applicant for licensure must comply with subrule 780.2(1), with the exception of paragraphs 780.2(1)*"b"* and *"c."*

780.3(3) A temporary license will be valid for one year from the date of issuance.

780.3(4) The temporary license will be renewed only once upon an applicant for licensure's showing proof that, through no fault of the applicant, the applicant was unable to take the certification examination recognized by the board. Proof of inability to take the certification examination will be submitted to the board office with written request for renewal of a temporary license, accompanied by the temporary license renewal fee.

780.3(5) If the temporary licensee fails the certification examination, the temporary licensee must cease practice immediately and surrender the temporary license by the next business day.

780.3(6) There is no additional fee for converting temporary licensure to permanent licensure.

780.3(7) An applicant for licensure will ensure that certification of completion is sent to the board directly from an approved program for the education of physician associates. The certification of completion must be signed by a designee from the approved program.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.4(148C) Physician supervision not required. A physician associate is not required to be supervised by a physician when:

780.4(1) The physician associate is licensed in the state of Iowa or eligible to become licensed in the state of Iowa; and

780.4(2) The physician associate has previously practiced under a supervising physician or in collaboration with an Iowa-licensed physician or other licensed health care professional for a period of at least two years; or

780.4(3) The physician associate is not practicing in an independent practice arrangement as defined in Iowa Code section 148C.1(5).

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.5(148C) Physician supervision required.

780.5(1) A physician associate is required to be supervised by a physician when the physician associate is practicing in an independent practice arrangement as defined in Iowa Code section 148C.1(5) and the physician associate has not previously practiced under a supervising physician or in collaboration with the appropriate physician or other health care professional for a period of at least two years.

780.5(2) Requirements for a physician associate and supervising physician.

a. A physician associate will use the jointly approved board forms to notify the board of the identity of the physician associate's supervising physician prior to beginning practice in Iowa. The physician associate will notify the board of the identity of each of the physician associate's supervising physicians and of any change in the status of the supervisory relationships during the physician associate's required supervisory biennium.

b. A physician associate and a supervising physician will utilize the board form to show a mutual understanding of the physician associate's scope of practice, identified medical procedures and the areas of medicine performed.

c. A physician associate will maintain documentation of current supervising physicians, which will be made available to the board upon request.

d. It shall be the joint responsibility of a physician associate and a supervising physician to ensure the physician associate is adequately supervised. Upon agreeing to supervise the physician associate, the supervising physician will be advised that the physician's name will be listed with the board as a supervising physician. The physician associate and the supervising physician are each responsible for knowing and complying with the supervision provisions of these rules.

e. Patient care provided by a physician associate will be reviewed with a supervising physician determined at the practice level, ensuring each patient has received the appropriate medical care.

f. Patient care provided by a physician associate may be reviewed with a supervising physician in person, by telephone or by other means of telecommunication and determined at the practice level.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.6(148C) Physician eligibility to supervise physician associates. Information on physician eligibility to supervise physician associates is contained in 653—subrules 21.1(1) through 21.1(4).

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.7(148C) Collaborative practice.

780.7(1) After the conclusion of two years of practice under a supervising physician as required by rule 481—780.5(148C), a physician associate will continue collaboration with a physician or other health care provider as defined in rule 481—780.1(148C), which will be determined at the practice level. This rule shall not be construed to apply to physician associates in independent practice who did not previously meet the criteria of rule 481—780.5(148C).

780.7(2) A collaborating physician or other health care provider defined in rule 481—780.1(148C) and a physician associate should follow best practice guidelines and discuss cases as determined at the practice level. If there are any deficiencies in care noted, the collaborating health care provider will educate the physician associate on best practice guidelines.

780.7(3) The scope of practice for a physician associate shall be limited to medical care that is within the physician associate's education, training, and experience.

780.7(4) Documentation of the collaboration between a physician associate and a physician or other health care provider shall be kept by the physician associate and provided to the board upon request.

780.7(5) Eligibility of other health care provider for collaboration. During the two-year period of collaboration, the other health care provider as defined in rule 481—780.1(148C) shall be a provider who has been in practice for a minimum of five years and is not subject to discipline by the provider's respective licensing authority.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.8(148C) License renewal.

780.8(1) The license renewal period for a license to practice will begin on October 1 and end on September 30 two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

780.8(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

780.8(3) A licensee applying for renewal will:

a. Meet the continuing education requirements of 481—Chapter 782 and the mandatory reporting requirements of subrule 780.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Complete the online renewal application, pay the fee, and attach certificate of completion of continuing education hours before the expiration date.

780.8(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa will indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 780.8(4)*"e."*

b. A licensee who, in the course of employment responsibilities, examines, attends, counsels or treats adults in Iowa will indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 780.8(4)*"e."*

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

d. The licensee will maintain written documentation for three years after mandatory training as identified in paragraphs 780.8(4)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements.

f. The board may select licensees for audit of compliance with the requirements in paragraphs 780.8(4)*"a"* through *"e."*

780.8(5) Upon receiving the information required by this rule and the required fee, a two-year license will be issued. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

780.8(6) A person licensed to practice as a physician associate will keep the license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

780.8(7) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. A licensee will be assessed a late fee as specified in 481—subrule 507.14(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

780.8(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice as a physician associate in Iowa until the license is reactivated. A licensee who practices as a physician associate in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.9(17A,147,272C) Requirements for reactivation. To apply for reactivation, a licensee will:

780.9(1) Complete an online reactivation application and pay the nonrefundable reactivation fee.

780.9(2) Provide verification of current competence to practice as a physician associate by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must:

(1) Submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

(2) Submit proof of completing 100 hours of continuing education within two years of application for reactivation or NCCPA or successor agency certification.

b. If the license has been on inactive status for more than five years, an applicant must:

(1) Submit a license verification document that discloses if disciplinary action was taken against the applicant from every jurisdiction in which the applicant has been licensed.

(2) Submit proof of completing 200 hours of continuing education within two years of application for reactivation, of which at least 40 percent of the hours completed will be in Category I, or NCCPA or successor agency certification.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—780.9(17A,147,272C) prior to practicing as a physician associate in this state.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.11(148C) Use of title. A physician associate licensed under Iowa Code chapter 148C may use the words "physician associate" after the person's name or signify the same by the use of the letters "PA." A person who meets the qualifications for licensure under Iowa Code chapter 148C but does not possess a current license may use the title "PA" or "physician associate" but may not act or practice as a physician associate unless licensed under Iowa Code chapter 148C.

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481—780.12(148C) Address change. A physician associate will notify the board of any change in permanent address within 30 days of its occurrence.

[**ARC 9536C**, IAB 9/3/25, effective 10/8/25; Editorial change: IAC Supplement 6/10/26]

481—780.13(148C) Student physician associate.

780.13(1) Any person who is enrolled as a student in an approved program will comply with the rules set forth in this chapter. A student is exempted from licensure requirements.

780.13(2) Notwithstanding any other provisions of these rules, a student may perform medical services when the medical services are rendered within the scope of an approved program.

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◊ Two or more ARCs

1 Effective date of 326.1, "remote medical site," delayed 70 days by the Administrative Rules Review Committee at its meeting held June 7, 2004.

CHAPTER 781
PRACTICE OF PHYSICIAN ASSOCIATES

[Prior to 8/7/02, see 645—325.6(148C) to 645—325.9(148C) and 645—325.18(148C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 327]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/3/29

481—781.1(148C,88GA,ch1020) Duties. The medical services to be provided by the physician associate are those for which the physician associate has been prepared by education, training, or experience and is competent to perform. The ultimate role of the physician associate cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a physician associate may assume requires that, at the conclusion of the formal education, the physician associate possess the knowledge, skills, and abilities necessary to provide those services appropriate to the practice setting. The physician associate's services may be utilized in any clinical settings including but not limited to offices, ambulatory clinics, hospitals, patient's homes, extended care facilities, and nursing homes.

781.1(1) A physician associate's duties relating to prescribing, dispensing, ordering, administering, and procuring drugs and medical devices include all of the following:

a. Administering any drug.

b. Prescribing, dispensing, ordering, administering, and procuring drugs and medical devices. A physician associate may plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including but not limited to durable medical equipment, nutrition, blood and blood products, and diagnostic support services, including but not limited to home health care, hospice, and physical and occupational therapy. The prescribing and dispensing of drugs may include Schedule II through V substances, as described in Iowa Code chapter 124, and all legend drugs.

c. A physician associate may prescribe drugs and medical devices subject to all of the following conditions:

(1) The physician associate will have passed the national certifying examination conducted by the National Commission on Certification of Physician Assistants or its successor examination approved by the board.

(2) The physician associate must comply with appropriate federal and state regulations.

(3) If a physician associate prescribes or dispenses controlled substances, the physician associate must register with the federal Drug Enforcement Administration.

(4) The physician associate may prescribe or order Schedule II controlled substances that are listed as depressants in Iowa Code chapter 124.

(5) The physician associate may prescribe, supply, and administer drugs and medical devices in all settings, including but not limited to hospitals, health care facilities, health care institutions, hospice, clinics, offices, health maintenance organizations, and outpatient and emergency care settings.

(6) A physician associate may request, receive, and supply sample drugs and medical devices.

d. Supplying properly packaged and labeled prescription drugs, controlled substances, or medical devices when pharmacist services are not reasonably available or when it is in the best interest of the patient.

(1) If the physician associate is the prescriber of the medications supplied pursuant to this paragraph, the medications supplied will be for the purpose of accommodating the patient and will not be sold for more than the cost of the drug and reasonable overhead costs as they relate to supplying prescription drugs to the patient and not at a profit to the physician associate.

(2) A nurse or staff assistant may assist the physician associate in supplying medications.

781.1(2) The medical services to be provided by the physician associate also include but are not limited to the following:

a. Initial approach to a patient of any age group in any setting to elicit a medical history and perform a physical examination.

b. Assessment, diagnosis and treatment of medical or surgical problems and recording the findings.

c. Order, interpret, or perform laboratory tests, X-rays or other medical procedures or studies.

d. Performance of therapeutic procedures such as injections, immunizations, suturing and care of wounds, removal of foreign bodies, ear and eye irrigation and other clinical procedures.

e. Performance of office surgical procedures including, but not limited to, skin biopsy, mole or wart removal, toenail removal, removal of a foreign body, arthrocentesis, incision and drainage of abscesses.

f. Assisting in surgery.

g. Prenatal and postnatal care and assisting a physician in obstetrical care.

h. Care of orthopedic problems.

i. Performing and screening the results of special medical examinations including, but not limited to, electrocardiogram or Holter monitoring, radiography, audiometric and vision screening, tonometry, and pulmonary function screening tests.

j. Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development.

k. Function in the hospital setting by performing medical histories and physical examinations, making patient rounds, recording patient progress notes and other appropriate medical records, assisting in surgery, performing or assisting with medical procedures, providing emergency medical services and issuing, transmitting and executing patient care orders.

l. Providing services to patients requiring continuing care (i.e., home, nursing home, extended care facilities).

m. Referring patients to specialty or subspecialty physicians, medical facilities or social agencies as indicated by the patients' problems.

n. Immediate evaluation, treatment and institution of procedures essential to providing an appropriate response to emergency medical problems.

o. Order drugs and supplies in the office, and assist in keeping records and in the upkeep of equipment.

p. Admit patients to a hospital or health care facility as defined in Iowa Code section 135C.1.

q. Order diets, physical therapy, inhalation therapy, or other rehabilitative services as indicated by the patient's problems.

r. At the request of the peace officer, withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.

s. Direct medical personnel, health professionals, and others involved in caring for patients and the execution of patient care.

t. Authenticate a medical form by signing the form.

u. Perform other duties appropriate to a physician associate's practice.

v. Health care providers will consider the instructions of a physician associate to be authoritative.

781.1(3) Emergency medicine duties.

a. A physician associate may be a member of the staff of an ambulance or rescue squad pursuant to Iowa Code chapter 147A.

b. A physician associate will document skills, training and education equivalent to that required of a certified advanced emergency medical technician or a paramedic.

c. A physician associate must apply for approval of advanced care training equivalency on forms supplied by the board of physician associates.

d. Exceptions to this subrule include:

(1) A physician associate who accompanies and is responsible for a transfer patient;

(2) A physician associate who serves on a basic ambulance or rescue squad service; and

(3) A physician associate who renders aid within the physician associate's skills during an emergency.

[**ARC 8038C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26; Editorial change: IAC Supplement 6/24/26]

481—781.2(148C) Prohibition. No physician associate engaged in independent practice, as defined in Iowa Code section 148C.1(5), will be permitted to measure the visual power and visual efficiency of the human eye, as distinguished from routine visual screening, except in the personal presence of a supervising physician at the place where these services are rendered.

[**ARC 8038C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—781.3(147,88GA,ch1020) Identification as a physician associate. The physician associate will be identified as a physician associate to patients and to the public, regardless of the physician associate's educational degree.

[**ARC 8038C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—781.4(147) Prescription requirements.

781.4(1) Each written outpatient prescription drug order issued by a physician associate will contain the following:

a. The date of issuance.

b. The name and address of the patient for whom the drug is prescribed.

c. The name, strength, and quantity of the drug, medicine, or device prescribed and directions for use.

d. The physician associate's name and the practice address.

e. The signature of the physician associate followed by the initials "PA."

f. The Drug Enforcement Administration (DEA) number of the physician associate if the prescription is for a controlled substance.

781.4(2) Each oral prescription drug order issued by a physician associate will include the same information required for a written prescription, except for the written signature of the physician associate and the physician associate's practice address.

781.4(3) Prior to prescribing an opioid, a physician associate will review the patient's information contained in the prescription monitoring program database, unless the patient is receiving inpatient hospice care or long-term residential facility patient care.

781.4(4) Beginning January 1, 2020, every prescription issued for a prescription drug will be transmitted electronically unless exempted pursuant to Iowa Code section 124.308 or 155A.27. Beginning January 1, 2020, a licensee who fails to comply with the electronic prescription mandate may be subject to a nondisciplinary administrative penalty of $250 per violation, up to a maximum of $5,000 per calendar year.

[**ARC 8038C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26; Editorial change: IAC Supplement 6/24/26]

481—781.5(147) Supplying—requirements for containers, labeling, and records.

781.5(1) *Containers.* A prescription drug will be supplied in a container that meets the requirements of the Poison Prevention Packaging Act of 1970, 15 U.S.C. §1471-1476 (1976), which relate to childproof closure, unless otherwise requested by the patient. The containers must also meet the requirements of Section 502G of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §301 et seq. (1976), which pertain to light resistance and moisture resistance needs of the drug supplied.

781.5(2) *Labeling.* A label bearing the following information will be affixed to a container in which a prescription drug is supplied:

a. The name and practice address of the supervising physician and physician associate.

b. The name of the patient.

c. The date supplied.

d. The directions for administering the prescription drug and any cautionary statement deemed appropriate by the physician associate.

e. The name, strength and quantity of the prescription drug in the container.

f. When supplying Schedule II, III, or IV controlled substances, the federal transfer warning statement must appear on the label as follows: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

781.5(3) *Samples.* Prescription sample drugs will be provided without additional charge to the patient. Prescription sample drugs supplied in the original container or package will be deemed to conform to labeling and packaging requirements.

781.5(4) *Records.* A record of prescription drugs supplied by the physician associate to a patient will be kept that contains the label information required by paragraphs 781.7(2)*"b"* through *"e."* Noting such information on the patient's chart or record is sufficient.

[**ARC 8038C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—781.6(147,148C,272C) Standards of practice—telemedicine. This rule establishes standards of practice for the provision of telemedicine services.

781.6(1) *Telemedicine, generally.*

a. Technological advances have made it possible for licensees in one location to provide medical care to patients in another location with or without an intervening health care provider.

b. Telemedicine is a useful tool that, if applied appropriately, can provide important benefits to patients, including increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and potential cost savings.

c. Licensees using telemedicine will be held to the same standards of care and professional ethics as licensees using traditional in-person medical care.

d. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may subject the licensee to potential discipline by the board.

781.6(2) *Definitions.* For the purposes of this rule:

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

"Board" means the Iowa board of physician associates.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936.

"In-person encounter" means that the physician associate and the patient are in the physical presence of each other and are in the same physical location during the physician associate-patient encounter.

"Licensee" means a physician associate licensed by the board.

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

"Telemedicine technologies" means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider.

781.6(3) *Practice guidelines.* A licensee who uses telemedicine will utilize evidence-based telemedicine practice guidelines and standards of practice, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes. The board acknowledges that some nationally recognized medical specialty organizations have established comprehensive telemedicine practice guidelines that address the clinical and technological aspects of telemedicine for many medical specialties.

781.6(4) *License required.* A physician associate who uses telemedicine in the diagnosis and treatment of a patient located in Iowa will hold an active Iowa physician associate license consistent with state and federal laws. Nothing in this rule will be construed to supersede the exceptions to licensure contained in rule 481—780.17(148C).

781.6(5) *Standards of care and professional ethics.* A licensee who uses telemedicine will be held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may be a violation of the laws and rules governing the practice of medicine and may subject the licensee to potential discipline by the board.

781.6(6) *Scope of practice.* A licensee who uses telemedicine will ensure that the services provided are consistent with the licensee's scope of practice, including the licensee's education, training, experience, ability, licensure, and certification.

781.6(7) *Identification of patient and physician associate.* A licensee who uses telemedicine will verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide telemedicine services prior to the provision of care.

781.6(8) *Physician associate-patient relationship.*

a. A licensee who uses telemedicine will establish a valid physician associate-patient relationship with the person who receives telemedicine services. The physician associate-patient relationship begins when:

(1) The person with a health-related matter seeks assistance from a licensee;

(2) The licensee agrees to undertake diagnosis and treatment of the person; and

(3) The person agrees to be treated by the licensee whether or not there has been an in-person encounter between the physician associate and the person.

b. A valid physician associate-patient relationship may be established by:

(1) In-person encounter. Through an in-person medical interview and physical examination where the standard of care would require an in-person encounter;

(2) Consultation with another licensee. Through consultation with another licensee (or other health care provider) who has an established relationship with the patient and who agrees to participate in, or supervise, the patient's care; or

(3) Telemedicine encounter. Through telemedicine, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

781.6(9) *Medical history and physical examination.* Generally, a licensee will perform an in-person medical interview and physical examination for each patient. However, the medical interview and physical examination may not be in person if the technology utilized in a telemedicine encounter is sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine will interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by a licensee.

781.6(10) *Non-physician associate health care providers.* If a licensee who uses telemedicine relies upon or delegates the provision of telemedicine services to a non-physician associate health care provider, the licensee will:

a. Ensure that systems are in place to ensure that the non-physician associate health care provider is qualified and trained to provide that service within the scope of the non-physician associate health care provider's practice;

b. Ensure that the licensee is available in person or electronically to consult with the non-physician associate health care provider, particularly in the case of injury or an emergency.

781.6(11) *Informed consent.* A licensee who uses telemedicine will ensure that the patient provides appropriate informed consent for the medical services provided, including consent for the use of telemedicine to diagnose and treat the patient, and that such informed consent is timely documented in the patient's medical record.

781.6(12) *Coordination of care.* A licensee who uses telemedicine will, when medically appropriate, identify the medical home or treating clinician(s) for the patient, when available, where in-person services can be delivered in coordination with the telemedicine services. The licensee will provide a copy of the medical record to the patient's medical home or treating clinician(s).

781.6(13) *Follow-up care.* A licensee who uses telemedicine will have access to, or adequate knowledge of, the nature and availability of local medical resources to provide appropriate follow-up care to the patient following a telemedicine encounter.

781.6(14) *Emergency services.* A licensee who uses telemedicine will refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of an emergency.

781.6(15) *Medical records.* A licensee who uses telemedicine will ensure that complete, accurate and timely medical records are maintained for the patient when appropriate, including all patient-related electronic communications, records of past care, physician associate-patient communications, laboratory and test results, evaluations and consultations, prescriptions, and instructions obtained or produced in connection with the use of telemedicine technologies. The licensee will note in the patient's record when telemedicine is used to provide diagnosis and treatment. The licensee will ensure that the patient or another licensee designated by the patient has timely access to all information obtained during the telemedicine encounter. The licensee will ensure that the patient receives, upon request, a summary of each telemedicine encounter in a timely manner.

781.6(16) *Privacy and security.* A licensee who uses telemedicine will ensure that all telemedicine encounters comply with the privacy and security measures of HIPAA to ensure that all patient communications and records are secure and remain confidential.

a. Written protocols will be established that address the following:

(1) Privacy;

(2) Health care personnel who will process messages;

(3) Hours of operation;

(4) Types of transactions that will be permitted electronically;

(5) Required patient information to be included in the communication, including patient name, identification number and type of transaction;

(6) Archiving and retrieval; and

(7) Quality oversight mechanisms.

b. The written protocols should be periodically evaluated for currency and should be maintained in an accessible and readily available manner for review. The written protocols will include sufficient privacy and security measures to ensure the confidentiality and integrity of patient-identifiable information, including password protection, encryption or other reliable authentication techniques.

781.6(17) *Technology and equipment.* Broad categories of telemedicine technologies currently exist, including asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services. While some telemedicine programs are multispecialty in nature, others are tailored to specific diseases and medical specialties. The technology and equipment utilized for telemedicine will comply with the following requirements:

a. The technology and equipment utilized in the provision of telemedicine services must comply with all relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities;

b. The technology and equipment utilized in the provision of telemedicine services must be of sufficient quality, size, resolution and clarity such that the licensee can safely and effectively provide the telemedicine services; and

c. The technology and equipment utilized in the provision of telemedicine services must be compliant with HIPAA.

781.6(18) *Disclosure and functionality of telemedicine services.* A licensee who uses telemedicine will ensure that the following information is clearly disclosed to the patient:

a. Types of services provided;

b. Contact information for the licensee;

c. Identity, licensure, certification, credentials, and qualifications of all health care providers who are providing the telemedicine services;

d. Limitations in the drugs and services that can be provided via telemedicine;

e. Fees for services, cost-sharing responsibilities, and how payment is to be made, if these differ from an in-person encounter;

f. Financial interests, other than fees charged, in any information, products, or services provided by the licensee(s);

g. Appropriate uses and limitations of the technologies, including in emergency situations;

h. Uses of and response times for emails, electronic messages and other communications transmitted via telemedicine technologies;

i. To whom patient health information may be disclosed and for what purpose;

j. Rights of patients with respect to patient health information; and

k. Information collected and passive tracking mechanisms utilized.

781.6(19) *Patient access and feedback.* A licensee who uses telemedicine will ensure that the patient has easy access to a mechanism for the following purposes:

a. To access, supplement and amend patient-provided personal health information;

b. To provide feedback regarding the quality of the telemedicine services provided; and

c. To register complaints. The mechanism will include information regarding the filing of complaints with the board.

781.6(20) *Financial interests.* Advertising or promotion of goods or products from which the licensee receives direct remuneration, benefit or incentives (other than the fees for the medical services) is prohibited to the extent that such activities are prohibited by state or federal law. Notwithstanding such prohibition, internet services may provide links to general health information sites to enhance education; however, the licensee should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of a preferred relationship with any pharmacy is prohibited. Licensees will not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from the pharmacy.

781.6(21) *Circumstances where the standard of care may not require a licensee to personally interview or examine a patient.* Under the following circumstances, whether or not such circumstances involve the use of telemedicine, a licensee may treat a patient who has not been personally interviewed, examined and diagnosed by the licensee:

a. Situations in which the licensee prescribes medications on a short-term basis for a new patient and has scheduled or is in the process of scheduling an appointment to personally examine the patient;

b. For institutional settings, including writing initial admission orders for a newly hospitalized patient;

c. Call situations in which a licensee is taking calls for another health care provider who has an established provider-patient relationship with the patient;

d. Cross-coverage situations in which a licensee is taking calls for another health care provider who has an established provider-patient relationship with the patient;

e. Emergency situations in which the life or health of the patient is in imminent danger;

f. Emergency situations that constitute an immediate threat to the public health including, but not limited to, empiric treatment or prophylaxis to prevent or control an infectious disease outbreak;

g. Situations in which the licensee has diagnosed a sexually transmitted disease in a patient and the licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention; and

h. For licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, hospice settings, and correctional facilities.

781.6(22) *Prescribing based solely on an internet request, internet questionnaire or a telephonic evaluation—prohibited.* Prescribing to a patient based solely on an internet request or internet questionnaire (i.e., a static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview) is prohibited. Absent a valid physician associate-patient relationship, a licensee's prescribing to a patient based solely on a telephonic evaluation is prohibited, with the exception of the circumstances described in subrule 781.9(21).

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These rules are intended to implement Iowa Code sections 147.10 and 147.107 and chapters 148C and 272C.

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2 April 22, 2015, effective date of ARC 1909C [327.4(2)] delayed until the adjournment of the 2016 General Assembly by the Administrative Rules Review Committee at a special meeting held April 20, 2015. At its meeting held February 5, 2016, the Committee extended the delay 70 days beyond the adjournment of the 2016 General Assembly.

CHAPTER 782
CONTINUING EDUCATION FOR PHYSICIAN ASSOCIATES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 328]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/3/29

481—782.1(148C) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of physician associates.

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"License" means license to practice.

"Licensee" means any person licensed to practice as a physician associate in the state of Iowa.

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481—782.2(148C) Continuing education requirements.

782.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on October 1 of each year and ending on September 30 two years later. Each biennium, each licensee will be required to complete a minimum of 100 hours of continuing education approved by the board. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 50 hours from the previous renewal period.

782.2(2) Requirements of new licensees. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. The new licensee will be required to complete a minimum of 100 hours of continuing education per biennium for each subsequent license renewal.

782.2(3) A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

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481—782.3(148C,272C) Standards.

782.3(1) *General criteria.* A continuing education activity is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program;

d. Fulfills stated program goals, objectives, or both; and

e. Provides an individual certificate of completion or evidence of successful completion of the course provided by the course sponsor. This documentation must contain the course title, date(s), contact hours, sponsor and licensee's name.

782.3(2) *Specific criteria.* Continuing education requirements are as follows:

a. The licensee will complete a minimum of 50 hours of credit designated as Category I by the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, the American Academy of Family Physicians or other organizations accredited by the Accreditation Council for Continuing Medical Education (ACCME).

b. For the remaining 50 hours of required continuing medical education (CME), Category I or Category II credit, as accepted by the National Commission on Certification of Physician Assistants (NCCPA), will satisfy the CME requirements. In case of audit, licensees will provide evidence of NCCPA certification during the time period being audited or an activity log for all Category II credits for which a certificate of completion is not available. The activity log will list for each activity the date and type of activity and number of hours claimed per activity.

c. Licensees who maintain certification by the NCCPA may show proof of meeting the board's CME requirements by providing proof of current certification by the NCCPA for the time period being reviewed or audited.

d. A licensee who has prescribed opioids to a patient during the renewal cycle will complete a minimum of two hours of continuing education regarding the guidelines for prescribing opioids for chronic pain, as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal. These hours may count toward the 100 hours of continuing education required for license renewal. The licensee will maintain documentation of these hours, which may be subject to audit.

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These rules are intended to implement Iowa Code section 272C.2 and chapter 148C.

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CHAPTER 783
DISCIPLINE FOR PHYSICIAN ASSOCIATES

[Prior to 8/7/02, see 645—325.11(148C,272C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 329]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/3/29

481—783.1(148C) Definitions.

"Board" means the board of physician associates.

"Discipline" means any sanction the board may impose upon licensees.

"Licensee" means a person licensed to practice as a physician associate in Iowa.

[**ARC 8040C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—783.2(147,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

783.2(1) Professional incompetency. Professional incompetency includes but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physician associates in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average physician associate acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of a physician associate in this state.

e. Inability to practice with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition.

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

783.2(2) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

783.2(3) Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes but is not limited to an action by a licensee in making information or intention known to the public that is false, deceptive, misleading or promoted through fraud or misrepresentation.

783.2(4) Representing oneself as a physician associate when one's license has been suspended or revoked, or when one's license is on inactive status, except as provided by rule 481—780.15(148C).

783.2(5) Failure to comply with universal precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

783.2(6) The performance of a medical function without approved supervision, if supervision is required pursuant to rules 481—780.7(148C) and 481—780.8(148C), except in cases requiring performance of evaluation and treatment procedures essential to providing an appropriate response to an emergency situation.

783.2(7) Prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent licensee.

[**ARC 8040C**, IAB 5/29/24, effective 7/3/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 147, 148C and 272C.

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CHAPTER 784
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 330]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—784.1(17A,272C) Board of physician associates adoption of uniform and model rules. The board hereby adopts by reference the following:

784.1(1) to **784.1(9)** Reserved.

784.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

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CHAPTERS 785 to 799
Reserved

BOARD OF PHYSICAL AND OCCUPATIONAL THERAPY

CHAPTER 800
LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

[Prior to 3/6/02, see 645—200.3(147) to 645—200.8(147), 645—200.11(272C), and 645—202.3(147) to 645—202.7(147)]
[Prior to 12/24/03, see 645—ch 201]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 200]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—800.1(147) Definitions. For purposes of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Assistive personnel" means any person who carries out physical therapy and is not licensed as a physical therapist or physical therapist assistant. This definition does not include students as defined in Iowa Code section 148A.3(2).

"Board" means the board of physical and occupational therapy.

"Department" means the department of inspections, appeals, and licensing.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Impairment" means a mechanical, physiological or developmental loss or abnormality, a functional limitation, or a disability or other health- or movement-related condition.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as a physical therapist or physical therapist assistant in the state of Iowa.

"License expiration date" means the fifteenth day of the birth month every two years after initial licensure.

"Licensure by endorsement" means the issuance of an Iowa license to practice physical therapy to an applicant who is or has been licensed in another state.

"Mandatory reporter training" means the training on identifying and reporting child abuse or dependent adult abuse as required in Iowa Code sections 232.69 and 235B.16.

"On site" means:

1. To be continuously on site and present in the department or facility where assistive personnel are performing services;
2. To be immediately available to assist the person being supervised in the services being performed; and
3. To provide continued direction of appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.

"Physical therapist" means a person licensed under this chapter to practice physical therapy.

"Physical therapist assistant" means a person licensed under this chapter to assist in the practice of physical therapy.

"Physical therapy" means the same as defined in Iowa Code section 148A.1, including:

1. Evaluation of individuals with impairments in order to determine a diagnosis, prognosis, and plan of therapeutic treatment and intervention, and to assess the ongoing effects of treatment and intervention;
2. Use of the effective properties of physical agents and modalities, including but not limited to mechanical and electrotherapeutic devices, heat, cold, air, light, water, electricity, and sound, to prevent, correct, minimize, or alleviate an impairment;
3. Use of therapeutic exercises to prevent, correct, minimize, or alleviate an impairment;
4. Use of rehabilitative procedures to prevent, correct, minimize, or alleviate an impairment, including but not limited to the following procedures:

- Manual therapy, including soft-tissue and joint mobilization and manipulation;

- Therapeutic massage;
- Dry needling;
- Prescription, application, and fabrication of assistive, adaptive, orthotic, prosthetic, and supportive devices and equipment;
- Airway clearance techniques;
- Integumentary protection and repair techniques; and
- Debridement and wound care;

5. Interpretation of performances, tests, and measurements;
6. The establishment and modification of physical therapy programs;
7. The establishment and modification of treatment planning;
8. The establishment and modification of consultive services;
9. The establishment and modification of instructions to the patient, including but not limited to functional training relating to movement and mobility; and
10. Participation, administration, and supervision attendant to physical therapy and educational programs and facilities.

"PT" means physical therapist.

"PTA" means physical therapist assistant.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—800.7(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice physical therapy to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of physical and occupational therapy to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C). Once the license is reinstated, the licensee may apply for active status.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.2(147) Initial licensure.

800.2(1) The applicant shall submit a complete online application and pay the nonrefundable fee specified in rule 481—507.13(147,148A).

800.2(2) If the application is not completed according to the instructions, the application will not be reviewed by the board.

800.2(3) Submit official copies of academic transcripts directly from the school to the board. An applicant shall demonstrate successful completion of a physical therapy education program accredited by a national accreditation agency approved by the board. No application will be considered by the board until official copies of academic transcripts have been received.

800.2(4) Submit a completed fingerprint card and a signed waiver form to facilitate a national criminal history background check by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI). The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

800.2(5) Have the testing service send the examination score directly to the board.

800.2(6) Provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

a. Licensee's name;
b. Date of initial licensure;
c. Current licensure status; and
d. Any disciplinary action taken against the license.

800.2(7) A physical therapist or physical therapist assistant applicant who holds a license in another state shall have completed one of the following:

a. Completed board-approved continuing education during the immediately preceding two-year period: 40 hours required for the physical therapist license holder and 20 hours required for a physical therapist assistant license holder; or

b. Practiced for a minimum of 2,080 hours during the immediately preceding two-year period; or

c. Served the equivalent of one year as a full-time faculty member teaching in an accredited school of physical therapy for at least one of the immediately preceding two years; or

d. Successfully passed the examination within a period of two years from the date of examination to the time application is completed for licensure.

800.2(8) Submitting complete application materials. An application for a physical therapist or physical therapist assistant license will be considered active for two years from the date the application is received. If the applicant does not submit all materials within this time period or if the applicant does not meet the requirements for the license, the application shall be considered incomplete. An applicant whose application is filed incomplete must submit a new application, supporting materials, and the application fee. The board shall destroy incomplete applications after two years.

800.2(9) A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.3(147) Physical therapy compact. The rules of the Physical Therapy Compact Commission are incorporated by reference. A physical therapist or physical therapist assistant may engage in the practice of physical therapy in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the Physical Therapy Compact Commission. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the Physical Therapy Compact Commission. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active duty military member or spouse of an individual who is an active duty military member. A physical therapist or physical therapist assistant who practices physical therapy in Iowa using a compact privilege is subject to the rules governing licensees in rule 481—801.4(147) and in 481—Chapters 801 and 802. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A and 272C; 2018 Iowa Acts, House File 2425; and the rules in 481—Chapters 503, 504, and 506.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.4(147) Examination requirements for physical therapists and physical therapist assistants. The following criteria shall apply to the written examination(s):

800.4(1) Evidence of having passed the National Physical Therapy Examination (NPTE) or other nationally recognized equivalent examination as defined by the board.

800.4(2) The applicant shall abide by the following criteria:

a. For examinations taken prior to July 1, 1994, satisfactory completion shall be defined as receiving an overall examination score exceeding 1.5 standard deviations below the national average.

b. For examinations completed after July 1, 1994, satisfactory completion shall be defined as receiving an overall examination score equal to or greater than the criterion-referenced passing point recommended by the Federation of State Boards of Physical Therapy.

800.4(3) The Federation of State Boards of Physical Therapy (FSBPT) determines the total number of times an applicant may take the examination in a lifetime. The board will not approve an applicant for testing when the applicant has exhausted the applicant's lifetime opportunities for taking the examination, as determined by FSBPT.

800.4(4) Special accommodations. To eliminate discrimination and guarantee fairness under Title II of the Americans with Disabilities Act (ADA), an individual who has a qualifying disability may request an examination accommodation. The applicant must submit appropriate documentation to FSBPT.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.5(147) Educational qualifications.

800.5(1) The applicant must present proof of meeting the following requirements for licensure as a physical therapist or physical therapist assistant:

a. Educational requirements—physical therapists. Physical therapists shall graduate from a physical therapy program accredited by a national accreditation agency approved by the board.

b. Educational requirements—physical therapist assistants. Physical therapist assistants shall graduate from a PTA program accredited by a national accreditation agency approved by the board.

800.5(2) Foreign-trained applicants.

a. Foreign-trained applicants who do not hold a license in another state or U.S. territory shall:

(1) Submit an English translation and an equivalency evaluation of their educational credentials through the following organization: Foreign Credentialing Commission on Physical Therapy, Inc., 124 West Street South, Third Floor, Alexandria, VA 22314; telephone 703.684.8406; website www.fccpt.org. The credentials of a foreign-educated physical therapist or foreign-educated physical therapist assistant licensure applicant who does not hold a license in another state or territory of the United States and is applying for licensure by taking the examination should be evaluated using the most current version of the FSBPT Coursework Tool (CWT). The professional curriculum must be equivalent to the Commission on Accreditation in Physical Therapy Education standards. An applicant shall bear the expense of the curriculum evaluation.

(2) Submit certified proof of proficiency in the English language by achieving on the Test of English as a Foreign Language Internet-based test (TOEFL iBT test) a total score of at least 89 as well as accompanying minimum scores in the four test components as follows: 24 in writing; 26 in speaking; 21 in reading; and 18 in listening. This test is administered by Educational Testing Services, Inc., P.O. Box 6157, Princeton, NJ 08541-6157. An applicant shall bear the expense of the TOEFL iBT test. Applicants may be exempt from the TOEFL iBT test when physical therapy education was completed in a school where the language of instruction in physical therapy was English, the language of the textbooks was English, and the applicant's transcript was in English.

b. Foreign-trained applicants who hold a license in another state or U.S. territory may apply for licensure by endorsement.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.6(147) License renewal.

800.6(1) The biennial license renewal period for a license to practice as a physical therapist or physical therapist assistant shall begin on the sixteenth day of the birth month and end on the fifteenth day of the birth month two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

800.6(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal two years later.

800.6(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—803.2(148A) and the mandatory reporting requirements of subrule 800.6(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

800.6(4) Mandatory reporter training requirements.

a. A licensee who is required by Iowa Code section 232.69 to report child abuse shall indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph *"e."*

b. A licensee who is required by Iowa Code section 235B.3 or 235E.2 to report dependent adult abuse shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph *"e."*

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

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs *"a"* to *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 500.

f. The board may select licensees for audit of compliance with the requirements in paragraphs *"a"* to *"e."*

800.6(5) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

800.6(6) Persons licensed to practice as physical therapists or physical therapist assistants shall keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

800.6(7) Late renewal. The license shall become a late license when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.13(4). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

800.6(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a physical therapist or a physical therapist assistant in Iowa until the license is reactivated. A licensee who practices as a physical therapist or a physical therapist assistant in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.7(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

800.7(1) Submit a reactivation application on a form provided by the board.

800.7(2) Pay the reactivation fee that is due as specified in subrule 507.13(5).

800.7(3) Provide verification of current competence to practice physical therapy by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 20 hours of continuing education for a physical therapist assistant and 40 hours of continuing education for a physical therapist within two years of application for

reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 40 hours of continuing education for a physical therapist assistant and 80 hours of continuing education for a physical therapist within two years of application for reactivation; verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation.

[**ARC 7978C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—800.8(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—800.7(17A,147,272C) prior to practicing physical therapy in this state.

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◊ Two or more ARCs

CHAPTER 801
PRACTICE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 201]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—801.1(148A,272C) Code of ethics for physical therapists and physical therapist assistants.

801.1(1) Physical therapy. The practice of physical therapy shall minimally consist of:

a. Interpreting all referrals;

b. Evaluating each patient;

c. Identifying and documenting individual patient's problems and goals;

d. Establishing and documenting a plan of care;

e. Providing appropriate treatment;

f. Determining the appropriate portions of the treatment program to be delegated to assistive personnel;

g. Appropriately supervising individuals as described in rule 481—801.4(272C);

h. Providing timely patient reevaluation;

i. Maintaining timely and adequate patient records of all physical therapy activity and patient responses consistent with the standards found in rule 481—801.2(147).

801.1(2) A physical therapist shall:

a. Not practice outside the scope of the license;

b. Inform a referring practitioner when any requested treatment procedure is inadvisable or contraindicated and shall refuse to carry out such orders;

c. Not continue treatment beyond the point of possible benefit to the patient or treat a patient more frequently than necessary to obtain maximum therapeutic effect;

d. Not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, rebating, or refunding of an unearned fee;

e. Not profit by means of credit or other valuable consideration as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services;

f. Not obtain third-party payment through fraudulent means. Third-party payers include, but are not limited to, insurance companies and government reimbursement programs. Obtaining payment through fraudulent means includes but is not limited to:

(1) Reporting incorrect treatment dates for the purpose of obtaining payment;

(2) Reporting charges for services not rendered;

(3) Incorrectly reporting services rendered for the purpose of obtaining payment that is greater than that to which the licensee is entitled; or

(4) Aiding a patient in fraudulently obtaining payment from a third-party payer;

g. Not exercise undue influence on patients to purchase equipment, products, or supplies from a company in which the physical therapist owns stock or has any other direct or indirect financial interest;

h. Not permit another person to use the therapist's license for any purpose;

i. Not verbally or physically abuse a patient or client;

j. Not engage in sexual misconduct. Sexual misconduct includes the following:

(1) Engaging in or soliciting a sexual relationship, whether consensual or nonconsensual, with a patient or client;

(2) Making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with a patient or client;

k. Adequately supervise personnel in accordance with the standards for supervision found in rule 481—801.4(272C);

l. Assist in identifying a professionally qualified licensed practitioner to perform the service, in the event that the physical therapist does not possess the skill to evaluate a patient, plan the treatment program, or carry out the treatment.

801.1(3) Physical therapist assistants. A physical therapist assistant shall:

a. Not practice outside the scope of the license;

b. Not obtain third-party payment through fraudulent means. Third-party payers include but are not limited to insurance companies and government reimbursement programs. Obtaining payment through fraudulent means includes but is not limited to:

(1) Reporting incorrect treatment dates for the purpose of obtaining payment;

(2) Reporting charges for services not rendered;

(3) Incorrectly reporting services rendered for the purpose of obtaining payment that is greater than that to which the licensee is entitled; or

(4) Aiding a patient in fraudulently obtaining payment from a third-party payer;

c. Not exercise undue influence on patients to purchase equipment, products, or supplies from a company in which the physical therapist assistant owns stock or has any other direct or indirect financial interest;

d. Not permit another person to use the physical therapist's or physical therapist assistant's license for any purpose;

e. Not verbally or physically abuse a patient or client;

f. Not engage in sexual misconduct. Sexual misconduct includes the following:

(1) Engaging in or soliciting a sexual relationship, whether consensual or nonconsensual, with a patient or client; and

(2) Making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with a patient or client;

g. Work only when supervised by a physical therapist and in accordance with rule 481—801.4(272C). If the available supervision does not meet the standards in rule 481—801.4(272C), the physical therapist assistant shall refuse to administer treatment;

h. Inform the delegating physical therapist when the physical therapist assistant does not possess the skills or knowledge to perform the delegated tasks, and refuse to perform the delegated tasks;

i. Sign the physical therapy treatment record to indicate that the physical therapy services were provided in accordance with the rules and regulations for practicing as a physical therapist or physical therapist assistant.

[**ARC 7979C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—801.2(147) Recordkeeping.

801.2(1) A licensee shall maintain sufficient, timely, and accurate documentation in patient records. A licensee's records shall reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

801.2(2) A licensee who provides clinical services shall store records in accordance with state and federal statutes and regulations governing record retention and with the guidelines of the licensee's employer or agency, if applicable. If no other legal provisions govern record retention, a licensee shall store all patient records for a minimum of five years after the date of the patient's discharge, or, in the case of a minor, three years after the patient reaches the age of majority under state law or five years after the date of discharge, whichever is longer.

801.2(3) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, the licensee shall ensure that a duplicate hard-copy record or a backup, unalterable electronic record is maintained.

801.2(4) Correction of records.

a. Hard-copy records. Notations shall be legible, written in ink, and contain no erasures or whiteouts. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by the licensee.

b. Electronic records. If a record is stored in an electronic format, the record may be amended with a signed addendum attached to the record.

801.2(5) Confidentiality and transfer of records. Physical therapists and physical therapist assistants shall preserve the confidentiality of patient records. Upon receipt of a written release or authorization signed by the patient, the licensee shall furnish such physical therapy records, or copies of the records, as

will be beneficial for the future treatment of that patient. A fee may be charged for duplication of records, but a licensee may not refuse to transfer records for nonpayment of any fees. A written request may be required before transferring the record(s).

801.2(6) Retirement or discontinuance of practice. If a licensee is the owner of a practice, the licensee shall notify in writing all active patients and shall make reasonable arrangements with those patients to transfer patient records, or copies of those records, to the succeeding licensee upon knowledge and agreement of the patient.

801.2(7) Nothing stated in these rules shall prohibit a licensee from conveying or transferring the licensee's patient records to another licensed individual who is assuming a practice, provided that written notice is furnished to all patients.

[**ARC 7979C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—801.3(147) Telehealth visits. A licensee may provide physical therapy services to a patient utilizing a telehealth visit if the physical therapy services are provided in accordance with all requirements of this chapter.

801.3(1) "Telehealth visit" means the provision of physical therapy services by a licensee to a patient using technology where the licensee and the patient are not at the same physical location for the physical therapy session.

801.3(2) A licensee engaged in a telehealth visit shall utilize technology that is secure and HIPAA-compliant pursuant to the Health Insurance Portability and Accountability Act of 1996, PL 104–191, August 21, 1996, 110 Stat. 1936, and any amendments as of December 8, 2023, and that includes, at a minimum, audio or video equipment or both, that allows two-way real-time interactive communication between the licensee and the patient. A licensee may use non-real-time technologies to prepare for a physical therapy session or to communicate with a patient between physical therapy sessions.

801.3(3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person physical therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular physical therapy services cannot be met using technology.

801.3(4) Any physical therapist or physical therapist assistant who provides a physical therapy telehealth visit to a patient located in Iowa shall be licensed in Iowa or have a compact privilege issued by the physical therapy compact commission.

801.3(5) Prior to the first telehealth visit, a licensee shall obtain informed consent from the patient specific to the physical therapy services that will be provided in a telehealth visit. At a minimum, the informed consent shall specifically inform the patient of the following:

a. The risks and limitations of the use of technology to provide physical therapy services;

b. The potential for unauthorized access to protected health information; and

c. The potential for disruption of technology during a telehealth visit.

801.3(6) A licensee shall only provide physical therapy services using a telehealth visit in the areas of competence wherein proficiency in providing the particular service using technology has been gained through education, training, and experience.

801.3(7) A licensee shall identify in the clinical record when physical therapy services are provided utilizing a telehealth visit.

[**ARC 7979C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—801.4(147) Delegation by a supervising physical therapist. A supervising physical therapist may delegate the performance of physical therapy services to a physical therapist assistant only if done in accordance with the statutes and rules governing the practice of physical therapy. A physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist. The supervisory requirements stated in this rule are minimal. It is the professional responsibility and duty of the supervising physical therapist to provide the physical therapist assistant with more supervision if deemed necessary in the supervising physical therapist's professional judgment.

801.4(1) *Supervision requirements.* A supervising physical therapist who delegates the performance of physical therapy services to a physical therapist assistant shall provide supervision to the physical therapist assistant at all times when the physical therapist assistant is providing delegated physical therapy

services. Supervision means that the physical therapist shall be readily available on site or telephonically any time the physical therapist assistant is providing physical therapy services so that the physical therapist assistant may contact the physical therapist for advice, assistance, or instruction.

801.4(2) *Functions that cannot be delegated.* The following are functions that only a physical therapist may provide and that cannot be delegated to a physical therapist assistant:

a. Interpretation of referrals;

b. Initial physical therapy evaluation and reevaluations;

c. Identification, determination, or modification of patient problems, goals, and plans of care;

d. Final discharge evaluation and establishment of a discharge plan;

e. Delegation of and instruction in the physical therapy services to be rendered by a physical therapist assistant or unlicensed assistive personnel, including but not limited to specific tasks or procedures, precautions, special problems, and contraindicated procedures; and

f. Timely review of documentation, reexamination of the patient, and revision of the plan of care when indicated.

801.4(3) *Physical therapist responsibilities.* At all times, the supervising physical therapist shall be responsible for the physical therapy plan of care and for all physical therapy services provided, including all physical therapy services delegated to a physical therapist assistant. In addition, the supervising physical therapist shall:

a. Be responsible for the evaluation and development of a plan of care for use by the physical therapist assistant; and

b. Not delegate a physical therapy service that exceeds the competency or skill set of the physical therapist assistant; and

c. Ensure that a physical therapist assistant holds an active physical therapist assistant license issued by the board or a compact privilege; and

d. Ensure that a physical therapist assistant is aware of how the supervising physical therapist can be contacted telephonically or by virtual means when the physical therapist is not providing on-site supervision; and

e. Arrange for an alternate physical therapist to provide supervision when the physical therapist has scheduled or unscheduled absences during time periods in which a physical therapist assistant will be providing delegated physical therapy services; and

f. Ensure that a physical therapist assistant is informed when a patient's plan of care is transferred to a different supervising physical therapist; and

g. Directly participate in physical therapy services upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's medical status; and

h. Hold regularly scheduled meetings with the physical therapist assistant to evaluate the physical therapist assistant's performance, assess the progress of a patient, and make changes to the plan of care as needed. The frequency of meetings should be determined by the supervising physical therapist based on the needs of the patient, the supervisory needs of the physical therapist assistant, and any planned discharge. The supervising physical therapist shall provide direction and instruction to the physical therapist assistant that are adequate to ensure the safety and welfare of the patient.

801.4(4) *Physical therapist assistant responsibilities.* A physical therapist assistant shall only provide physical therapy services under the supervision of a physical therapist. In addition, the physical therapist assistant shall:

a. Only provide physical therapy services that have been delegated by the supervising physical therapist; and

b. Only provide physical therapy services that are within the competency and skill set of the physical therapist assistant; and

c. Consult the supervising physical therapist if the physical therapist assistant believes that any procedure is not in the best interest of the patient; and

d. Contact the supervising physical therapist regarding any change or lack of change in a patient's condition that may require assessment by the supervising physical therapist; and

e. Refer inquiries that require interpretation to the supervising physical therapist; and

f. Ensure that the identification of the supervising physical therapist is included in the documentation for any visit when physical therapy services were provided by the physical therapist assistant; and

g. Only sign a treatment record if the provision of physical therapy services was done in accordance with the statutes and rules governing the practice of a physical therapist assistant.

801.4(5) *Ratio.* A physical therapist shall determine the number of physical therapist assistants who can be supervised safely and competently and shall not exceed that number; but in no case shall a physical therapist supervise more than four physical therapist assistants per calendar day. A physical therapist assistant who performs any delegated physical therapy services on behalf of the supervising physical therapist on a particular day shall be counted in determining the maximum ratio, regardless of the location of the physical therapist assistant or the number of patients treated.

801.4(6) *Minimum frequency of direct participation by a supervising physical therapist.* A supervising physical therapist shall use professional judgment to determine how frequently the physical therapist needs to directly participate in physical therapy services when delegating to a physical therapist assistant, the frequency of which shall be based on the needs of the patient. Direct participation can occur through an in-person or telehealth visit. The supervising physical therapist shall ensure that the patient record clearly indicates which visits included direct participation by the supervising physical therapist. The following are the minimum standards, which are expected to be exceeded when dictated by the supervising physical therapist's professional judgment, for the required frequency of direct participation by the supervising physical therapist when physical therapy services involve delegation to a physical therapist assistant:

a. Hospital inpatient and skilled nursing. For hospital inpatients and skilled nursing patients, a supervising physical therapist must directly participate in physical therapy services a minimum of once per calendar week. A calendar week is defined as Sunday through Saturday.

b. All other settings. In all other settings, a supervising physical therapist must directly participate in the provision of physical therapy services at least every eighth visit or every 30 calendar days, whichever comes first.

801.4(7) *Unlicensed assistive personnel.* A physical therapist is responsible for patient care provided by unlicensed assistive personnel under the physical therapist's supervision. A physical therapist is responsible for ensuring the qualifications of any unlicensed assistive personnel and shall maintain written documentation of their education or training. Unlicensed assistive personnel may assist a physical therapist assistant in the delivery of physical therapy services only if the physical therapist assistant maintains in-sight supervision of the unlicensed assistive personnel and the physical therapist assistant is primarily and significantly involved in the patient's care. Unlicensed assistive personnel shall not provide independent patient care unless each of the following standards is satisfied:

a. The physical therapist has direct participation in the patient's treatment or evaluation, or both, each treatment day;

b. Unlicensed assistive personnel may provide independent patient care only while under the on-site supervision of the physical therapist;

c. Documentation made in a physical therapy record by unlicensed assistive personnel shall be cosigned by the physical therapist; and

d. The physical therapist provides periodic reevaluation of any unlicensed assistive personnel's performance in relation to the patient.

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These rules are intended to implement Iowa Code chapters 147, 148A and 272C.

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CHAPTER 802
DISCIPLINE FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

[Prior to 3/6/02, see 645—200.10(272C) and 645—202.8(272C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 202]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—802.1(148A) Definitions.

"Board" means the board of physical and occupational therapy.

"Discipline" means any sanction the board may impose upon licensees.

"Licensee" means a person licensed to practice in Iowa pursuant to Iowa Code chapter 148A and 481—Chapters 800 through 808.

[**ARC 7980C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—802.2(272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in 481—Chapter 504 when the board determines that any of the acts or offenses listed in such rule or in Iowa Code section 147.55 have occurred:

802.2(1) Professional incompetency. Professional incompetency includes but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physical therapists or physical therapist assistants in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average physical therapist or physical therapist assistant acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of the licensed physical therapist or licensed physical therapist assistant in this state.

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

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

802.2(2) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of physical therapy or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

802.2(3) Violation of a regulation, rule or law of this state, another state, or the United States that relates to the practice of physical therapy, including but not limited to the code of ethics found in rule 481—801.1(148A,272C).

802.2(4) Failure of a licensee or an applicant for licensure in this state to report any voluntary agreements restricting the individual's practice of physical therapy in another state, district, territory or country.

802.2(5) Knowingly aiding, assisting or advising a person to unlawfully practice physical therapy.

802.2(6) Representing oneself as a licensed physical therapist or physical therapist assistant when one's license has been suspended or revoked, or when the license is on inactive status.

[**ARC 7980C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 148A and 272C.

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CHAPTER 803
CONTINUING EDUCATION FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 203]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—803.1(272C) Definitions. For the purpose of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Audit" means the selection of licensees for verification of continuing education requirements.

"Board" means the board of physical and occupational therapy.

"Continuing education" means the same as defined in Iowa Code section 272C.1.

"Hour of continuing education" means at least 50 minutes spent by a licensee completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a subject/program/activity that a person pursues autonomously and that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a physical therapist or physical therapist assistant in the state of Iowa.

[**ARC 7981C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—803.2(148A) Continuing education requirements.

803.2(1) The biennial continuing education compliance period shall extend for a two-year period that begins on the sixteenth day of the birth month and ends two years later on the fifteenth day of the birth month.

a. Requirements for physical therapist licensees. Each biennium, each person who is licensed to practice as a physical therapist in this state will be required to complete a minimum of 40 hours of continuing education approved by the board.

b. Requirements for physical therapist assistant licensees. Each biennium, each person who is licensed to practice as a physical therapist assistant in this state will be required to complete a minimum of 20 hours of continuing education approved by the board.

803.2(2) Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 40 hours of continuing education per biennium for physical therapists and a minimum of 20 hours for physical therapist assistants each subsequent license renewal.

803.2(3) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Physical therapist licensees may apply a maximum of 20 hours from the previous renewal period. Physical therapist assistant licensees may apply a maximum of ten hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[**ARC 7981C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 9398C**, IAB 7/9/25, effective 8/13/25]

481—803.3(148A,272C) Standards.

803.3(1) *General criteria.* Appropriate continuing education activity for purposes of license renewal will support each of the following:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

803.3(2) *Specific criteria.*

a. Licensees may obtain continuing education hours of credit by:

(1) Attending workshops, conferences, or symposiums.

(2) Accessing online training, such as viewing interactive conferences, attending webinars, or completing online training courses.

(3) Completing an American Physical Therapy Association-approved postprofessional clinical residency or fellowship. A licensee will receive 1 hour of credit for every 2 hours spent in clinical residency, up to a maximum of 20 hours. Clinical residency hours may not be used for credit if the licensee is also seeking credit hours earned for postprofessional academic coursework in the same renewal period.

(4) Directly supervising students for clinical education if the students being supervised are from an accredited physical therapist or physical therapist assistant program and are participating in a full-time clinical experience (defined as approximately 40 hours per week, ranging from 1 to 18 weeks). One hour will be awarded for every 160 contact hours of supervision. A maximum of 8 hours for a physical therapist and 4 hours for a physical therapist assistant may be awarded per biennium. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student.

(5) Presenting professional programs that meet the criteria listed in this rule. Two hours of credit will be awarded for each hour of presentation for the first offering of the course. A course schedule or brochure must be maintained for audit.

(6) Completing academic courses that directly relate to the professional competency of the licensee. Official transcripts indicating successful completion of academic courses that apply to the field of physical therapy will be necessary in order for the licensee to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

(7) Teaching in an approved college, university, or graduate school. The licensee may receive the following continuing education credits on a one-time basis for the first offering of a course:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

(8) Authoring research or other activities, the results of which are published in a recognized professional publication. The licensee shall receive five hours of credit per page.

(9) Participating in professional organizations related to the practice of physical therapy, with one credit hour received for each six months of active service as an officer, delegate, or committee member, for a maximum of four hours of credit per biennium. Verification of participation must be provided by the professional organization to document the continuing education credit.

b. Continuing education hours of credit in the following topics are not considered to be directly and primarily related to the clinical application of physical therapy and therefore must not exceed a maximum combined total of ten hours of credit for a physical therapist licensee and five hours of credit for a physical therapist assistant licensee:

(1) Business-related topics, such as marketing, time management, government regulations, and other like topics.

(2) Personal skills topics, such as career burnout, communication skills, human relations, and other like topics.

(3) General health topics, such as clinical research, CPR, mandatory reporter training, and other like topics.

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These rules are intended to implement Iowa Code section 272C.2 and chapter 148A.

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◊ Two or more ARCs

CHAPTER 804
LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

[Prior to 3/6/02, see 645—201.3(147,148B,272C) to 645—201.7(147) and 645—201.9(272C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 206]

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481—804.1(147) Definitions. For purposes of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Board" means the board of physical and occupational therapy.

"DCI" means the Iowa division of criminal investigation.

"Department" means the department of inspections, appeals, and licensing.

"Endorsement" means the issuance of an Iowa license to practice occupational therapy to an applicant who is currently licensed in another state who has the same or similar qualifications to those required in Iowa.

"FBI" means the Federal Bureau of Investigation.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Licensee" means any person licensed to practice as an occupational therapist or occupational therapy assistant in the state of Iowa.

"License expiration date" means the fifteenth day of the birth month every two years after initial licensure.

"Licensure by endorsement" means the issuance of an Iowa license to practice occupational therapy to an applicant who is or has been licensed in another state.

"Licensure examination" means the examination administered by the National Board for Certification in Occupational Therapy.

"Mandatory training" means training on identifying and reporting child abuse or dependent adult abuse as required in Iowa Code sections 232.69 and 235B.16.

"NBCOT" means the National Board for Certification in Occupational Therapy.

"Occupational therapist" means a person licensed under this chapter to practice occupational therapy.

"Occupational therapy assistant" means a person licensed under this chapter to assist in the practice of occupational therapy.

"Occupational therapy practice" means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:

1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:

- Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement) and values, beliefs, and spirituality.

- Habits, routines, roles, rituals, and behavior patterns.
- Physical and social environments; cultural, personal, temporal and virtual contexts; and activity demands that affect performance.
- Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.

2. Methods or approaches selected to direct the process of interventions, including:

- Establishment of a skill or ability that has not yet developed or remediation or restoration of a skill or ability that is impaired or is in decline.
- Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.
- Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
- Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
- Prevention of barriers to performance and participation, including injury and disability prevention.

3. Interventions and procedures to promote or enhance safety and performance in ADL, IADL, rest and sleep, education, work, play, leisure, and social participation, including:

- Therapeutic use of occupations, exercises, and activities.
- Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
- Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
- Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
- Education and training of individuals, including family members, caregivers, groups, populations, and others.
- Care coordination, case management, and transition services.
- Consultative services to groups, programs, organizations, or communities.
- Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
- Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
- Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
- Low vision rehabilitation.
- Driver rehabilitation and community mobility.
- Management of feeding, eating, and swallowing to enable eating and feeding performance.
- Application of physical agent modalities and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills.
- Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

"Occupational therapy screening" means a brief process that is directed by an occupational therapist in order for the occupational therapist to render a decision as to whether the individual warrants further, in-depth evaluation and that includes:

1. Assessment of the medical and social history of an individual;
2. Observations related by that individual's caregivers; or
3. Observations or nonstandardized tests, or both, administered to an individual by the occupational therapist or an occupational therapy assistant under the direction of the occupational therapist.

Nothing in this definition shall be construed to prohibit licensed occupational therapists and occupational therapy assistants who work in preschools or school settings from providing short-term

interventions to children prior to an evaluation, not to exceed 16 sessions per concern per school year, in accordance with state and federal educational policy.

"On site" means:

1. To be continuously on site and present in the department or facility where the assistive personnel are performing services;

2. To be immediately available to assist the person being supervised in the services being performed; and

3. To provide continued direction of appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.

"OT" means occupational therapist.

"OTA" means occupational therapy assistant.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—804.8(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice occupational therapy to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of physical and occupational therapy to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C). Once the license is reinstated, the licensee may apply for active status.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.2(147) Initial licensure. The following criteria shall apply to licensure. The applicant shall:

804.2(1) Submit a complete online application and pay the nonrefundable fee specified in rule 481—507.11(147,148B).

804.2(2) Submit an official copy of academic transcripts directly from the school to the board. No application will be considered by the board until official copies of academic transcripts have been received.

804.2(3) Submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check by the DCI and the FBI. The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

804.2(4) Direct the examination service to submit examination scores directly to the board.

804.2(5) Provide verification of license(s) from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if it provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

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481—804.3(147) Licensure by endorsement. An occupational therapist or occupational therapy assistant applicant who holds a license in another state shall complete requirements in rule 481—804.2(147) and have completed one of the following:

804.3(1) Completed board-approved continuing education during the immediately preceding two-year period: 30 hours for an occupational therapist and 15 hours for an occupational therapy assistant; or

804.3(2) Practiced for a minimum of 2,080 hours during the immediately preceding two-year period; or

804.3(3) Served the equivalent of one year as a full-time faculty member teaching in an accredited school of occupational therapy for at least one of the immediately preceding two years; or

804.3(4) Successfully passing the examination within a period of two years from the date of examination to the time application is completed for licensure.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—804.4(147E) Occupational therapy licensure compact. The rules of the occupational therapy compact commission are incorporated by reference. An occupational therapist or occupational therapist assistant may engage in the practice of occupational therapy in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the occupational therapy compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the occupational therapy compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active duty military member or spouse of an individual who is an active duty military member. An occupational therapist or occupational therapist assistant who practices occupational therapy in Iowa using a compact privilege is subject to the rules governing licensees in this chapter and in 481—Chapters 806 and 807. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A and 272C; Iowa Code section 147E.1; and 481—Chapters 503, 504, and 506.

This rule is intended to implement Iowa Code section 147E.1.

[**ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.5(147) Limited permit to practice pending licensure. A limited permit holder who is applying for licensure in Iowa by taking the licensure examination for the first time and has never been licensed as an occupational therapist or occupational therapy assistant in any state, the District of Columbia, or another country must have completed the educational and experience requirements for licensure as an occupational therapist or occupational therapy assistant. The limited permit holder shall:

1. Make arrangements to take the examination and have the official results of the examination sent directly from the examination service to the board;
2. Apply for licensure on forms provided by the board. The applicant must include on the application form the name of the Iowa-licensed occupational therapist(s) who will provide supervision of the limited permit holder until the limited permit holder is licensed;
3. Practice only under the supervision of an Iowa-licensed OT for a period not to exceed six months from the date the application was received in the board office;
4. Submit to the board the name of the OT providing supervision within seven days after a change in supervision occurs; and
5. If the applicant fails the national examination, cease practicing immediately.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.6(147) Examination requirements. The following criteria shall apply to the written examination(s):

804.6(1) The applicant for licensure as an occupational therapist shall have received a passing score on the licensure examination for occupational therapists. It is the responsibility of the applicant to make arrangements to take the examination and have the official results submitted directly from the examination service to the board of physical and occupational therapy.

804.6(2) The applicant for licensure as an occupational therapy assistant shall have received a passing score on the licensure examination for occupational therapy assistants. It is the responsibility of the applicant to make arrangements to take the examination and have the official results submitted directly from the examination service to the board of physical and occupational therapy.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.7(147) Educational qualifications.

804.7(1) The applicant must present proof of meeting the following requirements for licensure as an occupational therapist or occupational therapy assistant:

a. Occupational therapist. The applicant for licensure as an occupational therapist shall have completed the requirements for a degree in occupational therapy in an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association. The transcript shall show completion of a supervised fieldwork experience.

b. Occupational therapy assistant. The applicant for licensure as an occupational therapy assistant shall be a graduate of an educational program approved by the Accreditation Council for Occupational

Therapy Education of the American Occupational Therapy Association. The transcript shall show completion of a supervised fieldwork experience.

804.7(2) Foreign-trained occupational therapists and occupational therapy assistants. To become eligible to take the licensure examination, internationally educated occupational therapists must meet NBCOT eligibility requirements and undergo prescreening based on the status of their occupational therapy educational programs.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.8(147) License renewal.

804.8(1) The biennial license renewal period for a license to practice as an occupational therapist or occupational therapy assistant shall begin on the sixteenth day of the birth month and end on the fifteenth day of the birth month two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

804.8(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal two years later.

804.8(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—805.2(272C) and the mandatory reporting requirements of rule 481—804.9(17A,147,272C). A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

804.8(4) Mandatory reporter training requirements.

a. A licensee who is required by Iowa Code section 232.69 to report child abuse shall indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph *"e."*

b. A licensee who is required by Iowa Code section 235B.3 or 235E.2 to report dependent adult abuse shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph *"e."*

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

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs *"a"* to *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to an occupational or mental disability or illness as identified in 481—Chapter 500.

f. The board may select licensees for audit of compliance with the requirements in paragraphs *"a"* to *"e."*

804.8(5) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

804.8(6) Persons licensed to practice as occupational therapists or occupational therapy assistants shall keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

804.8(7) Late renewal. The license shall become a late license when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.11(4). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

804.8(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as an occupational therapist or occupational therapy assistant in Iowa until the license is reactivated. A licensee who practices as an occupational therapist or occupational therapy assistant in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

804.8(9) Compact eligibility review. This rule applies to licensees who were licensed prior to adoption of this rule. In order to complete the compact eligibility review, at or prior to the next renewal, a licensee must submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

481—804.9(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

804.9(1) Submit a reactivation application on a form provided by the board.

804.9(2) Pay the reactivation fee that is due as specified in 481—subrule 507.11(5).

804.9(3) Provide verification of current competence to practice occupational therapy by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation; or evidence of successful

completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation.

804.9(4) If the license has been inactive for two or more years and the licensee cannot provide verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation, submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

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481—804.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—804.9(17A,147,272C) prior to practicing occupational therapy in this state.

[**ARC 7982C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 0501D**, IAB 8/19/26, effective 7/1/27]

These rules are intended to implement Iowa Code chapters 17A, 147, 148B and 272C.

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◊ Two or more ARCs

CHAPTER 805
CONTINUING EDUCATION FOR OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 207]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—805.1(148B) Definitions. For the purpose of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Audit" means the selection of licensees for verification of compliance with continuing education requirements.

"Board" means the board of physical and occupational therapy.

"Continuing education" means the same as defined in Iowa Code section 272C.1.

"Hour of continuing education" means at least 50 minutes spent by a licensee completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a subject/program/activity that a person pursues autonomously and that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as an occupational therapist or occupational therapy assistant in the state of Iowa.

[**ARC 7983C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—805.2(272C) Continuing education requirements.

805.2(1) The biennial continuing education compliance period shall extend for a two-year period that begins on the sixteenth day of the licensee's birth month and ends two years later on the fifteenth day of the birth month.

a. Requirements for occupational therapist licensees. Each biennium, each person who is licensed to practice as an occupational therapist in this state will have the responsibility to finance the cost and be required to complete a minimum of 30 hours of continuing education approved by the board.

b. Requirements for occupational therapy assistant licensees. Each biennium, each person who is licensed to practice as an occupational therapy assistant in this state will be required to complete a minimum of 15 hours of continuing education approved by the board.

805.2(2) Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 30 hours of continuing education per biennium for occupational therapists and 15 hours for occupational therapy assistants each subsequent license renewal.

805.2(3) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Occupational therapist licensees may apply a maximum of 15 hours from the previous renewal period. Occupational therapy assistant licensees may apply a maximum of 7.5 hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[**ARC 7983C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 9399C**, IAB 7/9/25, effective 8/13/25]

481—805.3(148B,272C) Standards.

805.3(1) *General criteria.* Appropriate continuing education activity for purposes of license renewal will support each of the following:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

805.3(2) *Specific criteria.*

a. Licensees may obtain continuing education hours of credit by:

(1) Attending workshops, conferences, or symposiums.

(2) Accessing online training, such as viewing interactive conferences, attending webinars, or completing online training courses.

(3) Directly supervising students for clinical education if the student being supervised is from an accredited occupational therapy or occupational therapy assistant program and is participating in a full-time clinical experience (defined as approximately 40 hours per week, ranging from 1 to 18 weeks). One hour will be awarded for every 160 contact hours of supervision. A maximum of 8 hours for an occupational therapist and 4 hours for an occupational therapy assistant may be awarded per biennium. The occupational therapist or occupational therapy assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student.

(4) Presenting professional programs that meet the criteria listed in this rule. Two hours of credit will be awarded for each hour of presentation for the first offering of the course. A course schedule or brochure must be maintained for audit.

(5) Completing academic courses that directly relate to the professional competency of the licensee. Official transcripts indicating successful completion of academic courses that apply to the field of occupational therapy will be necessary in order for the licensee to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

(6) Teaching in an approved college, university, or graduate school. The licensee may receive the following continuing education credits on a one-time basis for the first offering of a course:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

(7) Authoring research or other activities, the results of which are published in a recognized professional publication. The licensee shall receive five hours of credit per page.

(8) Participating in professional organizations related to the practice of occupational therapy, with one credit hour received for each six months of active service as an officer, delegate, or committee member, for a maximum of four hours of credit per biennium. Verification of participation must be provided by the professional organization to document the continuing education credit.

b. Continuing education hours of credit in the following topics are not considered to be directly and primarily related to the clinical application of occupational therapy and therefore must not exceed a maximum combined total of eight hours of credit for an occupational therapist licensee and four hours of credit for an occupational therapy assistant licensee:

(1) Business-related topics, such as marketing, time management, government regulations, and other like topics.

(2) Personal skills topics, such as career burnout, communication skills, human relations, and other like topics.

(3) General health topics, such as clinical research, CPR, mandatory reporter training, and other like topics.

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◊ Two or more ARCs

CHAPTER 806
PRACTICE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 208]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—806.1(148B,272C) Code of ethics for occupational therapists and occupational therapy assistants.

806.1(1) Occupational therapy. The practice of occupational therapy minimally consists of:

a. Interpreting referrals;

b. Evaluating patients;

c. Identifying and documenting patient problems and goals;

d. Establishing and documenting a plan of care;

e. Providing treatment;

f. Determining the appropriate portions of the treatment program to be delegated to assistive personnel;

g. Supervising individuals as described in rule 481—806.5(272C);

h. Providing timely patient reevaluation;

i. Maintaining timely and adequate patient records consistent with the standards found in rule 481—806.2(147).

806.1(2) An occupational therapist or occupational therapy assistant should:

a. Not practice outside the scope of the license;

b. Not perform a treatment procedure that is inadvisable or contraindicated;

c. Not continue treatment beyond the point of possible benefit to the patient or treat a patient more frequently than necessary to obtain maximum therapeutic effect;

d. Not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, rebating, or refunding of an unearned fee;

e. Not profit by means of credit or other valuable consideration as an unearned commission, discount, or gratuity in connection with the furnishing of occupational therapy services;

f. Not obtain payment through fraudulent means. Obtaining payment through fraudulent means includes but is not limited to:

(1) Reporting incorrect treatment dates for the purpose of obtaining payment;

(2) Reporting charges for services not rendered;

(3) Incorrectly reporting services rendered for the purpose of obtaining payment that is greater than that to which the licensee is entitled; or

(4) Aiding a patient in fraudulently obtaining payment;

g. Not exercise undue influence on patients to purchase equipment, products, or supplies from a company in which the occupational therapist owns stock or has any other direct or indirect financial interest;

h. Not permit another person to use the therapist's license for any purpose;

i. Not verbally or physically abuse a patient or client;

j. Not engage in sexual misconduct. Sexual misconduct includes the following:

(1) Engaging in or soliciting a sexual relationship, whether consensual or nonconsensual, with a patient or client;

(2) Making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with a patient or client;

k. Follow the standards for supervision found in rule 481—806.4(272C);

l. Not perform a task or service for which the therapist lacks the skill, knowledge or competence. In such a case, the therapist should either refuse to perform the task or service and/or arrange for a professionally qualified licensed practitioner to perform the task or service;

m. Sign the occupational therapy treatment record to indicate that the occupational therapy services were provided in accordance with the rules and regulations for practicing as an occupational therapist or occupational therapy assistant.

[**ARC 7984C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—806.2(147) Recordkeeping.

806.2(1) A licensee should maintain sufficient, timely, and accurate documentation in patient records to reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

806.2(2) A licensee should store records in accordance with state and federal statutes and regulations governing record retention and with the guidelines of the licensee's employer or agency, if applicable. If no other legal provisions govern record retention, a licensee should store patient records for a minimum of five years after the date of the patient's discharge, or in the case of a minor, three years after the patient reaches the age of majority under state law or five years after the date of discharge, whichever is longer.

806.2(3) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, the licensee shall ensure that a duplicate hard-copy record or a backup, unalterable electronic record is maintained.

806.2(4) Correction of records.

a. Hard-copy records. Notations should be legible, written in ink, and contain no erasures or whiteouts. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by the licensee.

b. Electronic records. If a record is stored in an electronic format, the record may be amended with a signed addendum attached to the record.

806.2(5) Confidentiality and transfer of records. Occupational therapists and occupational therapy assistants shall preserve the confidentiality of patient records consistent with federal and state law.

806.2(6) Retirement or discontinuance of practice. If a licensee is the owner of a practice, the licensee shall notify in writing all active patients and shall make reasonable arrangements with those patients to transfer patient records, or copies of those records, to the succeeding licensee upon knowledge and agreement of the patient.

806.2(7) Nothing stated in these rules shall prohibit a licensee from conveying or transferring the licensee's patient records to another licensed individual who is assuming a practice, provided that written notice is furnished to all patients.

[**ARC 7984C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—806.3(147) Telehealth visits. A licensee may provide occupational therapy services to a patient utilizing a telehealth visit if the occupational therapy services are provided in accordance with all requirements of this chapter.

806.3(1) "Telehealth visit" means the provision of occupational therapy services by a licensee to a patient using technology where the licensee and the patient are not at the same physical location for the occupational therapy session.

806.3(2) A licensee engaged in a telehealth visit shall utilize technology that is secure and HIPAA-compliant, pursuant to the Health Insurance Portability and Accountability Act of 1996, PL 104–191, August 21, 1996, 110 Stat. 1936, and any amendments as of December 8, 2023, and that includes, at a minimum, audio or video equipment or both, that allows two-way real-time interactive communication between the licensee and the patient. A licensee may use non-real-time technologies to prepare for an occupational therapy session or to communicate with a patient between occupational therapy sessions.

806.3(3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person occupational therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular occupational therapy services cannot be met using technology.

806.3(4) Any occupational therapist or occupational therapy assistant who provides an occupational therapy telehealth visit to a patient located in Iowa shall be licensed in Iowa.

806.3(5) Prior to the first telehealth visit, a licensee shall obtain informed consent from the patient specific to the occupational therapy services that will be provided in a telehealth visit. At a minimum, the informed consent shall specifically inform the patient of the following:

a. The risks and limitations of the use of technology to provide occupational therapy services;

b. The potential for unauthorized access to protected health information; and

c. The potential for disruption of technology during a telehealth visit.

806.3(6) A licensee shall only provide occupational therapy services using a telehealth visit in the areas of competence wherein proficiency in providing the particular service using technology has been gained through education, training, and experience.

806.3(7) A licensee shall identify in the clinical record when occupational therapy services are provided utilizing a telehealth visit.

[**ARC 7984C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—806.4(147) Practice of occupational therapy limited permit holders.

806.4(1) Occupational therapist limited permit holders may:

a. Evaluate clients, plan treatment programs, and provide periodic reevaluations only under supervision of a licensed OT who shall bear full responsibility for care provided under the OT's supervision; and

b. Perform the duties of the occupational therapist under the supervision of an Iowa-licensed occupational therapist, except for providing supervision to an occupational therapy assistant.

806.4(2) Occupational therapy assistants and limited permit holders shall:

a. Follow the treatment plan written by the supervising OT outlining the elements that have been delegated; and

b. Perform occupational therapy procedures delegated by the supervising OT as required in rule 481—806.5(148B).

[**ARC 7984C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—806.5(148B) Supervision requirements.

806.5(1) Care rendered by unlicensed assistive personnel shall not be documented or charged as occupational therapy unless direct on-site supervision is provided by an OT or in-sight supervision is provided by an OTA.

806.5(2) Occupational therapist supervisor responsibilities. The supervisor shall:

a. Provide supervision to a licensed OTA, OT limited permit holder and OTA limited permit holder any time occupational therapy services are rendered. Supervision may be provided on site or through the use of telecommunication or other technology.

b. Ensure that every licensed OTA, OT limited permit holder and OTA limited permit holder being supervised is aware of who the supervisor is and how the supervisor can be contacted any time occupational therapy services are rendered.

c. Assume responsibility for all delegated tasks and shall not delegate a service that exceeds the expertise of the OTA or OTA limited permit holder.

d. Provide evaluation and development of a treatment plan for use by the OTA.

e. Ensure that the OTA, OT limited permit holder and OTA limited permit holder under the OT's supervision have current licenses to practice.

f. Ensure that the signature of an OTA on an occupational therapy treatment record indicates that the occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

806.5(3) The following are functions that only an occupational therapist may provide and that shall not be delegated to an OTA:

a. Interpretation of referrals;

b. Initial occupational therapy evaluation and reevaluations;

c. Identification, determination or modification of patient problems, goals, and care plans;

d. Final discharge evaluation and establishment of the discharge plan;

e. Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times;

f. Delegation of and instruction in the services to be rendered by the OTA, including but not limited to specific tasks or procedures, precautions, special problems, and contraindicated procedures; and

g. Timely review of documentation, reexamination of the patient and revision of the plan when indicated.

806.5(4) Supervision of unlicensed assistive personnel. OTs are responsible for patient care provided by unlicensed assistive personnel under the OT's supervision. Unlicensed assistive personnel shall not provide independent patient care unless each of the following standards is satisfied:

a. The supervising OT shall physically participate in the patient's treatment or evaluation, or both, each treatment day;

b. The unlicensed assistive personnel shall provide independent patient care only while under the on-site supervision of the supervising OT;

c. Documentation made in occupational therapy records by unlicensed assistive personnel shall be cosigned by the supervising OT; and

d. The supervising OT shall provide periodic reevaluation of the performance of unlicensed assistive personnel in relation to the patient.

806.5(5) Minimum frequency of OT interaction. At a minimum, an OT must directly participate in treatment, either in person or through a telehealth visit, every twelfth visit for all patients and must document each visit. The occupational therapist shall participate at a higher frequency when the standard of care dictates.

806.5(6) Occupational therapy assistant responsibilities.

a. The occupational therapy assistant shall:

(1) Provide only those services for which the OTA has the necessary skills and shall consult the supervising occupational therapist if the procedures are believed not to be in the best interest of the patient;

(2) Gather data relating to the patient's disability during screening, but shall not interpret the patient information as it pertains to the plan of care;

(3) Communicate any change, or lack of change, that occurs in the patient's condition and that may need the assessment of the OT;

(4) Provide occupational therapy services only under the supervision of the occupational therapist;

(5) Provide treatment only after evaluation and development of a treatment plan by the occupational therapist;

(6) Refer inquiries that require interpretation of patient information to the occupational therapist;

(7) Be supervised by an occupational therapist, either on site or through the use of telecommunication or other technology, at all times when occupational therapy services are being rendered;

(8) Receive supervision from any number of at least one occupational therapist; and

(9) Record on every patient chart the name of the OTA's supervisor for each treatment session.

b. The signature of an OTA on the occupational therapy treatment record indicates that occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

806.5(7) Unlicensed assistive personnel. Unlicensed assistive personnel may assist an OTA in providing patient care in the absence of an OT only if the OTA maintains in-sight supervision of the unlicensed assistive personnel and the OTA is primarily and significantly involved in that patient's care.

806.5(8) The occupational therapy limited permit holder may evaluate clients, plan treatment programs, and provide periodic reevaluations under supervision of a licensed occupational therapist who shall bear full responsibility for care provided under the occupational therapist's supervision.

[**ARC 7984C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 148B and 272C.

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[Editorial change: IAC Supplement 9/18/24]

CHAPTER 807
DISCIPLINE FOR OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

[Prior to 3/6/02, see 645—201.10(272C)]
[Prior to 12/24/03, see 645—Ch 208]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 209]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—807.1(148B) Definitions.

"Board" means the board of physical and occupational therapy.

"Discipline" means any sanction the board may impose upon licensees.

"Licensee" means a person licensed to practice in Iowa pursuant to Iowa Code chapter 148A and 481—Chapters 804 through 808.

[**ARC 7985C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—807.2(272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in 481—Chapter 504 when the board determines that any of the acts or offenses listed in that chapter or in Iowa Code section 147.55 have occurred:

807.2(1) Professional incompetency. Professional incompetency includes but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other occupational therapists or occupational therapy assistants in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average occupational therapist or occupational therapy assistant acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of the licensed occupational therapist or licensed occupational therapy assistant in this state.

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

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

807.2(2) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of occupational therapy or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

807.2(3) Violation of a regulation, rule or law of this state, another state, or the United States that relates to the practice of occupational therapy, including but not limited to the code of ethics found in rule 481—806.1(148B,272C).

807.2(4) Failure of a licensee or an applicant for licensure in this state to report any voluntary agreements restricting the individual's practice of occupational therapy in another state, district, territory or country.

807.2(5) Knowingly aiding, assisting or advising a person to unlawfully practice occupational therapy.

807.2(6) Failure to report a change of name or address within 30 days after it occurs.

807.2(7) Representing oneself as a licensed occupational therapist or occupational therapy assistant when one's license has been suspended or revoked, or when the license is on inactive status.

807.2(8) Repeated failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

[**ARC 7985C**, IAB 5/15/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 148B and 272C.

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CHAPTER 808
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 210]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—808.1(17A,272C) Board of physical and occupational therapy adoption of uniform and model rules. The board hereby adopts by reference the following:

808.1(1) to **808.1(9)** Reserved.

808.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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[Editorial change: IAC Supplement 9/18/24]

CHAPTERS 809 to 820
Reserved

BOARD OF MASSAGE THERAPY

CHAPTER 821
LICENSURE OF MASSAGE THERAPISTS

[Prior to 6/26/02, see 645—130.4(152C) and 645—130.6(152C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 131]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/17/29

481—821.1(152C) Definitions.

"Anniversary month" means the month the license was issued by the board.

"Board" means the Iowa board of massage therapy.

"Board-approved school" means a school for massage therapy education that provides at least 600 hours of supervised academic instruction; has been recognized as legitimate by the board in the state where the school is located or in the state where the school was located if the school has since closed; has been recognized by a similar board in another jurisdiction that licenses massage therapists if massage therapy is not a licensed profession in the state where the school is located; and has not been denied, suspended, or revoked by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Issuing jurisdiction" means the duly constituted authority in another state that has issued a massage therapy license to a person.

"Licensee" means any person licensed to practice as a massage therapist in the state of Iowa.

"License expiration date" means the fifteenth day of the anniversary month every two years.

"Massage therapy" means performance for compensation of massage, myotherapy, massotherapy, bodywork, bodywork therapy, or therapeutic massage including hydrotherapy, superficial hot and cold applications, vibration and topical applications, or other therapy that involves manipulation of the muscle and connective tissue of the body, excluding osseous tissue, to treat the muscle tonus system for the purpose of enhancing health, providing muscle relaxation, increasing range of motion, reducing stress, relieving pain, or improving circulation.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.2(272C) Licensure by examination. A person who has completed the curriculum at a board-approved school may seek licensure in accordance with this rule.

821.2(1) Submit the following:

a. A completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.8(147). Official copies of academic transcripts sent directly to the board by the board-approved school. If a school has closed and is no longer operational, the board will accept an official transcript provided by the applicant.

b. Proof of passing any National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx) sent directly from the testing authority to the board. The passing score on the written examination is the passing point criterion established by the testing authority at the time the test was administered.

c. If the applicant has been issued one or more licenses to practice massage therapy by other issuing jurisdictions, verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the issuing jurisdiction to the board. Web-based verification may be substituted for verification from the jurisdiction's board office if the verification provides:

(1) The licensee's name;
(2) The date of initial licensure;
(3) The applicant's current licensure status; and
(4) Any disciplinary action taken against the license.

821.2(2) An applicant who has relocated to Iowa from a state that did not require licensure to practice massage therapy may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.3(152C) Educational qualifications for foreign-trained massage therapists. Prospective applicants who completed their education outside of the United States may receive credit for their education, provided they comply with the following:

821.3(1) Provide an equivalency evaluation of their educational credentials by one of the following entities demonstrating the curriculum is equivalent to that stated in these rules. The applicant bears the expense of the curriculum evaluation.

a. International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665; telephone 310.258.9451; website www.ierf.org.

b. International Credentialing Associates, Inc., 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777; telephone 727.549.8555.

c. Josef Silny & Associates, Inc., 7101 SW 102nd Avenue, Miami, FL 33173; telephone 305.273.1616; website jsilny.org.

821.3(2) Provide a notarized copy of the certificate or diploma awarded to the applicant from a massage therapy program in the country in which the applicant was educated.

821.3(3) Receive a final determination from the board that the applicant's education is acceptable.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.4(152C) Licensure by endorsement.

821.4(1) A person who has been issued a license to practice massage therapy by another issuing jurisdiction may seek licensure in accordance with this rule.

821.4(2) Submit the following:

a. A completed online application for licensure and pay nonrefundable licensure fee specified in rule 481—507.8(147).

b. Official copies of academic transcripts sent directly to the board by the board-approved school. If a school has closed and is no longer operational, the board will accept an official transcript provided by the applicant.

c. Proof of passing any National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx) sent directly from the testing authority to the board. The passing score on the written examination is the passing point criterion established by the testing authority at the time the test was administered.

d. Proof that the licensure requirements in the issuing jurisdiction are equal to or exceed the requirements provided in rule 481—821.2(152C).

e. Verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the issuing jurisdiction to the board. Web-based verification may be substituted for verification from the issuing jurisdiction's board office if the verification provides:

(1) The licensee's name;
(2) The date of initial licensure;
(3) The applicant's current licensure status; and
(4) Any disciplinary action taken against the license.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.5(152C) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.6(152C) Temporary license. A person who is licensed to practice massage therapy in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement, and who does not seek licensure by verification, may be issued a temporary license in accordance with this rule.

821.6(1) An applicant for temporary license shall submit the following:

a. A completed online application for licensure and pay nonrefundable licensure fee specified in rule 481—507.8(147).

b. Verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the issuing jurisdiction to the board. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

c. A plan for meeting all remaining requirements for licensure within one year of issuance of the temporary permit. Such a plan will include proof of enrollment in a school of massage therapy whose curriculum has been approved by the board, the date of enrollment, and the expected date of graduation.

821.6(2) A temporary license is valid for a period of up to one year and will not be renewed.

821.6(3) A temporary license holder shall be issued a permanent license upon the board's receipt of the following:

a. Official copies of academic transcripts sent directly to the board by the board-approved school demonstrating completion of all remaining hours of education for licensure.

b. Proof of passing any National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx) sent directly from the testing authority to the board. The passing score on the written examination is the passing point criterion established by the testing authority at the time the test was administered.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.7(152C) License display. The license certificate and proof of active licensure will be displayed in a conspicuous public place at the licensee's primary site of practice.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.8(152C) License renewal.

821.8(1) The biennial license renewal period begins on the sixteenth day of the anniversary month and ends on the fifteenth day of the anniversary month two years later. The licensee is responsible for renewing the license prior to its expiration.

821.8(2) Continuing education does not need to be completed during the first biennial license renewal period and is not a prerequisite for the first renewal of a license.

821.8(3) A licensee seeking renewal shall comply with the following before the license expiration date:

a. Submit a completed renewal application and renewal fee specified in rule 481—507.8(147), before the license expiration date; and

b. Meet the continuing education requirements of rule 481—823.2(152C) and the mandatory reporting requirements of subrule 821.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation.

821.8(4) Mandatory reporter training.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities examines, attends, counsels, or treats children and dependent adults in Iowa shall complete the applicable department of health and human services' training related to the identification and reporting of child and dependent adult abuse as required by Iowa Code section 232.69(3)*"b."* The licensee will indicate on the renewal application completion of such training.

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

(1) Is engaged in active duty in the military service of this state or the United States; or

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill the requirements due to a physical or mental disability or illness as provided in rule 481—500.14(272C).

c. The board may select licensees for audit of compliance with the requirements of this subrule.

821.8(5) Issuing renewals. Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license renewal. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

821.8(6) Late renewal. A license not renewed by the expiration date will be assessed a late fee as specified in 481—subrule 507.8(4). Completion of renewal requirements and submission of the late fee within the grace period are needed to renew the license.

821.8(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a massage therapist in Iowa until the license is reactivated. A licensee who practices as a massage therapist in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.9(17A,147,272C) License reactivation.

821.9(1) A person whose license is inactive may apply to reactivate the license in accordance with this rule.

821.9(2) The licensee shall submit all of the following:

a. A completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.8(147). If the license has been inactive for five years or less, submission of:

(1) Proof of completion of 16 hours of continuing education within two years of application; and

(2) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license.

b. If the license has been on inactive status for more than five years, submission of:

(1) Proof of completion of 16 hours of continuing education within two years of application;

(2) Proof of two years of active, licensed practice in another issuing jurisdiction immediately prior to submitting the application, or proof of passing one of the following examinations within two years of submitting the application:

1. The National Certification Examination for Therapeutic Massage (NCETM);
2. The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB);
3. The National Examination for States Licensing (NESL) option; or
4. The Massage and Bodywork Licensing Examination (MBLEx); and

(3) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license.

[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—821.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance

with rule 481—506.31(272C) and, if applicable, must apply for and be granted reactivation of the license in accordance with rule 481—821.9(17A,147,272C) prior to practicing as a massage therapist in this state.
[**ARC 8051C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

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

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◊ Two or more ARCs

CHAPTER 822
MASSAGE THERAPY EDUCATION CURRICULUM

[Prior to 6/26/02, see 645—130.5(152C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 132]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/17/29

481—822.1(152C) Definitions.

"Approved curriculum" means that the massage therapy education course of study meets the criteria specified in this chapter and has been approved by the board of massage therapy.

"Board" means the board of massage therapy.

"Clinical practicum" means hands-on massage therapy provided to members of the public by a student who is enrolled at a massage therapy school and is under the supervision of an instructor who is an Iowa-licensed massage therapist, is physically present on the premises and is available for advice and assistance. "Clinical practicum" does not include classroom practice.

"Course of study" means a series of classroom courses, not including continuing education, which is approved by the board as having a unified purpose in training individuals toward a certificate, degree or diploma in the practice of massage therapy.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.2(152C) Application for approval of massage therapy education curriculum.

822.2(1) Applications for curriculum approval of in-state massage therapy schools will be submitted online with the accompanying fee. Curriculum approval is valid for up to two years with reapplication for approval due June 30 of each even-numbered year. The biennial renewal cycle begins July 1 of an even-numbered year and ends June 30 two years later. Schools that receive curriculum approval within six months prior to the start of the next biennial renewal cycle do not need to reapply for curriculum approval until the following even-numbered year.

822.2(2) The application for curriculum approval includes the following:

a. A completed board-approved application form;

b. The curriculum approval application fee as specified in 481—Chapter 507;

c. A completed Curriculum Criteria and Documentation form;

d. The current school catalog, including name of the program(s), a description of the curriculum delivery system, course descriptions, and program accreditation or approval by other professional entities; and

e. A sample diploma and a sample transcript that identify the name of the graduate, name of the program, graduation date, and the degree, diploma or certificate awarded.

822.2(3) Out-of-state school curriculum will be reviewed on a case-by-case basis upon receipt of the curriculum as a part of an individual's application for licensure to practice massage therapy in the state of Iowa.

822.2(4) Massage therapy schools that do not renew curriculum approval by the expiration date shall be removed from the board's list of approved curriculum providers until such time that they comply with curriculum approval requirements.

822.2(5) Schools that apply for curriculum approval shall, at a minimum, provide a curriculum that meets the requirements of this chapter, offer a course of study of at least 600 clock hours or the equivalent in academic credit hours, and require for entrance into the massage therapy school graduation from high school or its equivalent.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.3(152C) Curriculum requirements. An approved curriculum will include but not be limited to the following content areas:

1. Massage theory and principles.
2. Massage professional practices.
3. The therapeutic relationship.

4. Anatomy, physiology, and pathology.
5. Assessment and documentation.
6. Massage and bodywork application.
7. Palpation and movement.
8. Adapting sessions for clients.
9. Career development.
10. Iowa law and professional ethics.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.4(152C) Student clinical practicum standards.

822.4(1) The school must provide clinical practicum hours at the school's primary location or an event sponsored by the school.

822.4(2) At all times when the student delivers physical contact with the public or other students, a clinical instructor/supervisor who is an Iowa-licensed massage therapist shall be personally in attendance to supervise and evaluate.

822.4(3) Students shall complete at least 200 hours of coursework in the content areas of fundamentals of massage therapy and assessment that includes indications and contraindications for treatment prior to providing services to the public and beginning the clinical practicum. Included in this 200 hours will be a minimum of 100 hours in anatomy and physiology, which includes the structure and function of the human body and common pathologies.

822.4(4) The clinical practicum shall not exceed 25 percent of a program's total required hours.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.5(152C) School records retention. Records documenting the student's completion of the curriculum will be maintained for two years following the student's graduation date. In the event of school closure, the board will be notified of the location of the records.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.6(152C) Massage school curriculum compliance.

822.6(1) A school will maintain curriculum records and make the records available to the board upon request.

822.6(2) A school whose curriculum is approved shall notify the board in writing within 30 days if there is a change of address, a school closing, or a curriculum revision that does not meet the requirements of this chapter.

822.6(3) Each student who successfully completes curriculum requirements will be awarded a certificate or diploma that includes the student's legal name, date of graduation, the name of the program, and the degree or certificate awarded. The school will also provide them with an official transcript that includes the student's legal name and date of graduation.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—822.7(152C) Denial or withdrawal of approval.

822.7(1) The board will deny or withdraw approval of a school curriculum if the board determines the curriculum does not meet the requirements of this chapter.

822.7(2) The board will notify the school in writing if the board denies or withdraws curriculum approval. Following denial or withdrawal of approval by the board, the school may request that the board reconsider its decision. The board in its sole discretion shall determine whether to grant such a request.

[**ARC 8052C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapter 152C.

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CHAPTER 823
CONTINUING EDUCATION FOR MASSAGE THERAPISTS

[Prior to 6/26/02, see 645—Ch 132]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 133]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/17/29

481—823.1(152C) Definitions.

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of massage therapy.

"Continuing education" means planned, organized learning acts acquired during initial licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hands-on training" means learning techniques that manipulate the soft tissue of the body.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a massage therapist in the state of Iowa.

"Presenter" means person(s)/instructor(s) providing continuing education training.

[**ARC 8053C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

481—823.2(152C) Continuing education requirements. Each biennium, each person who is licensed to practice as a massage therapist in this state shall be required to complete a minimum of 16 hours of continuing education. A biennium is a two-year period beginning with the date the license was granted.

823.2(1) The biennial continuing education compliance period runs concurrently with each two-year renewal period. The renewal period begins on the date the initial license is granted and ends two years later on the day before the anniversary date of that initial license.

823.2(2) Requirements for new licensees. Those persons licensed for the first time are not required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal period may be used.

823.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity meeting the requirements of this chapter. These hours must be in accordance with these rules.

823.2(4) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of eight hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

823.2(5) The cost of continuing education is the responsibility of each licensee.

[**ARC 8053C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24; **ARC 9107C**, IAB 4/16/25, effective 5/21/25]

481—823.3(152C,272C) Continuing education criteria.

823.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance, including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course from the course sponsor.

823.3(2) *Specific criteria.* A licensee shall obtain a minimum of 16 hours of continuing education credit every two years. A minimum of 8 hours of the 16 hours must be earned by completing a program in which instruction is provided in person or through live, real-time interactive media. Although in-person continuing education instruction is not required, the board strongly encourages all licensees to obtain in-person instruction whenever feasible, especially when learning new techniques. Licensees may obtain continuing education hours of credit by:

a. Attending workshops, conferences, or symposiums.

b. Accessing online training, such as viewing interactive conferences, attending webinars, or completing online training courses.

c. Teaching curriculum at a school of massage therapy or presenting professional continuing education programs that meet the criteria listed in this subrule. One hour of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit. A maximum of 4 hours may be awarded under this paragraph per biennium.

d. Completing academic courses that directly relate to the professional competency of the licensee. Official transcripts indicating successful completion of academic courses that apply to the field of massage therapy will be necessary in order for the licensee to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

1 academic clock hour = 1 continuing education hour of credit

e. Teaching in an approved college, university, or graduate school. The licensee may receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

f. Authoring research the results of which are published in a recognized professional publication. The licensee will receive 5 hours of credit per page.

g. Taking courses directly beneficial to business practices necessary for operating a massage practice. Content areas include, but are not limited to, business management, financial management, accounting, tax preparation, marketing, human relations, communication skills, business ethics, and massage ethics.

h. Taking courses related to personal skills topics, such as career burnout, communication skills, human relations, and other like topics.

i. Completing programs that enhance a supplemental or complementary skill set directly related to promoting the public health while providing massage therapy. Content areas include, but are not limited to, CPR, first aid, contraindication training, sanitation, and geriatric care.

j. Completing mandatory reporter training pursuant to Iowa Code sections 232.69 and 235B.16. One hour of credit will be awarded for each hour of completed mandatory reporter training.

k. Passing a board-approved national examination administered by the Federation of State Massage Therapy Boards or the National Certification Board for Therapeutic Massage and Bodywork within the biennial continuing education compliance period. A copy of the applicant's official notification may be used by the board as verification.

[**ARC 8053C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 21, 147, 152C and 272C.

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◊ Two or more ARCs

CHAPTER 824
DISCIPLINE FOR MASSAGE THERAPISTS
[Prior to 6/26/02, see 645—Ch 131]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 134]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/17/29

481—824.1(152C) Civil penalties.

824.1(1) Civil penalties may be imposed upon a person or business that employs an individual who is not licensed as a massage therapist. Civil penalties may be imposed upon a person or business that employs an individual who uses the initials "L.M.T." or the words "licensed massage therapist," "massage therapist," "masseur," or "masseuse," or any other words or titles that imply or represent that the employed person practices massage therapy but who is not licensed as a massage therapist. Failure to follow the above may result in:

a. A civil penalty not to exceed $1,000 on a person or business that violates this rule:

(1) Each violation is a separate offense.

(2) Each day a continued violation occurs after citation by the board is a separate offense with the maximum penalty not to exceed $10,000;

b. The board's inspection of any facility that advertises or offers services purporting to be delivered by massage therapists;

c. A citation being sent to the alleged violator by certified mail, return receipt requested; and

d. The board's consideration of the following in determining civil penalties:

(1) Whether the amount imposed will be a substantial economic deterrent to the violation.

(2) The circumstances leading to or resulting in the violation.

(3) The severity of the violation and the risk of harm to the public.

(4) The economic benefits gained by the violator as a result of noncompliance.

(5) The welfare or best interest of the public.

824.1(2) Civil penalties may be imposed upon a person who is practicing as a massage therapist without a license. Civil penalties may be imposed upon a person who practices as an individual and uses the initials "L.M.T." or the words "licensed massage therapist," "massage therapist," "masseur," or "masseuse," or any other words or titles that imply or represent that the person practices massage therapy but who is not licensed as a massage therapist. A person must be licensed as a massage therapist to practice in this state as a massage therapist. Failure to follow the above may result in:

a. A civil penalty not to exceed $1,000 on a person who violates this rule:

(1) Each violation is a separate offense.

(2) Each day a continued violation occurs after citation by the board is a separate offense with the maximum penalty not to exceed $10,000;

b. The board's inspection of any facility that advertises or offers services purporting to be delivered by massage therapists;

c. A citation being sent to the alleged violator by certified mail, return receipt requested;

d. The board's consideration of the following in determining civil penalties:

(1) Whether the amount imposed will be a substantial economic deterrent to the violation.

(2) The circumstances leading to or resulting in the violation.

(3) The severity of the violation and the risk of harm to the public.

(4) The economic benefits gained by the violator as a result of noncompliance.

(5) The welfare or best interest of the public.

824.1(3) Issuing an order or citation.

a. The board shall provide a written notice and the opportunity to request a hearing on the record.

b. The hearing must be requested within 30 days of the issuance of the notice and shall be conducted according to Iowa Code chapter 17A.

c. The board may, in connection with a proceeding under this subrule, issue subpoenas to require the attendance and testimony of witnesses and the disclosure of evidence and may request the attorney general to bring an action to enforce the subpoena.

824.1(4) Judicial review.

a. A person aggrieved by the imposition of a civil penalty under this rule may seek a judicial review in accordance with Iowa Code section 17A.19.

b. The board shall notify the attorney general of the failure to pay a civil penalty within 30 days after entry of an order or within 10 days following final judgment in favor of the board if an order has been stayed pending appeal.

c. The attorney general may commence an action to recover the amount of the penalty, including reasonable attorney fees and costs.

d. An action to enforce an order under this rule may be joined with an action for an injunction.

824.1(5) A person is not in violation of the statute or rules if that person practices massage therapy for compensation while in attendance at a school offering a curriculum meeting the requirements of 481—Chapter 822 and is under the supervision of a member of the school's faculty.

[**ARC 8054C**, IAB 6/12/24, effective 7/17/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTER 825
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 135]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—825.1(17A,272C) Board of massage therapy adoption of uniform and model rules. The board hereby adopts by reference the following:

825.1(1) to **825.1(9)** Reserved.

825.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 826 to 840
Reserved

BOARD OF CHIROPRACTIC

CHAPTER 841
LICENSURE OF CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—40.10(151) to 645—40.13(151), 645—40.15(151) and 645—40.16(151)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 41]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—841.1(151) Definitions. The following definitions will be applicable to the rules of the Iowa board of chiropractic:

"Active license" means a license that is current and has not expired.

"Board" means the Iowa board of chiropractic.

"Council on Chiropractic Education" or *"CCE"* means the organization that establishes the Educational Standards of Chiropractic Colleges and Bylaws.

"Department" means the Iowa department of inspections, appeals, and licensing.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"License" means license to practice chiropractic in Iowa.

"Licensee" means any person licensed to practice as a chiropractic physician in Iowa.

"License expiration date" means June 30 of even-numbered years.

"Licensure by endorsement" means the issuance of an Iowa license to practice chiropractic to an applicant who is or has been licensed in another state and meets the criteria for licensure in this state.

"NBCE" means the National Board of Chiropractic Examiners.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—841.14(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"SPEC" means Special Purposes Examination for Chiropractic, which is an examination provided by the NBCE that is designed specifically for utilization by state or foreign licensing agencies.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.2(151) Initial licensure.

841.2(1) To apply for a license, the applicant will complete an online application packet and pay the nonrefundable application fee.

a. If licensed in another jurisdiction, the applicant will complete the licensure by endorsement application and submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

b. A person who is licensed in another jurisdiction and cannot satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

c. An application not completed according to guidelines will not be reviewed by the board.

d. The applicant will request the accredited chiropractic school submit official copies of the applicant's transcripts to the board office.

e. The applicant will submit an official certificate of completion of 120 hours of physiotherapy that includes a practicum component from a board-approved chiropractic college.

f. The applicant will pass all parts of the NBCE examination as outlined in rule 481—841.3(151).

g. The applicant will submit a copy of the chiropractic diploma.

841.2(2) Licensees who were issued their licenses within six months prior to the renewal date are not required to renew their licenses until the renewal date two years later.

841.2(3) Incomplete applications that have been on file in the board office for more than two years will be:

a. Considered invalid and destroyed; or

b. Maintained upon written request from the candidate.

841.2(4) A license will be publicly displayed in the licensee's primary place of practice.

841.2(5) Licensees are required to notify the board of chiropractic of changes in residence or place of practice within 30 days after the change of address occurs.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.3(151) Examination requirements.

841.3(1) Applicants will submit the application for the NBCE examination and the fee directly to the NBCE.

841.3(2) The following criteria will apply for the NBCE:

a. Prior to July 1, 1973, applicants will provide proof of being issued a basic science certificate.

b. After July 1, 1973, applicants will provide proof of successful completion of the required examination from the NBCE. The required examination will meet the following criteria:

(1) Examinations completed after July 1, 1973, will be defined as the successful completion of Parts I and II of the NBCE examination.

(2) Examinations completed after August 1, 1976, will be defined as the successful completion of Parts I, II and Physiotherapy of the NBCE examination.

(3) Examinations completed after January 1, 1987, will be defined as the successful completion of Parts I, II, III and Physiotherapy of the NBCE examination.

(4) Examinations completed after January 1, 1996, will be defined as satisfactory completion of Parts I, II, III, IV and Physiotherapy of the NBCE examination.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.4(151) Educational qualifications.

841.4(1) An applicant will present an official transcript verifying graduation from a CCE-accredited and board-approved college of chiropractic.

841.4(2) Foreign-trained chiropractic physicians will:

a. Provide an equivalency evaluation of their educational credentials processed by the International Education Research Foundation, Inc. The professional curriculum must be equivalent to that stated in these rules. The candidate will bear the expense of the curriculum evaluation.

b. Provide a copy of the certificate or diploma awarded to the applicant from a chiropractic program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.5(151) Temporary certificate.

841.5(1) The board may issue a temporary certificate to practice chiropractic at its discretion if the issuance is in the public interest and the applicant demonstrates a need for the temporary certificate and meets the professional qualifications for licensure.

841.5(2) Demonstrated need. An applicant must submit information explaining the demonstrated need, how the issuance would serve the public interest, the scope of practice requested, and why a temporary certificate should be granted. To meet the demonstrated need requirement, the applicant will show the need meets one of the following conditions:

a. The applicant will provide chiropractic services in connection with a special activity, event or program conducted in this state;

b. The applicant will provide chiropractic services in connection with a state emergency as proclaimed by the governor;

c. The applicant previously held an unrestricted license to practice chiropractic in this state and will provide gratuitous chiropractic services as a voluntary public service; or

d. The applicant will provide chiropractic services in connection with an urgent need.

841.5(3) Qualifications for licensure include the following:

a. Complete an online application packet on the Iowa board of chiropractic website and pay the nonrefundable application fee.

b. If licensed in another jurisdiction, submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

c. Provide a copy of a chiropractic diploma.

841.5(4) A temporary certificate will be issued for one year to fulfill the demonstrated need as described in subrule 841.5(2).

841.5(5) An applicant or temporary certificate holder who has been denied a temporary certificate may appeal the denial pursuant to rule 481—500.10(17A,147,272C). A temporary certificate holder is subject to discipline for any grounds for which licensee discipline may be imposed.

841.5(6) A temporary certificate holder who meets all licensure conditions as specified in rule 481—841.2(151) may obtain a permanent license in lieu of the temporary certificate. To obtain a permanent license, the applicant will submit any additional documentation required for permanent licensure that was not submitted as a part of the temporary certificate application. The applicant may receive fee credit toward the permanent licensure fee equivalent to the fee paid for the temporary certificate if the application for the permanent license and all required documentation are received by the board prior to the expiration of the temporary certificate.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.6(151) License renewal.

841.6(1) The license renewal period for a license to practice begins on July 1 of an even numbered year and ends on June 30 of the next even numbered year.

841.6(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal two years later.

841.6(3) A licensee applying for renewal will:

a. Meet the continuing education requirements of rule 481—844.2(272C) and the mandatory reporting requirements of subrule 841.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Complete the online renewal application, pay the fee, and attach certificate of completing continuing education hours on the Iowa board of chiropractic website before the expiration date.

841.6(4) Mandatory reporter training requirements.

a. A licensee who examines, attends, counsels, or treats children, dependent adults or both in the scope of the licensee's professional practice will complete the applicable department of health and human services training for identifying and reporting child abuse, dependent adult abuse or both. A licensee will maintain written documentation of training completion for three years. The training is not required if the licensee is engaged in active duty military service or holds a waiver from the board demonstrating a hardship in complying with these training requirements.

b. The board may select licensees for audit of compliance with the requirements in paragraph 841.8(4)*"a."*

841.6(5) A two-year license will be issued after the requirements of rule are met. If the board receives adverse information on the renewal application, the board may refer the adverse information for further consideration or disciplinary investigation.

841.6(6) Late renewal. The licensee is responsible for renewing the license prior to expiration every two years. The licensee will complete the renewal requirements and pay the late fee within the 30-day grace period.

841.6(7) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice until the license is reactivated.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.7(17A,147,272C) Requirements for reactivation. To apply for reactivation, a licensee will:

841.7(1) Complete an online reactivation application on the Iowa board of chiropractic website and pay the nonrefundable reactivation fee.

841.7(2) Provide verification of current competence to practice as a chiropractic physician by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification. If licensed in another jurisdiction, submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

(2) Proof. Submit proof of completing 40 hours of continuing education within two years of application.

b. If the license has been on inactive status for more than five years, an applicant must:

(1) Send verification. Submit a license verification document that discloses if disciplinary action was taken against the applicant from every jurisdiction in which the applicant has been licensed.

(2) Submit proof of completing 40 hours of continuing education within two years of application.

(3) Send verification of passing the SPEC if the applicant does not have a current license and has not had an active license in the United States during three of the past five years.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—841.8(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation prior to practicing in the state.

[**ARC 7966C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 151 and 272C.

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[Editorial change: IAC Supplement 9/18/24]

◊ Two or more ARCs

CHAPTER 842
COLLEGES FOR CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—40.9(151)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 42]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—842.1(151) Definitions. For the purposes of these rules, the following definitions will apply:

"Chiropractic intern" means a chiropractic student of an approved college of chiropractic in the student's last academic quarter, semester, or trimester of study, who is eligible for graduation from the college of chiropractic and is eligible to complete a preceptorship program, as authorized by these rules.

"Chiropractic preceptor" means a chiropractic physician licensed and practicing in Iowa pursuant to Iowa Code chapter 151, who accepts a chiropractic intern or resident into the practice for the purpose of providing the chiropractic student with a clinical experience of the practice of chiropractic, and who meets the requirements of these rules.

"Chiropractic resident" means a graduate chiropractic physician who has received a doctor of chiropractic degree from a college of chiropractic approved by the board, and who is not licensed in any state, but who is practicing under a chiropractic preceptorship authorized under these rules.

"Chiropractic student" means a student of an approved college of chiropractic.

"Council on Chiropractic Education" or *"CCE"* means the organization that establishes the Educational Standards of Chiropractic Colleges and Bylaws. A copy of the standards may be requested from CCE.

"Preceptorship practice" means the chiropractic practice of a single chiropractic physician or group of chiropractic physicians in a particular business or clinic, into which a licensed practicing chiropractic physician has accepted a chiropractic intern or chiropractic resident for the limited purpose of providing the intern or resident with a clinical experience in the practice of chiropractic.

"60-minute hour" means at least 50 minutes of resident attendance with no more than 10 minutes for note taking and breaks.

[**ARC 7967C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—842.2(151) Board-approved chiropractic colleges. Approval of a chiropractic college may be granted if the program submits proof to the board of chiropractic that the chiropractic program meets the following requirements:

842.2(1) The chiropractic college is fully accredited by the Commission on Accreditation of the Council on Chiropractic Education (CACCE), as recognized by the U.S. Department of Education.

842.2(2) The core curriculum meets the requirements of the CACCE standards and, in addition:

a. Covers a period of four academic years totaling not less than 4,000 60-minute hours in actual resident attendance;

b. Comprises a supervised course of study, including clinical practical instruction, in all of the subjects specified in Iowa Code section 151.1(3); and

c. Includes a minimum of 120 hours of physiotherapy coursework with a clinical practical component on the procedures covered in the course.

842.2(3) The chiropractic college publishes in a regularly issued catalog the requirements for graduation and degrees that are required by the Iowa board of chiropractic.

842.2(4) Transcripts include entries for all completed coursework.

[**ARC 7967C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—842.3(151) Practice by chiropractic interns and chiropractic residents. A student enrolled in a board-approved chiropractic preceptorship program in the state of Iowa may treat patients without obtaining an Iowa license, provided the requirements of these rules are met.

[**ARC 7967C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—842.4(151) Approved chiropractic preceptorship program. The board will approve a chiropractic college's preceptorship program if the program meets the following requirements:

842.4(1) The preceptorship program meets current CCE standards for consumer protection.

842.4(2) The preceptorship program is an established component of the curriculum offered by a board-approved chiropractic college.

842.4(3) Chiropractic interns who participate in the preceptorship program have met all requirements for graduation from the chiropractic college except for completion of the preceptorship period.

842.4(4) Chiropractic residents who participate in the postgraduate preceptorship program have graduated from a chiropractic college approved by the board.

842.4(5) All chiropractic physicians who serve as preceptors will be approved under rule 481—842.5(151).

842.4(6) The chiropractic college retains ultimate responsibility for student learning and evaluations during the preceptorship.

842.4(7) The chiropractic preceptor will supervise no more than one chiropractic intern or one chiropractic resident for the duration of a given preceptorship period.

If a preceptor agreement must be canceled for any reason, it is the responsibility of the chiropractic college to assign the intern or resident to another preceptor and notify the Iowa board of chiropractic of the preceptorship cancellation. The notice shall include reasons for cancellation of the preceptorship.

[**ARC 7967C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—842.5(151) Approved chiropractic physician preceptors.

842.5(1) A chiropractic physician will be approved to be a chiropractic physician preceptor if the following criteria are met:

a. The chiropractic physician holds a current Iowa chiropractic license and has continuously held licensure in the United States for the previous five years prior to preceptorship;

b. The chiropractic physician is currently fully credentialed by the sponsoring chiropractic college and approved by the board; and

c. The chiropractic physician has not had any formal disciplinary action.

842.5(2) The role of the chiropractic physician preceptor will include:

a. Responsibility for supervising the practice of the chiropractic intern or chiropractic resident who is accepted into a preceptorship practice.

b. Identifying the chiropractic intern or chiropractic resident to the patients of the preceptorship practice to ensure that no patient will misconstrue the status of the intern or resident. The intern or resident will wear a badge identifying that person as an intern or resident at all times in the presence of preceptorship patients.

c. Exercising direct, on-premises supervision of the chiropractic intern or chiropractic resident at all times that the intern or resident is engaged in any facet of patient care in the chiropractic physician preceptor's clinic.

d. Directing the chiropractic intern or chiropractic resident only in treatment care that is within the educational background and experience of the preceptor.

e. Notifying the preceptorship program within 30 days of either of the following actions:

(1) If the preceptor has any formal disciplinary action taken by any licensing entity; or

(2) If the preceptor is a party to any malpractice settlement or judgment.

[**ARC 7967C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—842.6(151) Termination of preceptorship. A preceptorship may terminate upon the occurrence of one of the following events:

842.6(1) Interns. The intern graduates from a board-approved college of chiropractic.

842.6(2) Residents. Twelve months have passed since the resident graduated from a board-approved college of chiropractic.

842.6(3) Formal disciplinary action is taken against the preceptor or the preceptor is a party to a final malpractice judgment or settlement agreement.

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CHAPTER 843
PRACTICE OF CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—40.1(151) and 645—40.17(151) to 645—40.24(147,272C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 43]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—843.1(151) Definitions. The following definitions will be applicable to the rules of the Iowa board of chiropractic.

"Active chiropractic physiotherapy" means therapeutic treatment performed by the patient, including but not limited to exercises and functional activities that promote strength, endurance, flexibility, and coordination.

"Acupuncture" means the same as defined in Iowa Code section 148E.1.

"Adjustment/manipulation of neuromusculoskeletal structures" means the use by a doctor of chiropractic of a skillful treatment based upon differential diagnosis of neuromusculoskeletal structures and procedures related thereto by the use of passive movements with the chiropractic physician's hands or instruments in a manipulation of a joint by thrust so the patient's volitional resistance cannot prevent the motion. The manipulation is directed toward the goal of restoring joints to their proper physiological relationship of motion and related function, or stimulation of joint receptors. Movement of the joint is by force beyond its active limit of motion, but within physiologic integrity. Adjustment or manipulation commences where mobilization ends and specifically begins when the elastic barrier of resistance is encountered by the doctor of chiropractic and ends at the limit of anatomical integrity. Adjustment or manipulation as described in this definition is directed to the goal of the restoration of joints to their proper physiological relationship and associated functions of motion and related function, release of adhesions or stimulation of joint receptors. Adjustment or manipulation as described in this definition is by hand or instrument. The primary emphasis of this adjustment or manipulation is upon specific joint element adjustment or manipulation and treatment of the articulation and adjacent tissues of the neuromusculoskeletal structures of the body and nervous system, using one or more of the following:

1. Impulse adjusting or the use of sudden, high velocity, short amplitude thrust of a nature that patient volitional resistance is overcome, commencing where the motion encounters the elastic barrier of resistance and ending at the limit of anatomical integrity.
2. Instrument adjusting, utilizing instruments specifically designed to deliver sudden, high velocity, short amplitude thrust.
3. Light force adjusting, utilizing sustained joint traction or applied directional pressure, or both, that may be combined with passive motion to restore joint mobility.
4. Long distance lever adjusting, utilizing forces delivered at some distance from the dysfunctional site and aimed at transmission through connected structures to accomplish joint mobility.

"Anatomic barrier" means the limit of motion imposed by anatomic structure, the limit of passive motion.

"CCCA" means the Certified Chiropractic Clinical Assistant program offered by the FCLB.

"Certified chiropractic assistant" means a person who has completed a certified chiropractic assistant training program to perform selected chiropractic health care services under the supervision of a chiropractic physician.

"Chiropractic insurance consultant" means an Iowa-licensed chiropractic physician registered with the board who serves as a liaison and advisor to an insurance company.

"Chiropractic manipulation" means care of an articular dysfunction or neuromusculoskeletal disorder by manual or mechanical adjustment of any skeletal articulation and contiguous articulations.

"Differential diagnosis" means to examine the body systems and structures of a human subject to determine the source, nature, kind or extent of a disease, vertebral subluxation, neuromusculoskeletal disorder or other physical condition, and to make a determination of the source, nature, kind, or extent of a disease or other physical condition.

"Elastic barrier" means the range between the physiologic and anatomic barrier of motion in which passive ligamentous stretching occurs before tissue disruption.

"Extremity manipulation" means a corrective thrust or maneuver by a doctor of chiropractic by hand or instrument based upon differential diagnosis of neuromusculoskeletal structures applied to a joint of the appendicular skeleton.

"FCLB" means the Federal Chiropractic Licensing Board.

"Malpractice" means any error or omission, unreasonable lack of skill, or failure to maintain a reasonable standard of care by a chiropractic physician in the practice of the profession.

"Mobilization" means movement applied singularly or repetitively within or at the physiological range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.

"PACE" means Providers of Approved Continuing Education and is the signature program of the FCLB.

"Passive chiropractic physiotherapy" means therapeutic treatment administered and received by the patient, including but not limited to mechanical, electrical, thermal, or manual methods.

"Physiologic barrier" means the limit of active motion, which can be altered to increase range of active motion by warm-up activity.

"Practice of acupuncture" means the same as defined in Iowa Code section 148E.1.

"Supervising chiropractic physician" means the Iowa-licensed chiropractor responsible for supervision of services provided to a patient by a certified chiropractic assistant.

"Supervision" means the physical presence and direction of the supervising chiropractic physician at the location where services are rendered.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.2(147,272C) Principles of chiropractic ethics. The following principles of chiropractic ethics are adopted by the board for the practice of chiropractic in this state.

843.2(1) These principles are intended to aid chiropractic physicians individually and collectively in maintaining a high level of ethical conduct. These are standards by which a chiropractic physician may determine the propriety of the chiropractic physician's conduct in the chiropractic physician's relationship with patients, with colleagues, with members of allied professions, and with the public.

843.2(2) The principal objective of the chiropractic profession is to render service to humanity with full respect for the dignity of the person. Chiropractic physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

843.2(3) Chiropractic physicians should strive continually to improve chiropractic knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

843.2(4) A chiropractic physician should practice a method of healing founded on a scientific basis, and should not voluntarily associate professionally with anyone who violates this principle.

843.2(5) The chiropractic profession should safeguard the public and itself against chiropractic physicians deficient in moral character or professional competence. Chiropractic physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

843.2(6) A chiropractic physician may choose whom to serve. In an emergency, however, services should be rendered to the best of the chiropractic physician's ability. Having undertaken the case of a patient, the chiropractic physician may not neglect the patient; and, unless the patient has been discharged, the chiropractic physician may discontinue services only after giving adequate notice.

843.2(7) A chiropractic physician should not dispose of services under terms or conditions that tend to interfere with or impair the free and complete exercise of professional judgment and skill or tend to cause a deterioration of the quality of chiropractic care.

843.2(8) A chiropractic physician should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of chiropractic service may be enhanced thereby.

843.2(9) A chiropractic physician may not reveal the confidences entrusted in the course of chiropractic attendance, or the deficiencies observed in the character of patients, unless required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

843.2(10) The honored ideals of the chiropractic profession imply that the responsibilities of the chiropractic physician extend not only to the individual, but also to society where these responsibilities deserve interest and participation in activities that have the purpose of improving both the health and well-being of the individual and the community.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.3 Reserved.

481—843.4(151) Chiropractic insurance consultant.

843.4(1) A chiropractic insurance consultant advises insurance companies, third-party administrators and other similar entities of Iowa standards of:

a. Recognized and accepted chiropractic services and procedures permitted by the Iowa Code and administrative rules, and

b. The propriety of chiropractic diagnosis and care.

843.4(2) All licensees who review chiropractic records for the purposes of determining the adequacy or sufficiency of chiropractic treatments, or the clinical indication for those treatments, will indicate on their licensure renewals that they are engaged in those activities and the location where those activities are performed.

843.4(3) Licensed chiropractic physicians will not hold themselves out as chiropractic insurance consultants unless they meet the following requirements:

a. Hold a current license in Iowa.

b. Have practiced chiropractic in the state of Iowa during the immediately preceding five years.

c. Are actively involved in a chiropractic practice during the term of appointment as a chiropractic insurance consultant. Active practice includes but is not limited to maintaining an office location and providing clinical care to patients.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.5(151) Acupuncture. A chiropractic physician who engages in the practice of acupuncture will maintain documentation that shows the chiropractic physician has successfully completed a course in acupuncture consisting of at least 100 hours of traditional, in-person classroom instruction with the instructor on site. The licensee will maintain a transcript or certification of completion showing the licensee's name, school or course sponsor's name, date of course completion or graduation, grade or other evidence of successful completion, and number of course hours. The licensee will provide the transcript or certification of completion to the board upon request.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.6(151) Adjunctive procedures.

843.6(1) Adjunctive procedures are defined as procedures related to differential diagnosis.

843.6(2) For any applicant for licensure to practice chiropractic in the state of Iowa who chooses to be tested in limited adjunctive procedures, those limited procedures must be adequate for the applicant to come to a differential diagnosis in order to pass the examination.

843.6(3) Applicants for licenses to practice chiropractic who refuse to utilize any of the adjunctive procedures that they have been taught in approved colleges of chiropractic must adequately show the board that they can come to an adequate differential diagnosis without the use of adjunctive procedures.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.7(151) Physical examination. The chiropractic physician is to perform physical examinations to determine human ailments, or the absence thereof, utilizing principles taught by chiropractic colleges. Physical examination procedures will not include prescription drugs or operative surgery.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.8(151) Recordkeeping.

843.8(1) Chiropractic physicians will maintain clinical records in a manner consistent with the protection of the welfare of the patient. Records will be timely, dated, chronological, accurate, signed

or initialed, legible, and easily understandable. Recordkeeping rules apply to all patient records whether handwritten, typed or maintained electronically. Electronic signatures are acceptable when the record has been reviewed by the physician whose signature appears on the record.

843.8(2) Chiropractic physicians will maintain clinical records for each patient, which include all of the following:

a. Personal data.

(1) Name;

(2) Date of birth;

(3) Address; and

(4) Name of parent or guardian if a patient is a minor.

b. Health history. Records will include information from the patient or the patient's parent or guardian regarding the patient's health history.

c. Patient's reason for visit. When a patient presents with a chief complaint, clinical records will include the patient's stated health concerns.

d. Clinical examination progress notes. Records will include chronological dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, a summary of all pertinent diagnoses, and updated health assessments;

(2) Plan of intended treatment, including description of treatment, frequency and duration;

(3) Services rendered and any treatment complications;

(4) All testing ordered or performed;

(5) Diagnostic imaging report if imaging procedure is ordered or performed;

(6) Sufficient data to support the recommended treatment plan.

e. Clinical record. Each page of the clinical record will include the patient's name, the date information was recorded and the doctor's name or facility's name.

843.8(3) Retention of records. A chiropractic physician will maintain a patient's record(s) for a minimum of six years after the date of last examination or treatment. Records for minors will be maintained for one year after the patient reaches the age of majority (18) or six years after the date of last examination or treatment, whichever is longer. Proper safeguards will be maintained to ensure the safety of records from destructive elements. This provision includes both clinical and fiscal records.

843.8(4) Electronic recordkeeping. When electronic records, which include both electronically created records and scanned paper records, are utilized, a chiropractic physician will maintain either a duplicate hard-copy record or a backup electronic record.

843.8(5) Correction of written records. Notations will be legible, written in ink, and contain no erasures or whiteouts. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line. Entries recorded at a time other than the date of the patient encounter must include the date of the entry and the initials of the author.

843.8(6) Correction of electronic records. Any alterations made after the date of service will be visibly recorded. All alterations will include a notation setting forth the date of alteration and identification of the author. Entries recorded at a time other than the date of the patient encounter must include the date of the entry and the initials of the author.

843.8(7) Abbreviations will be standard and common to all health care disciplines. Nonstandard abbreviations will be referenced with a key that is included in the record when the record is requested.

843.8(8) Confidentiality and transfer of records. Chiropractic physicians will preserve the confidentiality of patient records. Upon signed request of the patient, the chiropractic physician will furnish such records or copies of the records as directed by the patient within 30 days. A notation indicating the items transferred, date of transfer and method of transfer will be maintained in the patient record. The chiropractic physician may charge a reasonable fee for duplication of records but may not refuse to transfer records for nonpayment of any fees. A written request may be required before the transfer of the record(s), including, for example, compliance with HIPAA regulations. In certain instances, a summary of the record may be more beneficial for the future treatment of the patient; however, if a third party requests copies of the original documentation, that request must be honored.

843.8(9) Retirement or discontinuance of practice. A licensee, upon retirement, discontinuation of the practice of chiropractic, leaving a practice, or moving from a community, will:

a. Notify all active patients, in writing one month prior to discontinuation of practice. The notification will include the following information:

(1) That the licensee intends to discontinue the practice of chiropractic in the community and that patients are encouraged to seek the services of another licensee; and

(2) How patients can obtain their records, including the name and contact information of the records custodian.

b. Make reasonable arrangements with active patients for the transfer of patient records, or copies of those records, to the succeeding licensee.

For the purposes of this subrule, "active patient" means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the one-year period prior to retirement, discontinuation of the practice of chiropractic, leaving a practice, or moving from a community.

843.8(10) Recordkeeping procedures and standards will be utilized for all individuals who receive treatment from a chiropractic physician in all sites where care is provided.

843.8(11) A chiropractic physician who offers a prepayment plan for chiropractic services will:

a. Have a written prepayment policy statement that is maintained in the office and available to patients upon request. The policy statement, at a minimum, will include provisions that:

(1) Prepaid funds will not be expended until services are provided; and

(2) The patient will receive a prompt refund of any unused funds upon request. The refund will be calculated based on a defined method, which will be clearly set forth in the written prepayment policy statement.

b. Require the patient to sign and date a prepayment document that incorporates the conditions and descriptions of the written prepayment policy statement.

c. Maintain the signed and dated written prepayment policy statement in the patient's record.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.9(151) Billing procedures.

843.9(1) Chiropractic physicians will maintain accurate billing records for each patient. Records may be stored on paper or electronically. The records will contain all of the following:

a. Name, date of birth and address.

b. Diagnosis indicated with description or ICD code.

c. Services provided with description or CPT code.

d. Dates of services provided.

e. Charges for each service provided.

f. Payments made for each service and indication of the party providing payment.

g. Dates payments are made.

h. Balance due for any outstanding charges.

843.9(2) Chiropractic physicians will preserve the confidentiality of billing records.

843.9(3) Upon signed request of the patient, the chiropractic physician will furnish billing records or copies of the records as directed by the patient within 30 days. The chiropractic physician may charge a reasonable fee for duplication of records, but may not refuse to transfer records for nonpayment of any outstanding balance.

843.9(4) Each chiropractic physician is responsible for the accuracy and validity of billings submitted under the chiropractic physician's name.

843.9(5) Chiropractic physicians:

a. Who are owners, operators, members, partners, shareholders, officers, directors, or managers of a chiropractic clinic will be responsible for the policies, procedures and billings generated by the clinic.

b. Who provide clinical services are required to familiarize themselves with the clinic's billing practices to ensure that the services rendered are accurately reflected in the billings generated. In the event an error occurs that results in an overbilling, the licensee must promptly make reimbursement of the overbilling whether or not the licensee is in any way compensated for such reimbursement by an employer, agent or any other individual or business entity responsible for such error.

843.9(6) A chiropractic physician has a right to review and correct all billings submitted under the chiropractic physician's name or identifying number(s). Signature stamps or electronically generated signatures will be utilized only with the authorization of the chiropractic physician whose name or signature is designated. Such authorization may be revoked at any time in writing by the chiropractic physician.

843.9(7) Chiropractic physicians will not knowingly:

a. Increase charges when a patient utilizes a third-party payment program.

b. Report incorrect dates or types of service on any billing documents.

c. Submit charges for services not rendered.

d. Submit charges for services rendered that are not documented in a patient's record.

e. Bill patients or make claims under a third-party payer contract for chiropractic services that have not been performed.

f. Bill patients or make claims under a third-party payer contract in a manner that misrepresents the nature of the chiropractic services that have been performed.

843.9(8) For cases not involving third-party payers, nothing in this rule will prevent a chiropractic physician from providing a fee reduction for reasonable time of service or substantiated hardship cases. The chiropractic physician will document time of service or hardship case fee reduction provisions in the patient record.

843.9(9) The chiropractic physician will not enter into an agreement to waive, abrogate, or rebate the deductible or copayment amounts of any third-party payer contract by forgiving any or all of any patient's obligation for payment thereunder, except in substantiated hardship cases, unless the third-party payer is notified in writing of the fact of such waiver, abrogation, rebate, or forgiveness in accordance with the third-party payer contract. The chiropractic physician will document any hardship case fee reduction provisions in the patient record.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—843.10(151) Certified chiropractic assistants.

843.10(1) *Supervisory responsibilities of the chiropractic physician.*

a. The supervising chiropractic physician will ensure at all times that the certified chiropractic assistant has the necessary training and skills as required by these rules to competently perform the delegated services.

b. The supervising chiropractic physician may delegate services to a certified chiropractic assistant that are within the scope of practice of the chiropractic physician in a manner consistent with these rules. Violation of these rules will be grounds for discipline under 481—Chapter 845.

c. A chiropractic physician will not delegate to the certified chiropractic assistant the following:

(1) Services outside the chiropractic physician's scope of practice;

(2) Initiation, alteration, or termination of chiropractic treatment programs;

(3) Chiropractic manipulation and adjustments;

(4) Diagnosis of a condition.

d. A supervising chiropractic physician will ensure that a certified chiropractic assistant is informed of the supervisor and certified chiropractic assistant relationship and is responsible for all services performed by the certified chiropractic assistant.

843.10(2) *Education requirements for certified chiropractic assistants.*

a. The supervising chiropractic physician will ensure that a certified chiropractic assistant has completed a professional certification program. A certified chiropractic assistant training program will include training and instruction on the use of chiropractic physiotherapy procedures related to services to be provided by the certified chiropractic assistant. Any certified chiropractic assistant training program will be provided by an approved CCE-accredited chiropractic college, FCLB, PACE, CCCA, or a chiropractic state association.

b. Certified chiropractic assistants performing active chiropractic physiotherapy procedures are required to complete 12 hours of instruction, of which 6 hours will be clinical experience under the supervision of the chiropractic physician.

c. Certified chiropractic assistants performing passive chiropractic physiotherapy procedures are required to complete 12 hours of instruction, of which 6 hours will be clinical experience under the supervision of the chiropractic physician.

d. If both paragraphs *"b"* and *"c"* of this subrule apply, then 12 hours of instruction for active chiropractic physiotherapy procedures and 12 hours of instruction for passive chiropractic physiotherapy procedures will be required for a total of 24 hours of instruction.

e. The supervising chiropractic physician will provide a written attestation to the chiropractic college that the certified chiropractic assistant has completed the clinical experience. The college will issue a separate certificate of completion for the active or passive chiropractic training program as defined in paragraphs *"b,""c,"* and *"d"* of this subrule.

f. The chiropractic physician will maintain in the chiropractic physician's primary place of business proof of the certified chiropractic assistant's completion of the training program. Copies of such documents will be provided to the board upon request.

[**ARC 7968C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 151, 272C, and 514F.

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CHAPTER 844
CONTINUING EDUCATION FOR CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—Ch 43]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 44]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—844.1(151) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

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

"Board" means the Iowa board of chiropractic.

"Clinical case management" means coursework pertaining to diagnosis, treatment, and appropriate referral or coordination of care.

"Continuing education" means planned, organized learning acts meeting the standards set forth in these rules, acquired during licensure, and designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of chiropractic practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest and certificate of completion.

"License" means license to practice chiropractic in Iowa.

"Licensee" means any person licensed to practice as a chiropractic physician in Iowa.

[**ARC 7969C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—844.2(272C) Continuing education requirements.

844.2(1) The biennial continuing education compliance period extends for a two-year period beginning on July 1 of each even-numbered year and ending on June 30 of each even-numbered year two years later.

844.2(2) Requirements of new licensees. Continuing education is not required in the first renewal period with the exception of two hours in the content areas of 481—Chapters 841 through 846 and Iowa Code chapter 151. Continuing education hours acquired any time from the initial licensing until the second license renewal, with the exception of two hours in the content areas of 481—Chapters 841 through 846 and Iowa Code chapter 151, may be used after the first renewal period. The new licensee will be required to complete a minimum of 40 hours of continuing education per biennium for each subsequent license renewal.

844.2(3) Hours of continuing education credit will be obtained by attending and participating in a continuing education activity as stipulated in rule.

844.2(4) Up to 50 percent of continuing education hours can be carried over into the next biennium if there was an amount of continuing education completed during the prior period that exceeded the minimum requirement. A licensee whose license is reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation. The continuing education required in subparagraphs 844.3(2)*"a"*(2), *"a"*(4), and *"a"*(5) must be completed each biennium and cannot be carried over.

844.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 7969C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9218C**, IAB 5/14/25, effective 6/18/25]

481—844.3(151,272C) Standards.

844.3(1) *General criteria.* A continuing education activity must meet the following criteria:

a. Constitute an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertain to subject matters that integrally relate to the practice of the profession;

c. Be conducted by individuals who have specialized education, training and experience concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfill stated program goals, objectives, or both; and

e. Provide proof of attendance to licensees in attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program clock hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

844.3(2) *Specific criteria.*

a. Continuing education hours of credit will be obtained by completing:

(1) At least 36 hours of continuing education credit obtained from a program that directly relates to clinical case management of chiropractic patients. At least 20 of these hours will be earned by completing a program in which an instructor conducts the class by employing a traditional in-person, classroom-type presentation and the licensee is in attendance in the same room as that instructor. The remaining 16 hours of continuing education credit relating to clinical case management of chiropractic patients may be obtained by independent study, including any online instruction, that complies with conditions specified in subrule 844.3(1).

(2) A minimum of two hours per biennium in professional boundaries regarding ethical issues related to professional conduct that may include but are not limited to sexual harassment, sensitivity training and ethics.

(3) A minimum of 12 hours per biennium of continuing education in the field of acupuncture is required for licensees certified in acupuncture and may be used toward clinical case management if the chiropractic physician is actively engaged in the practice of acupuncture. Chiropractic physicians not engaged in the active practice of acupuncture may take continuing education hours in the field of acupuncture for continuing education credit.

(4) Classes on child abuse and dependent adult abuse that meet the criteria in 481—subrules 841.8(4) and 844.3(1).

(5) Two hours of continuing education credit is required in the first biennial renewal period and one hour every biennial renewal period after that in the content areas of the administrative rules related to chiropractic physicians in Iowa, found at 481—Chapters 841 through 846 and the statutory provisions specific to the practice of chiropractic in Iowa Code chapter 151.

b. Continuing education hours of credit may be obtained by:

(1) Teaching at a Council on Chiropractic Education (CCE)-approved program or board of chiropractic-approved institution. A maximum of 15 hours per biennium may be obtained for each course taught.

(2) Completing electronically transmitted programs/activities or independent study programs/activities that have a certificate of completion.

(3) Presenting a continuing education program once per biennium for the initial presentation of the program.

(4) Completing a program provided by a CCE-accredited chiropractic college in the United States, the Iowa Chiropractic Society, American Chiropractic Association or International Chiropractors Association.

(5) Completing continuing education courses/programs that are certified by the Providers of Approved Continuing Education (PACE) through the Federation of Chiropractic Licensing Boards (FCLB).

(6) Proctoring at the NBCE examination. Fifteen hours of continuing education hours per NBCE examination event may be claimed up to a maximum of 30 hours of continuing education credit per biennium. The proctoring hours may apply toward the clinical requirement.

c. Continuing education may not be obtained by completing or teaching classes in basic anatomy and physiology or undergraduate level coursework.

844.3(3) *Specific criteria for presenters.* All instructors/presenters of a continuing education activity must include, as part of the continuing education activity, verbal and written statements to the participants regarding any affiliations or employment relationships with any entity promoting, developing or marketing products, services, procedures or treatment methods.

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These rules are intended to implement Iowa Code section 272C.2 and chapter 151.

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CHAPTER 845
DISCIPLINE FOR CHIROPRACTIC PHYSICIANS

[Prior to 7/24/02, see 645—Ch 44]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 45]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—845.1(151,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in rule 481—504.3(272C) when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

845.1(1) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. This includes representations utilizing the term "physical therapy" when informing the public of the services offered by the chiropractic physician unless a licensed physical therapist is performing such services. Nothing herein will be construed as prohibiting a chiropractic physician from making representations regarding physiotherapy that may be the same as, or similar to, physical therapy or physical medicine as long as treatment is appropriate as authorized in Iowa Code chapter 151. Proof of actual injury need not be established.

845.1(2) Use of untruthful or improbable statements in advertisements and marketing. Use of untruthful or improbable statements in advertisements includes but is not limited to an action by a licensee in making information or intention known to the public that is false, deceptive, misleading or promoted through fraud or misrepresentation, or representations that are likely to cause the average person to misunderstand. The term "advertisements" includes oral, written, electronic, and other types of communication disseminated by or at the direction of a licensee for the purpose of encouraging or soliciting the use of the licensee's services.

845.1(3) Violate the provisions of direct health care agreements pursuant to Iowa Code section 135N.1.

845.1(4) Failure to maintain a patient's record(s) for a minimum of six years after the date of last examination or treatment. Records for minors shall be maintained for one year after the patient reaches the age of majority (18) or six years after the date of last examination or treatment, whichever is longer. Proper safeguards shall be maintained to ensure the safety of records from destructive elements. This provision includes both clinical and fiscal records.

This rule is intended to implement Iowa Code chapters 147, 151, and 272C.

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CHAPTER 846
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 46]

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481—846.1(17A,272C) Board of chiropractic adoption of uniform and model rules. The board hereby adopts by reference the following:

846.1(1) to **846.1(9)** Reserved.

846.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

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CHAPTERS 847 to 860
Reserved

BOARD OF ATHLETIC TRAINING

CHAPTER 861
LICENSURE OF ATHLETIC TRAINERS

[Prior to 4/17/02, see rules 645—350.6(147,152D) to 645—350.10(147,152D)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 351]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—861.1(152D) Definitions. In addition to the definitions included in Iowa Code section 152D.1, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Board" means the board of athletic training created under Iowa Code chapter 147.

"BOC" means the Board of Certification or its successor organization.

"Directing physician" means a physician who supervises the athletic training services provided by a licensed athletic trainer.

"Direction" means that a physician directs the performance of a licensed athletic trainer in the development, implementation, and evaluation of an athletic training service plan as set out in rule 481—861.6(152D). Direction shall not be construed as requiring the personal presence of that physician at each activity of the licensed athletic trainer. It is the responsibility of the licensed athletic trainer to ensure that the practice of athletic training is carried out only under the direction of a licensed physician.

"Endorsement" means the issuance of an Iowa license to practice athletic training to an applicant who is currently licensed in another state that has the same or similar qualifications to those required in Iowa.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Licensee" means any person licensed to practice as an athletic trainer in the state of Iowa.

"License expiration date" means February 28 of each odd-numbered year.

"Mandatory reporter training" means the training on identifying and reporting child abuse or dependent adult abuse as required in Iowa Code sections 323.69 and 235B.16.

"Physical reconditioning" means the part of the practice of athletic training that combines physical treatment, rehabilitation and exercise and is carried out under the orders of a physician or physician associate. Physical treatment is part of a service plan that includes but is not limited to the continued use of any of the following: cryotherapy, thermotherapy, hydrotherapy, electrotherapy, or the use of mechanical devices.

"Physician" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, or podiatry under the laws of this state.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—861.8(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C). Once the license is reinstated, the licensee may apply for active status.

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481—861.2(152D) Initial licensure.

861.2(1) Requirements for licensure. The applicant shall:

a. Submit a complete online application and pay the nonrefundable fee specified in rule 481—507.1(147,152D). If the application is not completed according to the instructions, the application will not be reviewed by the board.

b. Submit official copies of academic transcripts directly from the school to the board of athletic training. No application will be considered by the board until official copies of academic transcripts have been received.

c. Have successfully completed the BOC examination. It is the responsibility of the applicant to make arrangements to take the examination and have the official results submitted to the Iowa board of athletic training.

d. Provide verification of license from the jurisdiction in which the applicant has been most recently licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction.

861.2(2) Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary actions taken against the license.

861.2(3) Licensure by endorsement. An athletic trainer applicant who holds a license from the District of Columbia or another state, territory, province or foreign country may be eligible for licensure by endorsement and may direct the BOC to submit:

a. A current certification status, or

b. A passing score on the examination of the BOCs.

861.2(4) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

861.2(5) Incomplete applications that have been on file in the board office for more than two years shall be:

a. Considered invalid and shall be destroyed; or

b. Maintained upon written request of the candidate. The candidate is responsible for requesting that the file be maintained.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.3(152D) Educational qualifications.

861.3(1) An applicant for licensure to practice as an athletic trainer shall possess a baccalaureate degree or postbaccalaureate degree from a U.S. regionally accredited college or university.

861.3(2) Foreign-trained athletic trainers shall:

a. Provide an equivalency evaluation of their educational credentials by International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665; telephone 310.258.9451; website www.ierf.org or email at info@ierf.org. The professional curriculum must be equivalent to that stated in these rules. A candidate shall bear the expense of the curriculum evaluation. An applicant who has passed the BOC examination is exempt from this requirement.

b. Provide a copy of the certificate or diploma awarded to the applicant from an athletic training program in the country in which the applicant was educated. An applicant who has passed the BOC examination is exempt from this requirement.

c. Receive a final determination from the board regarding the application for licensure.

d. Pass the BOC examination. Official results are to be submitted directly to the board from the BOC.

861.3(3) An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.4(152D) Examination requirements.

861.4(1) The examination required by the board shall be the BOC examination. Application and information may be obtained from the BOC Offices, 1411 Harney Street, Suite 200, Omaha, NE 68102; telephone 402.559.0091; website www.bocatc.org or email at BOC@bocatc.org.

861.4(2) The applicant has responsibility for:

a. Making arrangements to take the national examination; and

b. Arranging to have the examination scores sent directly to the board from BOC.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.5(152D) Documentation of physician direction. Each licensee must maintain documentation of physician direction. It is the responsibility of the licensee to ensure that documentation of physician direction is obtained and maintained, including the following:

1. Athletic training service plan as set out in rule 481—861.6(152D);
2. Dates and names of physician and physician associate orders or referrals;
3. Initial evaluations and assessments;
4. Treatments and services rendered, with dates; and
5. Dates of subsequent follow-up care.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 6/10/26]

481—861.6(152D) Athletic training standards of professional practice. Athletic training service plans shall be composed of the following components as taken from the Board of Certification Standards of Professional Practice (January 2018):

861.6(1) Practice Standards.

861.6(2) Code of Professional Responsibility.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.7(147) License renewal.

861.7(1) The biennial license renewal period for a license to practice athletic training shall begin on March 1 of each odd-numbered year and end on February 28 of the next odd-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

861.7(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal two years later.

861.7(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—862.2(152D) and the mandatory reporting requirements of subrule 861.9(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

861.7(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 861.7(4)*"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 861.7(4)*"e."*

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

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 861.7(4)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements.

f. The board may select licensees for audit of compliance with the requirements in paragraphs 861.7(4)*"a"* through *"e."*

861.7(5) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

861.7(6) A person licensed to practice as an athletic trainer shall keep the license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

861.7(7) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.1(4). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

861.7(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as an athletic trainer in Iowa until the license is reactivated. A licensee who practices as an athletic trainer in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.8(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

861.8(1) Submit a reactivation application on a form provided by the board.

861.8(2) Pay the reactivation fee that is due as specified in 481—Chapter 507.

861.8(3) Provide verification of current competence to practice as an athletic trainer by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 50 hours of continuing education within two years of the application for reactivation or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 40 hours of continuing education within two years of application for reactivation; and

(3) Verification of current BOC certification.

861.8(4) Submit a sworn statement of previous practice from an employer or professional associate, detailing places and dates of employment and verifying that the applicant worked as an athletic trainer for at least 2,080 hours or taught as the equivalent of a full-time faculty member for at least one of the immediately preceding years during the last two-year time period.

[**ARC 7928C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—861.9(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—861.15(17A,147,272C) prior to practicing as an athletic trainer in this state.

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

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CHAPTER 862
CONTINUING EDUCATION FOR ATHLETIC TRAINERS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 352]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—862.1(272C) Definitions. For the purpose of these rules, the following definitions shall apply:

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

"Board" means the board of athletic training created under Iowa Code chapter 147.

"BOC" means the Board of Certification or its successor organization.

"Continuing education" means the same as defined in Iowa Code section 272C.1.

"Hour of continuing education" means at least 50 minutes spent by a licensee completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

"License" means license to practice.

"Licensee" means any person licensed to practice as an athletic trainer in the state of Iowa.

[**ARC 7929C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—862.2(152D) Continuing education requirements.

862.2(1) The biennial continuing education compliance period shall extend for a two-year period beginning on March 1 of each odd-numbered year and ending on February 28 of the next odd-numbered year. Each biennium, each person who is licensed to practice as an athletic trainer in this state will have the responsibility to finance the cost and be required to maintain BOC certification or complete a minimum of 40 hours of continuing education approved by the board.

862.2(2) Requirements for new licensees. Those persons licensed for the first time or being licensed for the first time after a temporary license shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The new licensee will be required to maintain BOC certification or complete a minimum of 40 hours of continuing education per biennium for each subsequent license renewal.

862.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

862.2(4) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 20 hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[**ARC 7929C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24; **ARC 9400C**, IAB 7/9/25, effective 8/13/25]

481—862.3(152D,272C) Standards.

862.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

862.3(2) *Specific criteria.* Continuing education may be obtained through any of the following:

a. Completing a course provided by a BOC-approved provider of continuing education.

b. Attending workshops, conferences, or symposiums.

c. Authoring research, the results of which are published in a recognized professional publication. A licensee shall receive five hours of credit per page.

d. Presenting professional programs that meet the criteria of this chapter. Two hours of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit. Presenting at a professional program does not include teaching a class at an institution of higher learning at which the applicant is regularly and primarily employed, nor does it include presentations to the lay public. A licensee may be granted no more than ten hours of continuing education credit per biennium for presenting professional programs.

e. Completing academic courses that directly relate to the professional competency of the licensee. Official transcripts indicating successful completion of academic courses that apply to the field of athletic training must be maintained for audit. Continuing education credit equivalents are as follows:

1 academic semester hour = 15 continuing education hours

1 academic trimester hour = 12 continuing education hours

1 academic quarter hour = 10 continuing education hours

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These rules are intended to implement Iowa Code section 272C.2 and chapter 152D.

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CHAPTER 863
DISCIPLINE FOR ATHLETIC TRAINERS

[Prior to 4/17/02, see 645—350.13(272C)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 353]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—863.1(152D) Definitions.

"Board" means the board of athletic training.

"Discipline" means any sanction the board may impose upon licensees.

"Licensee" means a person licensed to practice as an athletic trainer in Iowa pursuant to Iowa Code chapter 152D and 481—Chapters 861 through 864.

[**ARC 7930C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—863.2(152D,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in 481—Chapter 504 when the board determines that any of the following acts or offenses listed in such chapter or in Iowa Code section 147.55 have occurred:

863.2(1) Professional incompetency. Professional incompetency includes, but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other athletic trainers in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average athletic trainer acting in the same or similar circumstances.

d. Failure to conform to the minimal standard of acceptable and prevailing practice of a licensed athletic trainer in this state.

863.2(2) Violation of a regulation, rule or law of this state, another state, or the United States, which relates to the practice of athletic training.

863.2(3) Failure of a licensee or an applicant for licensure in this state to report any voluntary agreements restricting the individual's practice of athletic training in another state, district, territory or country.

863.2(4) Knowingly aiding, assisting, or advising a person to unlawfully practice as an athletic trainer.

863.2(5) Representing oneself as a licensed athletic trainer when one's license has been suspended or revoked, or when one's license is on inactive status.

[**ARC 7930C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTER 864
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 354]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—864.1(17A,272C) Board of athletic training adoption of uniform and model rules. The board hereby adopts by reference the following:

864.1(1) to **864.1(9)** Reserved.

864.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 865 to 879
Reserved

BOARD OF BEHAVIORAL HEALTH PROFESSIONALS

CHAPTER 880
BEHAVIORAL HEALTH PROFESSIONALS LICENSING

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—880.1(148,154B,154C,154D) Definitions. For purposes of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"AMFTRB" means the Association of Marital and Family Therapy Regulatory Boards.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"ASWB" means the Association of Social Work Boards.

"BACB" means the Behavior Analyst Certification Board.

"Board" means the board of behavioral health professionals.

"CCE" means the Center for Credentialing and Education, Inc.

"Certified health service provider in psychology" means a person who works in a clinical setting, who is licensed to practice psychology and who has a doctoral degree in psychology. A person certified as a health service provider in psychology shall be deemed qualified to diagnose or evaluate mental illness and nervous disorders.

"Course" means three graduate semester credit hours.

"DCI" means the division of criminal investigation.

"Department" means the department of inspections, appeals, and licensing.

"FBI" means the Federal Bureau of Investigation.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"NACES" means the National Association of Credential Evaluation Services.

"NBCC" means the National Board for Certified Counselors.

"Provisional license" means a license issued to a person who is completing a predoctoral internship or postdoctoral residency under supervision in order to satisfy the requirements for licensure.

"Reactivate" or *"reactivation"* means the process as outlined in rules 481—880.11(272C) and 481—880.14(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"Temporary license" means a license to practice marital and family therapy or mental health counseling under direct supervision of a qualified supervisor as determined by the board by rule to fulfill the postgraduate supervised clinical experience requirement in accordance with this chapter.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.2(154B,154C,154D) License requirements.

880.2(1) *Requirements for permanent and temporary licensure as a mental health counselor or marriage and family therapist.* The following criteria shall apply to licensure:

a. The applicant shall submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

b. The applicant for a mental health counseling license shall submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check by the DCI and the FBI. The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

c. No application will be considered by the board until official copies of academic transcripts sent directly from the school to the board have been received by the board or an equivalency evaluation

completed by the CCE has been received by the board. The applicant shall present proof of meeting the educational requirements. Documentation of such proof shall be on file in the board office with the application and include one of the following:

(1) For licensure as a marital and family therapist, an official transcript verifying completion of a marital and family therapy program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as defined in paragraph 880.4(1)*"a"* or an equivalency evaluation of the applicant's educational credentials completed by the CCE as defined in paragraph 880.4(1)*"b."*

(2) For licensure as a mental health counselor, an official transcript verifying completion of a mental health counseling program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) as defined in paragraph 880.4(2)*"a"* or an equivalency evaluation of the applicant's educational credentials completed by the CCE as defined in paragraph 880.4(2)*"b."*

d. The applicant is required to take the examination(s) provided in subrule 880.3(1).

e. The applicant for permanent licensure shall submit the required attestation of supervision forms documenting clinical experience as required in rule 481—880.7(154D).

f. The applicant for temporary licensure must submit a supervision plan to the board prior to licensure. Within 30 days of completion of the supervised clinical experience, the attestation of the completed supervised experience must be submitted to the board office. The temporary licensee shall remain under supervision until a permanent license is issued.

g. A temporary license is only valid for the purpose of fulfilling the postgraduate supervised clinical experience requirement. It is valid for three years and may be renewed at the discretion of the board.

h. A licensee who was issued an initial permanent license within six months prior to the renewal shall not be required to renew the license until the renewal date two years later.

i. An application for a temporary or permanent license will be considered active for two years from the date the application is received. If the applicant does not submit all materials within this time period or if the applicant does not meet the requirements for the license, the application shall be considered incomplete. An applicant whose application is filed incomplete must submit a new application, supporting materials, and the application fee. The board shall destroy incomplete applications after two years.

880.2(2) *Licensure of behavior analysts and assistant behavior analysts.*

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

b. For licensure as a behavior analyst, the applicant shall submit proof of current BACB certification as a board-certified behavior analyst or board-certified behavior analyst-doctoral. For licensure as an assistant behavior analyst, the applicant shall submit proof of current BACB certification as a board-certified assistant behavior analyst.

880.2(3) *Requirements for initial psychology licensure.* The following criteria shall apply to licensure:

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

b. Except as otherwise stated in these rules, no application will be considered by the board until:

(1) Official copies of academic transcripts sent directly from the school to the board have been received by the board; and

(2) Satisfactory evidence of the candidate's qualifications has been supplied in writing on the prescribed forms by the candidate's supervisors.

c. An applicant shall successfully pass the national Examination for Professional Practice in Psychology (EPPP).

d. The applicant shall have the national examination score sent directly from the ASPPB to the board.

e. Incomplete applications that have been on file in the board office for more than two years without additional supporting documentation shall be:

(1) Considered invalid and shall be destroyed; or

(2) Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

880.2(4) *Requirements for provisional license.*

a. Predoctoral internship. An applicant for a provisional license for purposes of completing a predoctoral internship shall provide the following:

(1) A completed provisional application for licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

(2) A copy of the applicant's acceptance letter for the predoctoral internship.

(3) Identification of the training director and the training director's contact information.

(4) Evidence that the applicant is enrolled in an educational program that meets the requirements of rule 481—880.4(154B,154C,154D).

b. Postdoctoral residency. An applicant for a provisional license for purposes of completing a postdoctoral residency shall provide the following:

(1) A completed application for licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

(2) Official copies of academic transcripts sent directly from the school establishing that the requirements stated in subrule 880.4(4) are met.

(3) A completed supervision plan on the prescribed board form, signed by the applicant's supervisors. A change in supervisor or in the supervision plan requires submission of a new supervision plan on the prescribed board form.

c. Duration. The provisional license is effective for two years from the date of issuance. A provisional license issued for purposes of completing a predoctoral internship can be used for purposes of completing a postdoctoral residency until the provisional license expires. The provisional licensee shall submit a completed supervision plan on the prescribed board form, signed by the licensee's supervisors, prior to beginning the postdoctoral residency. A change in supervisor or in the supervision plan requires submission of a new supervision plan on the prescribed board form. A provisional license may be renewed one time for a period of two years upon submission of the following:

(1) A provisional license renewal application;

(2) A provisional license renewal fee; and

(3) A current supervision plan as required in these rules.

880.2(5) *Certified health service provider in psychology.*

a. Requirements for the health service provider in psychology. The applicant shall:

(1) Verify at least one year of clinical experience in an organized health service training program that meets the requirements of paragraph 880.2(5)*"b"* and at least one year of clinical experience in a health service setting that meets the requirements for postdoctoral residency stated in rule 481—880.8(154B). Alternatively, an applicant may submit verification of current registration at the doctoral level by the National Register of Health Service Psychologists to verify completion of the required clinical experience.

(2) Submit a completed application and nonrefundable application fee along with supporting documentation. Incomplete applications that have been on file in the board office for more than two years without additional supporting documentation shall be:

1. Considered invalid and shall be destroyed; or

2. Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

(3) Renew the certificate biennially at the same time as the psychology license.

b. Requirements of the organized health service training program. Internship programs in professional psychology that are accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) or that hold membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC) are deemed approved. Applicants completing an organized health service training program that is not accredited by the APA or the CPA, or is not APPIC-designated at the time the applicant completes the training shall cause documentation to be sent from the program to establish that the program:

(1) Provides the intern with a planned, programmed sequence of training experiences.

(2) Has a clearly designated doctoral-level staff psychologist who is responsible for the integrity and quality of the training program and is actively licensed by the board of psychology in the jurisdiction in which the program exists.

(3) Has two or more doctoral-level psychologists on the staff who serve as supervisors, at least one of whom is actively licensed by the board of psychology in the jurisdiction in which the program exists.

(4) Has supervision that is provided by staff members of the organized health service training program or by an affiliate of the organized health service training program who carries clinical responsibility for the cases being supervised. At least half of the internship supervision shall be provided by one or more doctoral-level psychologists.

(5) Provides training in a range of psychological assessment and treatment activities conducted directly with recipients of psychological services.

(6) Ensures that trainees have a minimum of 375 hours of direct patient contact.

(7) Includes a minimum of two hours per week (regardless of whether the internship is completed in one year or two years) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern. There must also be at least two additional hours per week in learning activities such as case conferences involving a case in which the intern is actively involved, seminars dealing with clinical issues, cotherapy with a staff person including discussion, group supervision, and additional individual supervision.

(8) Has training that is at the postclerkship, postpracticum, and postexternship level.

(9) Has a minimum of two interns at the internship level of training during any period of training.

(10) Designates for internship-level trainees titles such as "intern," "resident," "fellow," or other designation of trainee status.

(11) Has a written statement or brochure that describes the goals and content of the internship, states clear expectations for quantity and quality of trainees' work and is made available to prospective interns.

(12) Provides a minimum of 1,500 hours of training experience that shall be completed in no less than 12 months within a 24-consecutive-month period.

880.2(6) *Exemption to licensure.* Psychologists residing outside the state of Iowa and intending to practice in Iowa under the provisions of Iowa Code section 154B.3(5) shall complete and submit the application for the exemption to licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

a. The applicant shall provide a summary of the intent to practice and a verification of the license in the applicant's jurisdiction of residence, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

b. The exemption must be issued prior to practice in Iowa. The exemption shall be valid for 10 consecutive business days or not to exceed 15 business days in any 90-day period.

880.2(7) *Requirements for social work licensure.* The following criteria shall apply to licensure:

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.19(147,154C).

b. The applicant for a social worker license shall submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check by the DCI and the FBI. The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

c. No application will be considered by the board until official copies of academic transcripts have been received by the board except as provided in paragraph 880.2(7)*"h."*

d. The applicant provides verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

e. The applicant will take the examination(s) provided in subrule 880.3(3).

f. Licensees who were issued their initial licenses within six months prior to the renewal shall not be required to renew their licenses until the renewal date two years later.

g. Incomplete applications that have been on file in the board office for more than two years will be:

(1) Considered invalid and be destroyed; or

(2) Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

h. In lieu of the requirements in paragraphs 880.2(7)*"c"* and *"d,"* the board will accept the ASWB Social Work Registry verification of academic transcripts and verification of licensure in other states.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.3(154B,154C,154D) Examination requirements.

880.3(1) *Examination requirements for mental health counselors and marital and family therapists.* The following criteria shall apply to the written examination(s):

a. The applicant will take and pass the following examinations in order to qualify for licensing:

(1) For a marital and family therapist license, the AMFTRB Examination in Marital and Family Therapy.

(2) For a mental health counselor license, the National Clinical Mental Health Counselor Examination (NCMHCE) of the NBCC.

(3) For a temporary mental health counselor license, the NCMHCE of the NBCC or the National Counselor Examination (NCE) of the NBCC.

If the NCMHCE is passed for the temporary mental health counselor license, it does not need to be taken a second time when applying for the full mental health counselor license.

b. The passing score on the written examination shall be the passing point criterion established by the appropriate national testing authority at the time the test was administered.

c. An applicant for a marital and family therapist license who is requesting approval to take the licensure examination prior to graduation shall:

(1) Submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

(2) Have a letter on official school letterhead sent directly from the program director to the board indicating that the applicant is in good academic standing, that the applicant will graduate from the program within three months of the date on the letter, and the applicant's anticipated date of graduation.

d. An applicant for a temporary or full mental health counselor license shall register for the examination directly with the NBCC.

880.3(2) *Psychology examination requirements.* An applicant will pass the national examination to be eligible for licensure in Iowa.

a. To be eligible to take the national examination, the applicant will:

(1) Meet all requirements of paragraphs 880.2(3)*"a"* and *"b"*; and

(2) Provide official copies of academic transcripts sent directly from the school to the board of psychology verifying completion of a doctoral degree in psychology in accordance with subrule 880.4(4).

b. The EPPP passing score shall be utilized as the Iowa passing score.

880.3(3) *Social work examination requirements.*

a. The applicant will take and pass the ASWB examination at the appropriate level as follows:

(1) Bachelor-level social worker—the basic level examination.

(2) Master-level social worker—the intermediate level examination.

(3) Independent-level social worker—the clinical level examination.

b. The board will accept only official results from the ASWB examination service that are sent directly from the examination service to the board.

c. The ASWB passing score will be utilized as the Iowa passing score.

d. An applicant may sit for the examination if the applicant meets the requirements stated in subrule 880.2(7). Upon written request of the applicant, the board may authorize a student to sit for the examination prior to the receipt of the official transcript if the student is in the last semester of an approved master of social work program. The student shall submit an application for licensure at the master level and the fee, and, in lieu of a transcript, the student shall request that the school submit a letter directly to the board office. The letter shall state that the student is currently enrolled in a master of social work program and the student's expected date of graduation. Upon completion of degree requirements, the applicant shall have the transcript showing the date of the degree sent directly from the school to the board office.

e. In lieu of the requirements in paragraph 880.3(3)*"b,"* the board will accept the ASWB Social Work Registry verification of the ASWB examination results.

f. In lieu of the requirements in paragraph 880.3(3)*"a,"* the board will accept verification of passing the state of California equivalent level licensing examination.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.4(154B,154C,154D) Educational requirements.

880.4(1) *Educational qualifications for marital and family therapists.* The applicant must complete the required semester credit hours, or equivalent quarter hours, of graduate level coursework in each of the content areas identified in paragraph 880.4(1)*"b"*; no course may be used more than once. The applicant must present proof of completion of the following educational requirements for licensure as a marital and family therapist:

a. Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of 60 semester hours (or 80 quarter hours or equivalent) or a doctoral degree in marital and family therapy from a program accredited by the COAMFTE from a college or university accredited by an agency recognized by the United States Department of Education. Applicants who entered a program of study prior to July 1, 2010, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent; or

b. Content-equivalent program. Applicants must present an official transcript verifying completion of a master's degree of 60 semester hours (or 80 quarter hours or equivalent) or a doctoral degree in marital and family therapy, behavioral science, or a counseling-related field from a college or university accredited by an agency recognized by the United States Department of Education, which is content-equivalent to a graduate degree in marital and family therapy. Applicants who entered a program of study prior to July 1, 2010, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent. Graduates from non-COAMFTE-accredited marital and family therapy programs shall provide an equivalency evaluation of the graduates' educational credentials by the CCE, website cce-global.org.

880.4(2) *Educational qualifications for mental health counselors.* The applicant must complete three semester credit hours, or equivalent quarter hours, of graduate level coursework in each of the content areas identified in paragraph 880.4(2)*"b"*; no course may be used to fulfill more than one content area. The applicant must present proof of completion of the following educational requirements for licensure as a mental health counselor:

a. Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of 60 semester hours (or equivalent quarter hours) or a doctoral degree in counseling with emphasis in mental health counseling from a mental health counseling program accredited by the CACREP from a college or university accredited by an agency recognized by the United States Department of Education. Applicants who entered a program of study prior to July 1, 2012, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent; or

b. Content-equivalent program. Applicants must present an official transcript verifying completion of a master's degree or a doctoral degree from a college or university accredited by an agency recognized by the United States Department of Education that is content-equivalent to a master's degree in counseling with emphasis in mental health counseling. Graduates from non-CACREP accredited mental health counseling programs shall provide an equivalency evaluation of their educational credentials by the CCE, website cce-global.org.

880.4(3) *Foreign-trained marital and family therapists or mental health counselors.* Foreign-trained marital and family therapists or mental health counselors shall:

a. Provide an equivalency evaluation of their educational credentials by the following: International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665; telephone 310.258.9451; website www.ierf.org or email at info@ierf.org. A candidate shall bear the expense of the curriculum evaluation.

b. Receive a final determination from the board regarding the application for licensure.

880.4(4) *Psychology educational qualifications.* An applicant for licensure to practice as a psychologist shall possess a doctoral degree in psychology.

a. At the time of an applicant's graduation:

(1) The program from which the doctoral degree in psychology is granted must be:

1. Accredited by the APA;
2. Accredited by the Canadian Psychological Association; or
3. Designated by the ASPPB/National Register; or

(2) The applicant must hold current board certification from the American Board of Professional Psychology; or

(3) The applicant must possess a postdoctoral respecialization certificate from a program accredited by the APA.

b. Foreign-trained psychologists who possess a doctoral degree in psychology and who do not meet the requirements of paragraph 880.4(4)*"a"* will:

(1) Provide an equivalency evaluation of their educational credentials by the National Register of Health Service Psychologists, 1200 New York Avenue NW, Suite 800, Washington, D.C. 20005, telephone 202.783.7663, website www.nationalregister.org, or by an evaluation service with membership in the National Association of Credential Evaluation Services at www.naces.org. A certified translation of documents submitted in a language other than English shall be provided. The candidate will bear the expense of the curriculum evaluation and translation of application documents. The educational credentials must be equivalent to programs stated in paragraph 880.4(4)*"a."*

(2) Submit evidence of meeting all other requirements for licensure stated in these rules.

880.4(5) *Social work educational qualifications.*

a. Bachelor level social worker. An applicant for a license will possess a bachelor's degree in social work from a college or university accredited by the Council on Social Work Education at the time of graduation.

b. Master and independent level social worker. An applicant for a license will present evidence satisfactory to the board that the applicant:

(1) Possesses a master's degree in social work from a college or university accredited by the Council on Social Work Education at the time of graduation; or

(2) Possesses a doctoral degree in social work from a college or university approved by the board at the time of graduation.

c. Foreign-trained social workers shall provide an equivalency evaluation of their educational credentials by International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, California 90231-3665, telephone 310.258.9451, website www.ierf.org or email at info@ierf.org; obtain a certificate of equivalency from the Council on Social Work Education, 1701 Duke Street, Suite 200, Alexandria, Virginia 22314-3457, telephone 703.683.8080, website www.cswe.org; or obtain a certificate of equivalency from an evaluation service with membership in NACES at www.naces.org or a credential evaluation service approved by the board. The professional curriculum must be equivalent to that stated in these rules. The applicant shall bear the expense of the curriculum evaluation.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.5(154D) Licensure by endorsement for mental health counselors and marital and family therapists. An applicant who has been a licensed marriage and family therapist or mental health counselor under the laws of another jurisdiction may file an application for licensure by endorsement with the board office.

880.5(1) The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

a. Meets the requirements of paragraph 880.2(1)*"a"*; and

b. Provides verification of license from the jurisdiction in which the applicant has been most recently licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

880.5(2) A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.6(147) Licensure by endorsement for psychologists. An applicant who possesses a doctoral degree in psychology and has been a licensed psychologist at the doctoral level under the laws of another jurisdiction may file an application for licensure by endorsement with the board office.

880.6(1) The board may license by endorsement any applicant from the District of Columbia or another state, territory, province, or foreign country who:

a. Submits a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

b. Provides verification of license from the jurisdiction in which the applicant has most recently been licensed, and additional verifications if necessary to verify at least three years of an independent license as described in paragraph 880.6(1)*"c"* sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

c. Provides verification of a current Certificate of Professional Qualification (CPQ) issued by the ASPPB, or verification of a doctoral degree in psychology and an independent license to practice psychology in another jurisdiction for at least three years with no disciplinary history. Except as stated in paragraph 880.4(4)*"b,"* applicants providing certification or verification are deemed to have met the requirements stated in subparagraphs 880.6(1)*"c"*(1) and *"c"*(2). The board may license by endorsement any other applicant who:

(1) Provides the official EPPP score sent directly to the board from the ASPPB or verification of the EPPP score sent directly from the state of initial licensure. The recommended passing score established by the ASPPB shall be considered passing.

(2) Shows evidence of licensure requirements that are substantially equivalent to those required in Iowa by one of the following means:

1. Provides:

- Official copies of academic transcripts that have been sent directly from the school; and
- Satisfactory evidence of the applicant's qualifications in writing on the prescribed forms by the applicant's supervisors. If verification of professional experience is not available, the board may consider submission of documentation from the jurisdiction in which the applicant is currently licensed or equivalent documentation of supervision; or

2. Has an official copy of one of the following certifications sent directly to the board from the certifying organization:

- Current credentialing at the doctoral level as a health service provider in psychology by the National Register of Health Service Psychologists.
- Board certification by the American Board of Professional Psychology that was originally granted on or after January 1, 1983.

880.6(2) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.7(154C,154D) Supervised clinical experience. An applicant for licensure as a mental health counselor, marital and family therapist, or independent level social worker must complete a supervised clinical experience as set forth in this rule.

880.7(1) *Minimum requirements.* The supervised clinical experience must satisfy all of the following requirements:

a. Timing. The supervised clinical experience cannot begin until after all graduate coursework has been completed with the exception of the thesis.

b. Duration. The supervised clinical experience must be for a minimum of two years.

c. Minimum number of hours. The supervised clinical experience must consist of at least 3,000 hours of total practice.

d. Minimum number of direct client hours. The supervised clinical experience will consist of at least 1,500 hours of direct client contact.

e. Minimum number of direct supervision hours. The supervised clinical experience will consist of at least 110 hours of direct supervision equitably distributed throughout the supervised clinical experience. A maximum of 50 hours of direct supervision may be obtained through group supervision. Direct supervision can occur in person or by using videoconferencing. After 110 hours of direct supervision are complete, ongoing direct supervision will continue to occur for the remainder of the supervised clinical experience.

f. Number of supervisors. A supervisee may utilize a maximum of four supervisors at any given time. A supervisee is responsible for notifying each supervisor if another supervisor is also being utilized to allow for coordination as appropriate.

g. Number of supervisees. A supervisor will determine the number of supervisees who can be supervised safely and competently and will not exceed that number.

h. Content. The supervised clinical experience must involve performing psychosocial assessments, diagnostic practice using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published March 2022, and providing treatment, including the establishment of treatment goals, psychosocial therapy using evidence-based therapeutic modalities, and differential treatment planning. The supervised clinical experience will prepare the supervisee for independent practice and must include training on practice management, ethical standards, legal and regulatory requirements, documentation, coordination of care, and self-care.

880.7(2) *Eligible supervisors.* A supervisor must satisfy all of the following requirements:

a. Hold an active license as an independent level social worker, mental health counselor, or marital and family therapist in Iowa.

b. Have a minimum of three years of independent practice.

c. Have completed at least a six-hour continuing education course in supervision or one graduate-level course in supervision.

d. Be knowledgeable of the applicable ethical code and licensing rules governing the supervisee. Any request for a supervisor who does not meet these requirements must be approved by the board before supervision begins.

880.7(3) *Supervision plan.* Prior to beginning supervision, the supervisee will submit a written supervision plan to the board using the current form published by the board. The supervisee will also submit a written supervision plan to the board prior to beginning supervision with a new supervisor.

880.7(4) *Supervision report.* When supervision is complete, or when a supervisor ceases providing supervision to the supervisee, the supervisee will ensure a completed supervision report using the current form published by the board is submitted to the board. If the supervisor reports that the supervisee is

not adequately prepared for independent licensure, or reports violations of the board's rules or applicable ethical code, the board may require the supervisee to complete additional supervision or training as deemed appropriate prior to licensure.

880.7(5) *Supervised clinical experience in other states.* An applicant who completed some or all of the supervised clinical experience in another state without obtaining licensure in that state should contact the board to determine whether some or all of the supervised clinical experience that has been completed can be used to qualify for licensure in Iowa.

880.7(6) *Grandfather clause.* Any new or additional requirements imposed by this rule do not apply to supervision that started prior to July 20, 2022.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.8(154B) Psychology postdoctoral residency.

880.8(1) The postdoctoral residency may begin after all academic requirements for the doctoral degree, including completion of the predoctoral internship, have been completed. The postdoctoral residency shall consist of a minimum of 1,500 hours that are completed in no less than ten months.

880.8(2) During the postdoctoral residency, the supervisee will competently apply the principles of psychology under the supervision of a licensed psychologist who is actively licensed in the jurisdiction where the supervision occurs in accordance with the following:

a. The supervisee and supervisor will complete a supervision plan using the form provided by the board. The supervision plan must be submitted to the board if the supervisee is applying for or utilizing a provisional license.

b. A supervisor will not have more than three concurrent full-time supervisees or the equivalent in part-time supervisees. Full-time is defined as 40 hours per week.

c. The supervisee and supervisor will meet individually in person or via videoconferencing during each week in which postdoctoral residency hours are accrued, for no less than a total of 45 hours during the postdoctoral residency. Group supervision hours cannot count toward the 45 hours of individual supervision required.

d. The supervisor will provide supervision at all times, which means the supervisor will be readily available on site, or via electronic or telephonic means, at all times when the supervisee is providing services so that the supervisee may contact the supervisor for advice, assistance, or instruction. A supervisor will identify one or more licensed mental health providers who can be contacted for advice, assistance, or instruction during times in which the supervisor will not be readily available.

e. The supervisee and supervisor will have a crisis plan in place any time the supervisee is providing services and the supervisor is not on site in the same physical setting as the supervisee.

f. The supervisor will establish and maintain a level of supervisory contact consistent with established professional standards and be fully accountable in the event that professional, ethical or legal issues are raised.

g. The supervisor will provide training that is appropriate to the functions to be performed. The supervisee shall have the background, training, and experience that is appropriate to the functions performed. The supervisor shall not permit the supervisee to engage in any psychological practice that the supervisor cannot perform competently.

h. The supervisor and supervisee will ensure clients are informed regarding the supervisee's status and the sharing of information between the supervisee and supervisor.

i. The supervisor will have reasonable access to the clinical records corresponding to the work being supervised. The supervisor will countersign all written reports, clinical records and clinical communications as "Reviewed and Approved" by the supervisor.

j. All services will be offered in the name of the supervisor. The supervisee and supervisor will ensure that the supervisee uses a title in accordance with rule 481—880.17(147,154B).

k. The fee schedule and receipt of payment will remain the sole domain of the supervisor or employing agency.

l. The supervisor will maintain an ongoing record of supervision that details the types of activities in which the supervisee is engaged, the level of the supervisee's competence in each, and the type and outcome of all procedures.

m. The supervisor is responsible for determining the competency of the work performed by the supervisee and must honestly and accurately complete the supervision report at the conclusion of providing supervision.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.9(154B) Psychologists' supervision of persons other than postdoctoral residents in a practice setting.

880.9(1) This rule applies when a psychologist is supervising individuals who are not licensed or who are provisionally licensed and completing the predoctoral internship. This rule does not apply to supervision of an individual completing a postdoctoral residency in accordance with rule 481—880.17(147,154B), regardless of whether the individual is provisionally licensed or not.

880.9(2) The supervising psychologist will:

a. Be vested with administrative control over the functioning of assistants in order to maintain ultimate responsibility for the welfare of every client. When the employer is a person other than the supervising psychologist, the supervising psychologist must have direct input into administrative matters.

b. Have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan effective service delivery procedures. The progress of the work will be monitored through such means as will ensure that full legal and professional responsibility can be accepted by the supervisor for all services rendered. Supervisors will also be available for emergency consultation and intervention.

c. Provide work assignments that are commensurate with the skills of the supervisee. All procedures will be planned in consultation with the supervisor.

d. Work in the same physical setting as the supervisee unless the supervisee is receiving formal training pursuant to the requirements for licensure as a psychologist. For supervisees working off site while receiving formal licensure training, ensure the off-site location has a licensed mental health provider or primary care provider on site whenever the supervisee is working for purposes of providing emergency consultation.

e. Make public announcement of services and fees; contact with laypersons or the professional community will be offered only by or in the name of the supervising psychologist. Titles of unlicensed persons must clearly indicate their supervised status.

f. Provide specific information to clients when an unlicensed person delivers services to those clients, including disclosure of the unlicensed person's status and information regarding the person's qualifications and functions.

g. Inform clients of the possibility of periodic meetings with the supervising psychologist at the client's, the supervisee's or the supervisor's request.

h. Provide for setting and receipt of payment that will remain the sole domain of the employing agency or supervising psychologist.

i. Establish and maintain a level of supervisory contact consistent with established professional standards and be fully accountable in the event that professional, ethical or legal issues are raised.

j. Provide a detailed job description in which functions are designated at varying levels of difficulty, requiring increasing levels of training, skill and experience. This job description will be made available to representatives of the board and service recipients upon request.

k. Be responsible for the planning, course, and outcome of the work. The conduct of supervision shall ensure the professional, ethical, and legal protection of the client and of the unlicensed persons.

l. Countersign all written reports, clinical records and clinical communications as "Reviewed and Approved" by the supervising psychologist.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.10(147) License renewal for mental health counselors and marriage and family therapists.

880.10(1) The biennial license renewal period for a license to practice marital and family therapy or mental health counseling shall begin on October 1 of an even-numbered year and end on September 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.10(2) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—881.2(272C). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date. An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the next renewal two years later.

c. Complete a compact eligibility review. This rule applies to mental health counselor licensees who were licensed prior to enactment of this rule unless this was completed at the time of initial licensure. In order to complete the compact eligibility review, at or prior to the licensee's next renewal, the licensee must submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and the FBI criminal history background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and the FBI.

880.10(3) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.10(3)*"d."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of two hours of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.10(3)*"d."*

c. The licensee shall maintain written documentation for five years after mandatory training as identified in paragraphs 880.10(3)*"a"* and *"b,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 500.

e. The board may select licensees for audit of compliance with the requirements in paragraphs 880.10(3)*"a"* through *"d."*

880.10(4) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.10(5) A person licensed to practice as a marital and family therapist or mental health counselor shall keep the person's license certificate and wallet card displayed in a conspicuous public place at the primary site of practice.

880.10(6) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the wallet card. The licensee shall be assessed a late fee as specified in 481—subrule 507.3(3). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.10(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not practice mental health counseling or marital and family therapy in Iowa until the license is reactivated. A licensee who practices mental health counseling or marital and family therapy in

the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.11(272C) Initial licensing, reactivation, and license renewal for behavior analysts and assistant behavior analysts.

880.11(1) An initial license for a behavior analyst or assistant behavior analyst shall be issued with the same expiration date as the applicant's current certification issued by BACB.

880.11(2) The biennial license renewal period for a behavior analyst or assistant behavior analyst shall run concurrent with the licensee's BACB certification. Each license renewed shall be given the expiration date that is on the licensee's current BACB certification. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.11(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements required by BACB to renew a certification.

b. Maintain current certification as a board-certified behavior analyst, board-certified behavior analyst-doctoral, or board-certified assistant behavior analyst issued by BACB.

c. Submit the completed renewal application and renewal fee before the license expiration date.

880.11(4) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.11(5) A person licensed as a behavior analyst or assistant behavior analyst shall keep the person's license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

880.11(6) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.3(5). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.11(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not engage in the practice of applied behavior analysis for which a license is required in Iowa until the license is reactivated. A licensee who practices applied behavior analysis in a capacity that requires licensure in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

880.11(8) Reactivation. To apply for reactivation of an inactive license, a licensee shall submit a completed renewal application and proof of current certification and shall be assessed a reactivation fee as specified in 481—subrule 507.3(6).

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.12(147) Psychology license renewal.

880.12(1) The biennial license renewal period for a license to practice psychology shall begin on July 1 of even-numbered years and end on June 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.12(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

880.12(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—881.2(272C) and the mandatory reporting requirements of subrule 880.12(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

880.12(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.12(4)*"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.12(4)*"e."*

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

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 880.12(4)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in rule 481—500.9(272C).

f. The board may select licensees for audit of compliance with the requirements in paragraphs 880.12(4)*"a"* through *"e."*

880.12(5) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.12(6) A person licensed to practice as a psychologist shall keep the person's license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

880.12(7) Late renewal.

a. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.16(3).

b. To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.12(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but shall not practice as a psychologist or health service provider in psychology in Iowa until the license is reactivated. A licensee who practices as a psychologist or health service provider in psychology in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.13(154C) Social work license renewal.

880.13(1) The biennial license renewal period for a license to practice social work will begin on January 1 of odd-numbered years and end on December 31 of the next even-numbered year. Every licensee will renew on a biennial basis. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of the responsibility for renewing the license.

880.13(2) Renewal procedures.

a. A licensee seeking renewal will:

(1) Meet the continuing education requirements of rule 481—881.2(272C) and the mandatory reporting requirements of subrule 880.13(3); and

(2) Submit the completed renewal application and renewal fee before the license expiration date.

b. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 27 hours of continuing education per biennium for each subsequent license renewal.

c. Persons licensed to practice social work shall keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

d. Failure to receive the notice of renewal will not relieve the licensee of the responsibility for submitting the required materials and the renewal fee to the board office 30 days before license expiration.

e. A social worker whose Iowa license is delinquent, closed, retired, voluntarily surrendered, suspended, or revoked cannot advance to a higher level until the license is again active.

880.13(3) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.13(3)*"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.13(3)*"e."*

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

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 880.13(3)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in rule 481—500.9(272C).

f. The board may select licensees for audit of compliance with the requirements in paragraphs 880.13(3)*"a"* through *"e."*

880.13(4) Late renewal. To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

880.13(5) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not practice as a social worker in Iowa until the license is reactivated. A licensee who practices as a social worker in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

880.13(6) Upon receiving the information required by this rule and the required fee, board staff will administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.14(17A,147,272C) License reactivation for mental health counselors, marital and family therapists, psychologists, and social workers. To apply for reactivation of an inactive license, a licensee shall:

880.14(1) Submit a reactivation application.

880.14(2) Pay the reactivation fee that is due as specified in 481—Chapter 507.

880.14(3) Provide verification of license from the jurisdiction in which the applicant has been most recently licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification directly from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

880.14(4) For mental health counseling and marriage and family therapy licenses:

a. Provide verification of a current active license in another jurisdiction at the time of application, or

b. Provide verification of completion of continuing education taken within two years prior to the application for reactivation.

(1) If the license has been inactive for less than five years, the applicant must submit verification of 40 hours of continuing education.

(2) If the license has been inactive for more than five years, the applicant must submit verification of 80 hours of continuing education.

c. If the mental health counseling license has been inactive for two or more years and the licensee cannot provide verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation, submit required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and the FBI criminal history background checks will be assessed to the licensee. The board may withhold reactivation of a license pending receipt of a report from the DCI and the FBI.

880.14(5) For psychology licenses, provide verification of a current active license in another jurisdiction at the time of application or verification of completion of continuing education taken within two years of the application. If the license has been inactive for less than five years, the applicant must submit verification of 40 hours of continuing education, and if the license has been inactive for more than five years, the applicant must submit verification of 80 hours of continuing education.

880.14(6) For social work licenses, provide:

a. Verification of completion of 27 hours of continuing education within two years of application for reactivation or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, the verification in paragraph 880.14(6)*"a"* and one of the following:

(1) Verification of passing the ASWB examination within the last five years at the appropriate or higher level as follows:

1. Bachelor-level social worker—the bachelor's level examination;
2. Master-level social worker—the master's level examination; or
3. Independent-level social worker—the clinical level examination.

(2) Verification of continued social work practice at the appropriate or higher level in another state for a minimum of two years immediately preceding the application for reactivation.

(3) If the social work license has been inactive for two or more years and the licensee cannot provide verification of active practice, in accordance with subparagraph 880.14(6)*"b"*(2), in another state or jurisdiction during the two years preceding an application for reactivation, required waivers and fingerprints pursuant to the board-approved process to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and the FBI criminal history

background checks will be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and the FBI.
[**ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.15(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—880.14(17A,147,272C) prior to practicing in this state.
[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.16(154C) Social work services subject to regulation. Social work, marital and family therapy, and mental health counseling services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the practitioner, shall constitute the practice of the profession and are subject to regulation in Iowa.
[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.17(147,154B) Psychology title designations.

880.17(1) Students who are enrolled in an education program that satisfies the requirements of subrule 880.4(4) and who are completing the predoctoral internship may be designated "psychology intern" or "intern in psychology."

880.17(2) Applicants for licensure who have met educational requirements and who are completing the postdoctoral residency to be eligible for licensure may be designated "psychology resident," "resident in psychology," "psychology postdoctoral fellow," or "postdoctoral fellow in psychology." The designation of "resident" shall not be used except during a postdoctoral residency that meets the requirements of rule 481—880.8(154B).

880.17(3) Persons who possess provisional licenses shall add the designation "provisional license in psychology" following the "resident," "intern," or "fellow" designation.
[**ARC 9401C**, IAB 7/9/25, effective 8/13/25]

481—880.18(147) Professional counselor licensing compact. The rules of the Counseling Compact Commission are incorporated by reference. A mental health counselor may engage in the practice of licensed mental health counseling in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the counseling compact. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the counseling compact. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active-duty military member or spouse of an individual who is an active-duty military member. A mental health counselor who practices mental health counseling in Iowa using a compact privilege is subject to the rules governing licensees in this chapter and in 481—Chapters 881, 882, 884, and 885. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A, 147H, and 272C and 481—Chapters 503, 504, and 506.

This rule is intended to implement Iowa Code chapter 147H.
[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

481—880.19(147) Professional social work licensure compact (SWLC). The rules of the SWLC are incorporated by reference. A social worker may engage in the practice of licensed social work in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the SWLC. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the SWLC. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active duty military member or spouse of an individual who is an active duty military member. A social worker who practices social work in Iowa using a compact privilege is subject to the rules governing licensees in this chapter and in 481—Chapters 881, 882, 884, and 885. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A, 147I, and 272C and 481—Chapters 503, 504, and 506.

This rule is intended to implement Iowa Code chapter 147I.

481—880.20(154D) Temporary licensees. A temporary licensee shall engage only in the practice of marital and family therapy or mental health counseling as part of an agency or group practice with oversight over the temporary licensee. The agency or group practice shall have at least one independently licensed mental health provider. A temporary licensee shall not practice as a solo practitioner or solely with other temporary licensees.

[**ARC 9401C**, IAB 7/9/25, effective 8/13/25; **ARC 0556D**, IAB 9/2/26, effective 10/7/26]

These rules are intended to implement Iowa Code chapters 17A, 147, 154B, 154C, 154D and 272C.

[Filed ARC 9401C (Notice ARC 8878C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

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CHAPTER 881
CONTINUING EDUCATION FOR MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, SOCIAL WORKERS, AND PSYCHOLOGISTS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—881.1(272C) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means the license is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of behavioral health professionals.

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a continuing education program or activity that a licensee pursues autonomously that includes a posttest and meets the general criteria in subrule 881.2(9).

"License" means license to practice.

"Licensee" means any person licensed to practice marital and family therapy, mental health counseling, social work, or psychology in the state of Iowa.

"Practice of psychology" means the application of established principles of learning, motivation, perception, thinking, psychophysiology and emotional relations to problems, behavior, group relations, and biobehavior by persons trained in psychology for compensation or other personal gain. The application of principles includes but is not limited to counseling and the use of psychological remedial measures with persons, in groups or individually, with adjustment or emotional problems in the areas of work, family, school and personal relationships. The practice of psychology also means measuring and testing personality, mood-motivation, intelligence/aptitudes, attitudes/public opinion, and skills; the teaching of such subject matter; and the conducting of research on the problems relating to human behavior.

[**ARC 9404C**, IAB 7/9/25, effective 8/13/25]

481—881.2(272C) Continuing education requirements.

881.2(1) The biennial continuing education compliance period for mental health counselors and marriage and family therapists shall extend for a 25-month period beginning on September 1 of the even-numbered year and ending on September 30 of the next even-numbered year. Each biennium, each person who is licensed to practice as a mental health counselor or marriage and family therapist in this state is required to complete a minimum of 40 hours of continuing education that meets the requirements of this chapter.

881.2(2) The biennial continuing education compliance period for psychologists shall extend for a two-year period beginning on July 1 of even-numbered years and ending on June 30 of even-numbered years. Each biennium, each person who is licensed to practice as a psychologist in this state shall be required to complete a minimum of 40 hours of continuing education approved by the board.

881.2(3) The biennial continuing education compliance period for social workers extends for a two-year period beginning on January 1 of each odd-numbered year and ending on December 31 of the next even-numbered year. Each biennium, each person who is licensed to practice as a social worker in this state will be required to complete a minimum of 27 hours of continuing education approved by the board.

881.2(4) Requirements for new mental health counselor, marriage and family therapist, and psychology licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. A new mental health counselor, marriage and family therapist, or psychology licensee will be required to complete a minimum of 40 hours of continuing education per biennium for each subsequent license renewal. A new social work licensee will be required to complete a minimum of 27 hours of continuing education per biennium for each subsequent license renewal.

881.2(5) No hours of continuing education are required to renew a provisional license.

881.2(6) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

881.2(7) Up to 50 percent of continuing education can be carried over into the next biennium if there was an amount of continuing education completed during the prior period that exceeded the minimum requirement. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

881.2(8) It is the responsibility of each licensee to finance the cost of continuing education.

881.2(9) General criteria. A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

881.2(10) Specific marriage and family therapy and mental health counseling criteria.

a. Continuing education hours of credit may be obtained by completing the following:

(1) Attendance at workshops, conferences, symposiums and webinars.

(2) Academic courses. Official transcripts indicating successful completion of academic courses that apply to the field of mental health counseling or marital and family therapy, as appropriate, will be necessary in order to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

(3) Independent study courses that meet the general criteria in subrule 881.2(9).

(4) Any of the following activities, not to exceed a combined total of 20 hours:

1. Presenting professional programs that meet the criteria in subrule 881.2(9). Two hours of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit. Presenting at a professional program does not include teaching a class at an institution of higher learning at which the applicant is regularly and primarily employed. Presentations to lay public are excluded.

2. Scholarly research or other activities, the results of which are published in a recognized professional publication such as a refereed journal, monograph or conference proceedings. The scholarly research must be integrally related to the practice of the professions.

3. Publication in a refereed journal. The article in a refereed journal for which the licensee is seeking continuing education credit must be integrally related to the practice of the professions.

4. Teaching in an approved college, university, or graduate school. The licensee may receive credit on a one-time basis for the first offering of the course.

5. Authoring papers, publications, and books. The licensee will receive 5 hours of credit per page with a maximum of 20 hours of credit.

6. Serving on a state or national professional board. The licensee will receive a maximum of three hours of credit.

b. Additional criteria includes the following:

(1) Three hours of the 40 continuing education hours will be in ethics.

(2) Effective with the biennial continuing education compliance period that begins October 1, 2022, persons serving in a supervisory role must complete three hours of continuing education in supervision.

(3) Effective July 1, 2019, a licensee who regularly examines, attends, counsels or treats adults in Iowa shall complete, within six months of employment or prior to the expiration of a current certification, an initial two-hour course in dependent adult abuse training for mandatory reporters offered by the department of health and human services. Thereafter, all mandatory reporters shall take a one-hour recertification training every three years, prior to the expiration of a current certification.

(4) Effective July 1, 2019, a licensee who regularly examines, attends, counsels or treats children in Iowa shall complete, within six months of employment or prior to the expiration of a current certification, an initial two-hour course in child abuse training for mandatory reporters offered by the department of health and human services. Thereafter, all mandatory reporters shall take a one-hour recertification training every three years, prior to the expiration of a current certification.

881.2(11) Specific psychology criteria.

a. For the second license renewal, licensees shall obtain six hours of continuing education pertaining to the practice of psychology in either of the following areas: Iowa mental health laws and regulations, or risk management.

b. For all renewal periods following the second license renewal, licensees shall obtain six hours of continuing education pertaining to the practice of psychology in any of the following areas: ethical issues, federal mental health laws and regulations, Iowa mental health laws and regulations, or risk management. For all board members, a maximum of two of these hours may be obtained by providing service as a member of the board as follows:

(1) One hour of credit for attendance and participation at a minimum of three regular quarterly board meetings during the license biennium, or

(2) Two hours of credit for attendance and participation at a minimum of six regular quarterly board meetings during the license biennium.

c. A licensee may obtain the remainder of continuing education hours of credit by:

(1) Completing training to comply with mandatory reporter training requirements as specified in 481—subrule 880.10(3). Hours reported for credit shall not exceed the hours required to maintain compliance with required training.

(2) Attending programs/activities that are sponsored by the American Psychological Association or the Iowa Psychological Association.

(3) Attending workshops, conferences, or symposiums that meet the criteria in subrule 881.2(9).

(4) Completing academic coursework that meets the criteria set forth in these rules. Continuing education credit equivalents are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

(5) Completing home study courses for which a certificate of completion is issued.

(6) Completing electronically transmitted courses for which a certificate of completion is issued.

(7) Conducting scholarly research, the results of which are published in a recognized professional publication. In order to claim such credit, the licensee must attest to the hours actually spent conducting research, demonstrate that the research is integrally related to the practice of psychology, explain how the research advances the licensee's knowledge in the field, and provide the published work.

(8) Preparing new courses on material that is integrally related to the practice of psychology and is beyond entry level. In order to claim such credit, the licensee must: attest that the licensee has not taught the course in the past or that the licensee has not substantially altered the course content; request a specific amount of continuing education credit; describe how the course is integrally related to the practice of the

profession and advances the licensee's knowledge in the field; and supply a course syllabus that supports the licensee's request for credit.

(9) Presenting to other professionals. A licensee may receive credit on a one-time basis for presenting continuing education programs that meet the criteria of subrule 881.2(9). Two hours of credit will be awarded for each hour of presentation.

d. A combined maximum of 30 hours of credit per biennium may be used for scholarly research, preparation of new courses, and presentations to other professionals.

881.2(12) Specific social work criteria. Continuing education hours of credit can be obtained by completing:

a. Coursework pertaining to one of the following content areas:

(1) Human behavior.

1. Theories and concepts of the development of human behavior in the life cycle of individuals, families and the social environment;
2. Community and organizational theories;
3. Normal, abnormal and addictive behaviors;
4. Abuse and neglect; and
5. Effects of culture, race, ethnicity, sexual orientation and gender.

(2) Assessment and treatment.

1. Psychosocial assessment/interview;
2. Utilization of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) of the American Psychiatric Association, published March 2022;
3. Theoretical approaches and models of practice—individual, couple, and family therapy and group psychotherapy;
4. Establishing treatment goals and monitoring progress;
5. Techniques of social work practice; and
6. Interdisciplinary consultation and collaboration.

(3) Social work research, program evaluation, or practice evaluation.

(4) Management, administration, and social policy.

1. Organizational policies and procedures;
2. Advocacy and prevention in social work practice;
3. Management of social work staff and other personnel; and
4. Management of social work programs.

(5) Theories and concepts of social work education.

(6) Social work ethics as they pertain to the rules of conduct.

(7) An area, as demonstrated by the licensee, that directly relates to the licensee's individual practice as a social worker. The licensee will submit for consideration by the board a specific explanation of how the program relates to the licensee's individual practice setting as a social worker.

b. A minimum of three hours per biennium in social work ethics.

c. Academic coursework that meets the criteria set forth in the rules. Continuing education equivalents are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

d. Programs designed for the purpose of enhancing the licensee's administrative, management or other clinical skills.

e. Activities/programs that are sponsored or approved by:

(1) ASWB Approved Continuing Education (ACE) program; or

(2) National Association of Social Workers (NASW) Continuing Education Unit (CEU) Approval Program.

f. Pro bono or volunteer work that meets the following criteria:

(1) A licensee may earn a maximum of 3 of the required 27 hours of continuing education for credit during one biennium by performing pro bono or volunteer services for indigent, underserved populations or in areas of critical need within the state of Iowa. Such services must be approved in advance by the board.

(2) A licensee will apply for prior approval of pro bono or volunteer services by sending a letter to the board indicating that the following requirements will be met:

1. The site for these services is identified including information about the clients, the services that will be offered, how they will be performed and the learning objectives.

2. A contract will be established between licensee and client(s), and each party will be aware that the services are being provided without charge.

3. The services will be subject to all the legal responsibilities and obligations related to the licensee's profession.

4. The licensee will keep records and files of these client services pursuant to this rule.

5. A representative from the site for pro bono or volunteer services must provide a letter stating that these services are to be performed by the licensee.

6. Upon review, the licensee will receive a letter from the board indicating prior approval for these pro bono or volunteer services that will be done for continuing education credit.

7. Following completion of such services:

- The licensee must provide the board a letter stating that the services were performed as planned.
- The representative from the site must provide a letter indicating such completion.

g. Instruction of a course at an approved college, university or graduate school of social work. A licensee may receive credit on a one-time basis, not to exceed three hours of continuing education credit per biennium.

h. Instruction, presentation, or moderation of continuing education programs. A licensee may receive credit on a one-time basis, not to exceed three hours of continuing education credit per biennium, for programs at which the licensee is actually in attendance for the complete program, provided the licensee receives a certificate of attendance in compliance with this rule.

i. Authorship of professional papers, publications or books and preparation of presentations and exhibits. A presentation must be made before a professional audience. Presentations may receive credit on a one-time basis for the article, publication, book or preparation of a presentation or exhibit, not to exceed three hours of continuing education credit per biennium.

j. Supervision of a social work practicum student(s) from an accredited social work education program. A licensee may receive one credit for every 100 hours supervised, not to exceed 6 hours of continuing education credit per biennium.

k. For licensure at the independent level for supervisors, three hours of continuing education in supervision.

[**ARC 9404C**, IAB 7/9/25, effective 8/13/25]

These rules are intended to implement Iowa Code chapters 154B, 154C, 154D and 272C.

[Filed ARC 9404C (Notice ARC 8876C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

CHAPTER 882
DISCIPLINE FOR MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, BEHAVIOR ANALYSTS, PSYCHOLOGISTS, AND SOCIAL WORKERS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—882.1(154D,272C) Mental health counselors, marriage and family therapists, and behavioral analysts—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

882.1(1) Failure to comply with the national association's code of ethics.

a. Marital and family therapists. Failure to comply with the current American Association for Marriage and Family Therapy (AAMFT) Code of Ethics revised January 2015, which is hereby adopted by reference. Copies of the Code of Ethics may be obtained from the AAMFT's website.

b. Mental health counselors. Failure to comply with the current Code of Ethics of the American Counseling Association (ACA) published 2014, which is hereby adopted by reference. Copies of the Code of Ethics may be obtained from the ACA website.

c. Behavior analysts and assistant behavior analysts. Failure to comply with the current Behavior Analyst Certification Board (BACB) Professional and Ethical Compliance Code for Behavior Analysts published January 2023, which is hereby adopted by reference. Copies of the Professional and Ethical Compliance Code may be obtained from the BACB website.

882.1(2) Sexual relationships.

a. Current clients. A licensee shall not engage in sexual activities or sexual contact with a client, regardless of whether such contact is consensual or nonconsensual.

b. Former clients. A licensee shall not engage in sexual activities or sexual contact with a former client within the five years following termination of the client relationship. A licensee shall not engage in sexual activities or sexual contact with a former client, regardless of the length of time elapsed since termination of the client relationship, if the client has a history of physical, emotional, or sexual abuse or if the client has ever been diagnosed with any form of psychosis or personality disorder or if the client is likely to remain in need of therapy due to the intensity or chronicity of a problem.

c. A licensee shall not engage in sexual activities or sexual contact with a client's or former client's spouse or significant other.

d. A licensee shall not engage in sexual activities or sexual contact with a client's or former client's relative within the second degree of consanguinity (client's parent, grandparent, child, grandchild, or sibling) when there is a risk of exploitation or potential harm to a client or former client.

e. A licensee shall not provide clinical services to an individual with whom the licensee has had prior sexual contact.

882.1(3) Physical contact. A licensee shall not engage in physical contact with a client when there is a possibility of psychological harm to the client as a result of the contact. A licensee who engages in appropriate physical contact with a client is responsible for setting clear, appropriate, and culturally and age-sensitive boundaries that govern such contact.

[**ARC 9402C**, IAB 7/9/25, effective 8/13/25]

481—882.2(147,272C) Psychologists—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of the following offense or those listed in 481—Chapter 504: failure to comply with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, as published in the December 2002 edition of American Psychologist and including amendments effective January 1, 2017, hereby adopted by reference. Copies of the Ethical Principles of Psychologists and Code of Conduct may be obtained from the American Psychological Association's website at www.apa.org.

[**ARC 9402C**, IAB 7/9/25, effective 8/13/25]

481—882.3(272C) Social workers—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of the following offense or those listed in 481—Chapter 504: violation of a regulation, rule, or law of this state, another state, or the United States that relates to the practice of social work, including but not limited to the rules of conduct found in rule 481—884.4(154C).

[**ARC 9402C**, IAB 7/9/25, effective 8/13/25]

These rules are intended to implement Iowa Code chapters 147, 154B, 154C, 154D and 272C.

[Filed ARC 9402C (Notice ARC 8875C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

CHAPTER 883
PRESCRIBING PSYCHOLOGISTS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—883.1(148,154B) Definitions—joint rule.

"APA" means the American Psychological Association.

"Applicant" means a psychologist applying for a conditional prescription certificate.

"Board" means the Iowa board of psychology.

"Board of medicine" means the Iowa board of medicine.

"Collaborating physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who serves as a resource for a prescribing psychologist pursuant to a collaborative practice agreement. A collaborating physician shall engage in the practice of family medicine, internal medicine, neurology, pediatrics, or psychiatry.

"Conditional prescribing psychologist" means a person licensed to practice psychology in Iowa who holds an active conditional prescription certificate. This term does not include prescribing psychologists.

"Conditional prescription certificate" means a certificate issued by the board to a psychologist that permits the psychologist to prescribe psychotropic medication under the supervision of a supervising physician.

"CSA registration" means a Controlled Substance Act registration issued by the Iowa board of pharmacy authorizing a psychologist to possess and prescribe controlled substances.

"DEA registration" means a mid-level practitioner registration with the Drug Enforcement Administration authorizing a psychologist to possess and prescribe controlled substances.

"Joint rule" means a rule adopted by agreement of the board of psychology and the board of medicine through the joint rulemaking process.

"Mental disorder" means a disorder that is defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association March 2022, or contained within the mental and behavioral disorders chapter of the most recent version of the International Classification of Diseases, 11th revision, effective January 1, 2022.

"Prescribing psychologist" means a person licensed to practice psychology in Iowa who holds an active prescription certificate. This term does not include conditional prescribing psychologists.

"Prescription certificate" means a certificate issued by the board to a psychologist that permits the psychologist to prescribe psychotropic medication.

"Primary care provider" means a person who engages in the practice of family medicine, internal medicine, neurology, pediatrics, obstetrics and gynecology, or psychiatry and oversees a patient's general medical care, consistent with Iowa Code section 280A.1.

"Psychologist" means a person licensed to practice psychology in Iowa.

"Psychotropic medication" means a medication that shall not be dispensed or administered without a prescription and that has been explicitly approved by the federal Food and Drug Administration for the treatment of a mental disorder, as defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association March 2022, or the most recent version of the International Classification of Diseases, 11th revision, effective January 1, 2022. "Psychotropic medication" does not include narcotics.

"Supervising physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who supervises a conditional prescribing psychologist. A supervising physician shall specialize in family medicine, internal medicine, neurology, pediatrics, or psychiatry.

"Training director" means an employee of the psychopharmacology training program who is primarily responsible for directing the training program.

"Training physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who provides training to a psychologist as part of the clinical experience and practicum described in rule 481—883.3(148,154B). A training physician shall engage in the practice of family medicine, internal medicine, neurology, pediatrics, or psychiatry. A training physician shall be approved by the psychopharmacology training program.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.2(154B) Conditional prescription certificate. A conditional prescription certificate shall authorize a psychologist to prescribe psychotropic medications to patients with mental disorders under supervision in accordance with the requirements of this chapter.

883.2(1) *Application.* Unless a basis for denial exists in accordance with rule 481—883.9(154B), the board shall issue a conditional prescription certificate to an applicant who satisfies the following requirements:

a. Holds an active license to practice psychology in Iowa and an active health service provider certification issued by the board. Both the license and the health service provider certification must be in good standing.

b. Meets the educational requirements set forth in rule 481—883.3(148,154B). Official academic transcripts shall be sent directly from the school to the board.

c. Submits a supervision plan in accordance with subrule 883.4(1).

d. Possesses malpractice insurance that covers the prescribing of psychotropic medications.

e. Submits a completed application and a nonrefundable application fee of $270.

883.2(2) *Term.* A conditional prescription certificate shall be valid for a period of four years from the date of issuance. The board shall not renew a conditional prescription certificate unless a conditional prescribing psychologist cannot complete the requirements of supervised practice within four years due to extenuating circumstances. A conditional prescribing psychologist may request an extension of a conditional prescription certificate when extenuating circumstances exist to provide additional time for the requirements of supervised practice to be met.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.3(148,154B) Educational requirements for conditional prescription certificate—joint rule. An applicant for a conditional prescription certificate shall have completed a program of study designated by the APA as a program for the psychopharmacology training of postdoctoral psychologists. The program must have included didactic instruction, a clinical experience, and a practicum satisfying the requirements of this rule. A minimum of 40 hours of basic training on clinical assessment skills shall be included as part of the program's didactic instruction.

883.3(1) *Degree.* An applicant shall possess a postdoctoral master of science degree in clinical psychopharmacology from a program designated by the APA as a program for the psychopharmacology training of postdoctoral psychologists. The degree program must be a minimum of 30 credit hours, not including the practicum, and shall include coursework in basic science; neuroscience; clinical medicine; pathological basis of disease; clinical pharmacology; psychopharmacology; and professional, ethical and legal issues. A minimum of one-third of the coursework must be completed in a live interactive format. A program must be designated by the APA at the time the degree is conferred.

883.3(2) *Clinical experience.* An applicant shall have completed a clinical experience in accordance with the requirements of this subrule. During the clinical experience, a psychologist shall learn clinical assessment techniques and pathophysiology through direct observation and hands-on training with a training physician. During the clinical experience, a psychologist shall become competent in health history interviews, physical examinations, and neurological examinations with a medically diverse patient population. The clinical experience must be associated with the psychopharmacology training program from which the psychologist obtained the postdoctoral master of science degree in clinical psychopharmacology.

a. Scope. At the beginning of the clinical experience, the psychologist shall directly observe the training physician performing clinical assessments of patients. After the training physician determines the

psychologist has gained sufficient knowledge, the clinical experience shall transition to the psychologist's performance of clinical assessments of patients under the direct observation of the training physician. After the training physician determines the psychologist has gained sufficient knowledge and experience, the psychologist may perform clinical assessments of patients without being directly observed by the training physician, provided that the training physician is on site at all times when the psychologist is with patients and is reviewing all medical records. A psychologist and a training physician shall have ongoing discussions regarding the psychologist's clinical assessment skills and progress in the clinical experience.

b. Minimum experience. The clinical experience shall consist of a minimum of 600 patient encounters that shall be completed by the end of the practicum.

c. Conflict of interest. A training physician shall not be an employee of the psychologist or otherwise have a conflict of interest that could affect the training physician's ability to impartially evaluate the psychologist's performance. A psychologist may utilize more than one training physician.

d. Milestones. To satisfactorily complete the clinical experience, a psychologist shall demonstrate competency in each of the following:

(1) Perform a health history interview to obtain pertinent information regarding a patient's chief complaint, history of the present illness, past medical and surgical history, family history, allergies, medications, and psychosocial history. The psychologist shall perform a review of systems to elicit a health history and shall appropriately document the health history.

(2) Perform a physical examination in a logical sequence, ensuring appropriate positioning of the patient, proper patient draping, and proper application of the principles of asepsis throughout the examination. The psychologist shall verbalize and assess the components of a general survey and be able to accurately assess all of the following: vital signs, including pulse, respiration, and blood pressure; skin, hair and nails; head, face and neck; eyes; ears, nose, mouth and throat; thorax, lungs and axillae; heart; peripheral vascular system; abdomen; and musculoskeletal system. The psychologist shall be proficient in utilizing any equipment needed to conduct a physical examination.

(3) Complete a neurological examination demonstrating knowledge of the history related to the neurological system and the ability to assess the following: mental status, cranial nerves, motor system, sensory system, and reflexes. The psychologist shall differentiate normal laboratory values from abnormal laboratory values and correlate abnormal laboratory values with impaired physiological systems. The psychologist shall identify adverse drug reactions and identify laboratory data and physical signs indicating an adverse drug reaction.

e. Informed consent. At the initial contact, the psychologist shall inform the patient, or the patient's legal guardian when appropriate, of the psychologist's training role in the clinical experience. The psychologist shall provide sufficient information regarding the expectations and requirements of the clinical experience to obtain informed consent and appropriate releases. Upon request, the psychologist shall provide additional information regarding the psychologist's education, training, or experience.

f. Training documentation. The psychologist and the training director shall maintain documentation accounting for all clinical experience patient encounters, including the dates, times, and locations of all clinical experience patient encounters, and documentation of completion of the milestones defined in these rules. The applicant shall provide additional documentation to the board upon request.

g. Certification. The training physician(s) and the training director shall certify on forms provided by the board that the applicant has successfully completed the minimum number of clinical experience patient encounters required and demonstrated competence in clinical assessment techniques and pathophysiology through completion of the milestones defined in these rules.

883.3(3) *Practicum.* An applicant shall have completed a practicum in accordance with the requirements of this subrule. During the practicum, a psychologist shall develop competencies in evaluating and treating patients with mental disorders through pharmacological intervention via observation and active participation. The practicum must be associated with the psychopharmacology training program from which the applicant obtained the postdoctoral master of science degree in clinical psychopharmacology and must be completed in a period of time not less than six months and not more than three years.

a. Scope. At the beginning of the practicum, the psychologist shall directly observe the training physician evaluating and treating patients with mental disorders. After the training physician determines the psychologist has gained sufficient knowledge, the practicum shall transition to the psychologist's evaluation and treatment of patients under the direct observation of the training physician. After the training physician determines the psychologist has gained sufficient knowledge and experience, the psychologist may evaluate and treat patients without being directly observed by the training physician, provided that the training physician is on site at all times when the psychologist is with patients, has personal contact with the patient at each visit, and is reviewing all pertinent medical records. During the practicum, the training physician shall make all final treatment decisions, with consultation from the psychologist prior to making a final determination regarding the psychopharmacological treatment of a patient.

b. Minimum number of hours. A practicum shall consist of a minimum of 400 hours. Only hours spent face to face evaluating and treating patients with mental disorders and hours spent discussing treatment plans with a training physician may count as practicum hours. Time spent by the psychologist providing services that are within the scope of practice of a licensed psychologist, such as psychological examinations and psychotherapy, shall not be counted as practicum hours.

c. Minimum number of patients. A psychologist shall see a minimum of 100 individual patients throughout the practicum. A patient can be counted toward this requirement if the patient has a diagnosed mental disorder and pharmacological intervention is considered as a treatment option, even if a decision is made not to prescribe a psychotropic medication to the patient. Over the course of the practicum, the psychologist shall observe, evaluate, and treat patients encompassing a range of ages and a variety of psychiatric diagnoses.

d. Settings. At least 100 hours of the 400 hours must be completed in a psychiatric setting. At least 100 hours of the 400 hours must be completed in a primary care or community mental health setting.

e. Conflict of interest. A training physician shall not be an employee of the psychologist or otherwise have a conflict of interest that could affect the training physician's ability to impartially evaluate the psychologist's performance. A psychologist may utilize more than one training physician.

f. Milestones. To successfully complete the practicum, a psychologist shall demonstrate competency in each of the following:

(1) Physical examination and mental status examination. The psychologist shall perform comprehensive and focused physical examinations and mental status evaluations, demonstrate proper use of instruments, and recognize variation associated with developmental stages and diversity.

(2) Review of systems. The psychologist shall integrate information learned from patient reports, signs, symptoms, and a review of each major body system, recognizing normal developmental variations.

(3) Medical history interview. The psychologist shall systematically conduct a patient clinical interview, producing a patient's medical, surgical, psychiatric, and medication history, as well as a family medical and psychiatric history, and be able to communicate the findings in written and verbal form.

(4) Assessment indications and interpretation. The psychologist shall order and interpret appropriate tests (e.g., psychometric, laboratory, and radiological) for the purpose of making a differential diagnosis and monitoring therapeutic and adverse effects of treatment.

(5) Differential diagnosis. The psychologist shall determine primary and alternate diagnoses using established diagnostic criteria.

(6) Integrated treatment planning. The psychologist shall identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial, and combined treatments, and sequence treatment within the larger biopsychosocial context.

(7) Consultation and collaboration. The psychologist shall understand the parameters of the role of a prescribing psychologist and work with other professionals, including a patient's primary care physician, in an advisory or collaborative manner to effectively treat a patient.

(8) Treatment management. The psychologist shall apply, monitor, and modify as needed the treatment of a patient and learn to write valid and complete prescriptions.

(9) Medical documentation. The psychologist shall demonstrate appropriate medical documentation for the patient-psychologist interaction to include subjective and objective assessment; mental status,

physical examination findings, or both; formulation; diagnostic impression; and comprehensive treatment plan.

g. Informed consent. At the initial contact, the psychologist shall inform the patient, or the patient's legal guardian when appropriate, of the psychologist's training role in the practicum. The psychologist shall provide sufficient information regarding the expectations and requirements of the practicum to obtain informed consent and appropriate releases. Upon request, the psychologist shall provide additional information regarding the psychologist's education, training, or experience.

h. Training documentation. The psychologist and the training director shall maintain documentation regarding all patients observed, evaluated, and treated by the psychologist as part of the practicum. The documentation shall clearly identify the training physician for each patient. The psychologist and the training director shall maintain documentation of all practicum hours, including the dates, times, and locations of all practicum hours, and documentation of completion of the milestones defined in these rules. The applicant shall provide additional documentation to the board upon request.

i. Certification. The training physician(s) and the training director shall certify on forms provided by the board that the psychologist has successfully completed the minimum number of practicum hours, treated the minimum number of patients, and demonstrated competence in the evaluation and treatment of patients with mental disorders through pharmacological intervention through completion of the milestones defined in these rules.

883.3(4) *Examination.* A psychologist shall pass the Psychopharmacology Examination for Psychologists (PEP) administered by the APA Practice Organization's College of Professional Psychology or by the Association of State and Provincial Psychology Boards. The passing score utilized by the board shall be the passing score recommended by the test administrator. The examination score shall be sent directly from the testing service to the board.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.4(148,154B) Supervised practice as a conditional prescribing psychologist—joint rule. A conditional prescribing psychologist shall complete a minimum of two years of supervised practice in prescribing psychotropic medications to patients with mental disorders in accordance with this rule to be eligible to apply for a prescription certificate.

883.4(1) *Supervision plan.* Prior to issuing a conditional prescription certificate, the board shall review and approve the proposed supervision plan.

a. The proposed supervision plan must include the following:

(1) Conditional prescribing psychologist information. The plan must include the name, license number, address, telephone number, and email address of the supervisee.

(2) Supervising physician information. The plan must include the name, license number, date of licensure, area of specialization, address, telephone number, and email address of each supervising physician.

(3) Primary supervising physician. The plan must include a designation of the primary supervising physician.

(4) Period of supervision. The plan must include the beginning date of the supervision plan and estimated date of completion.

(5) Locations and settings. The plan must include a description of the locations and settings where and with whom supervision will occur.

(6) Scope of practice. The plan must include a description of the scope of practice of the conditional prescribing psychologist, including any limitations on the types of psychotropic medications that may be prescribed and the patient populations to which a prescription may be issued and including the expectations and responsibilities of the supervising physician.

(7) Release of information. The plan must include a provision requiring the conditional prescribing psychologist to obtain a release of information from all patients who are considered for psychopharmacological intervention, authorizing the conditional prescribing psychologist to share the patient's health information with the supervising physician.

(8) Consultation between the conditional prescribing psychologist and the supervising physician. The plan must include a provision requiring that the conditional prescribing psychologist consult with

the supervising physician on a regular basis regarding a patient's psychotropic treatment plan and any potential complications. A conditional prescribing psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the supervising physician objects on the basis of a contraindication.

(9) Consultation between the supervising physician and the primary care physician. The plan must include a provision requiring that the supervising physician consult with the patient's primary care physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

(10) Termination of the supervision plan. The plan must include a description of how the supervision plan may be terminated and the process for notifying affected patients.

(11) Signatures. The plan must include signatures of the psychologist and all supervising physicians.

b. A conditional prescribing psychologist shall inform the board of any amendments to the conditional prescribing psychologist's supervision plan, including the addition of any supervising physicians, within 30 days of the change. Amendments to a supervision plan are subject to board approval.

c. The board shall transmit all approved supervision plans and approved amendments to the board of medicine.

883.4(2) *Responsibilities of a supervising physician.* A supervising physician shall provide supervision in accordance with rules established by the board of medicine.

883.4(3) *Responsibilities of a conditional prescribing psychologist.* At the initial contact, a conditional prescribing psychologist shall inform a patient, or a patient's legal guardian when appropriate, that the conditional prescribing psychologist is practicing under the supervision of a physician for purposes of prescribing psychotropic medication and shall provide the name of the supervising physician. A conditional prescribing psychologist shall provide sufficient information regarding the supervision requirements to obtain informed consent and appropriate releases. Upon request, a conditional prescribing psychologist shall provide additional information regarding the conditional prescribing psychologist's education, training, or experience with respect to prescribing psychotropic medications.

883.4(4) *Specialization.* A conditional prescribing psychologist shall complete the following training during the supervised practice period to be eligible to prescribe psychotropic medications to the respective population as a prescribing psychologist:

a. Children. To prescribe to patients who are less than 17 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A pediatric practice,

(2) A child and adolescent practice, or

(3) A general practice provided the conditional prescribing psychologist treats a minimum of 50 patients who are less than 17 years of age.

b. Elderly patients. To prescribe to patients who are over 65 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A geriatric practice, or

(2) A general practice with patients across the lifespan including patients who are over 65 years of age.

c. Serious medical conditions. To prescribe to patients with serious medical conditions, including but not limited to heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities, a conditional prescribing psychologist shall complete at least one year prescribing psychotropic medications to patients with serious medical conditions.

883.4(5) *Completion of supervised practice.* A conditional prescribing psychologist shall see a minimum of 300 patients over a minimum of two years to complete the supervised practice period, provided each of the 300 patients has a diagnosed mental disorder and pharmacological intervention is considered as a treatment option, even if a decision is made not to prescribe a psychotropic medication to the patient. A conditional prescribing psychologist shall treat a minimum of 100 patients with psychotropic medication throughout the supervised practice period.

a. At the conclusion of the supervised practice period, a primary supervising physician shall certify the following:

(1) Supervision was provided in accordance with rules established by the board of medicine.

(2) A conditional prescribing psychologist has successfully completed two years of supervised practice, considered at least 300 patients for psychopharmacological intervention, and treated at least 100 patients with psychotropic medications.

(3) A conditional prescribing psychologist intending to specialize in the psychological care of children or elderly persons, or persons with serious medical conditions, has completed the requirements of subrule 883.4(4).

(4) A conditional prescribing psychologist has successfully completed the supervised practice period and demonstrated competence in psychopharmacology by demonstrating competency in the milestones listed in paragraph 883.3(3)*"f"* sufficient to obtain a prescription certificate.

b. If a conditional prescribing psychologist is unable to successfully complete the supervised practice period prior to the expiration of the conditional prescription certificate, the conditional prescribing psychologist may request an extension of the conditional prescription certificate provided that the conditional prescribing psychologist can demonstrate that the conditional prescribing psychologist is likely to successfully complete the supervised practice within the extended time requested. Any requests for extension must be submitted to and approved by both the board and the board of medicine.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.5(154B) Prescription certificate. A prescription certificate shall authorize a psychologist to prescribe psychotropic medications to patients with mental disorders in accordance with the requirements of this chapter.

883.5(1) *Application.* Unless a basis for denial exists in accordance with rule 481—883.9(154B), the board shall issue a prescription certificate to a conditional prescribing psychologist who satisfies the following requirements:

a. Holds an active license to practice psychology in Iowa, an active health service provider certification issued by the board, and an active conditional prescription certificate. The license, certification, and certificate must all be in good standing.

b. Submits documentation regarding successful completion of the supervised practice period.

c. Submits a collaborative practice agreement in accordance with rule 481—883.8(148,154B).

d. Possesses malpractice insurance that covers the prescribing of psychotropic medications.

e. Submits a completed application and a nonrefundable application fee of $60.

883.5(2) *Initial term and renewal.* An initial prescription certificate shall be valid through the current expiration date of the applicant's psychologist license. Thereafter, a prescription certificate shall be renewed biennially concurrent with the renewal of the psychologist license. A prescribing psychologist may renew a prescription certificate by submitting a completed renewal application and a nonrefundable application fee of $60. A prescribing psychologist is responsible for renewing the prescription certificate prior to its expiration.

883.5(3) *Continuing education required.* A prescribing psychologist shall complete a minimum of 20 hours of continuing education in psychopharmacology each year. A total of 40 hours of continuing education in psychopharmacology is required to renew a prescription certificate. These hours are separate from, and in addition to, the continuing education hours needed to renew a psychologist license pursuant to 481—Chapter 881. If a psychologist specializes in treating children, a minimum of 10 hours of continuing education in psychopharmacology each year, for a total of 20 hours of continuing education per renewal period, must be directly related to prescribing psychotropic medication to children.

883.5(4) *Late renewal.* A prescription certificate shall become late when it has not been renewed prior to the expiration date. To renew a late prescription certificate, a prescribing psychologist shall complete the renewal requirements and submit a late fee of $60 within 30 days following the prescription certificate expiration date. A prescribing psychologist who fails to renew a prescription certificate within 30 days following the prescription certificate expiration date shall have an inactive prescription certificate. A psychologist whose prescription certificate is inactive continues to hold the privilege of certification in Iowa but may not prescribe psychotropic medications until the prescription certificate is reactivated.

883.5(5) *Reactivation.* To apply for reactivation of an inactive prescription certificate, a psychologist shall submit a completed reactivation application, a nonrefundable fee of $60, and documentation of a minimum of 40 hours of continuing education in psychopharmacology taken within the preceding two years. If a prescription certificate has been inactive for more than five years, a psychologist shall demonstrate competence in psychopharmacology through one of the following means:

a. Practiced as a prescribing psychologist in another jurisdiction in the preceding two years.

b. Completed a period of supervised practice for a minimum of 12 months. The board may issue a conditional prescription certificate to complete a supervised practice period for purposes of prescription certificate reactivation.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.6(148,154B) Prescribing—joint rule. This rule applies to both conditional prescribing psychologists and prescribing psychologists. A psychologist shall comply with all prescription requirements described in rule 481—552.12(155A). The following limits apply to a psychologist's prescriptive authority:

1. A psychologist shall only prescribe psychotropic medications for the treatment of mental disorders.
2. A psychologist shall only prescribe psychotropic medications in situations where the psychologist has adequate education and training to safely prescribe.
3. A prescription shall identify the prescriber as a "psychologist certified to prescribe" and shall include the Iowa license number of the psychologist.
4. A prescription issued by a conditional prescribing psychologist shall contain the name of the supervising physician overseeing the care of the patient.
5. A psychologist shall not delegate prescriptive authority to any other person.
6. A psychologist is prohibited from prescribing narcotics as defined in Iowa Code section 124.101.
7. A psychologist shall maintain an active DEA registration and an active CSA registration in order to dispense, prescribe, or administer controlled substances.
8. A psychologist shall not self-prescribe nor prescribe to any person who is a member of the psychologist's immediate family or household.
9. Before prescribing a psychotropic medication that is classified as a controlled substance, a psychologist shall check the patient's prescriptive profile using the Iowa prescription monitoring program.
10. To prescribe to a patient who is pregnant or lactating, a psychologist shall consult with the patient's obstetrician-gynecologist or the physician managing the patient's pregnancy or postpartum care regarding all prescribing decisions. A psychologist shall not prescribe a psychotropic medication to a patient if the patient's obstetrician-gynecologist or the physician managing care objects on the basis of a contraindication.
11. To prescribe to a patient who has a serious medical condition, including but not limited to heart disease, kidney disease, liver disease, cancer, stroke, seizures, or comorbid psychological conditions, or to a patient who has a developmental or intellectual disability, a psychologist shall consult with the physician who is managing the comorbid condition for that patient regarding all prescribing decisions. A psychologist shall not prescribe a psychotropic medication if the patient's physician objects on the basis of a contraindication.
12. A psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the supervising physician or collaborating primary care provider objects on the basis of a contraindication.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.7(148,154B) Consultation with primary care providers—joint rule. This rule applies to both conditional prescribing psychologists and prescribing psychologists. A psychologist shall maintain a cooperative relationship with the primary care provider who oversees a patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical conditions, and significant changes in the patient's medical or psychological condition are discussed.

883.7(1) *Requirement for a primary care provider.* A patient must have a designated primary care provider who engages in the practice of family medicine, internal medicine, neurology, pediatrics, obstetrics and gynecology, or psychiatry in order for a psychologist to have the ability to prescribe psychotropic medications to the patient. If a patient does not have a designated primary care provider, a psychologist shall refer the patient to a primary care provider prior to prescribing psychotropic medications to the patient. A psychologist shall not prescribe psychotropic medications to a patient until the patient has established care with a primary care provider.

883.7(2) *Requirement for a release.* A psychologist shall obtain a release of information from the patient, or the patient's legal guardian when appropriate, authorizing the sharing of the patient's health information between the psychologist and the patient's primary care provider. A psychologist shall not prescribe psychotropic medications to a patient who refuses to sign a release.

883.7(3) *Cooperation and consultation with primary care provider.* A psychologist shall contact each patient's primary care provider on at least a quarterly basis and shall contact the primary care provider to relay information regarding the care of a patient whenever the following occur:

a. A psychologist is considering adding a new psychotropic medication to a patient's medication regimen. A psychologist shall not prescribe a new psychotropic medication if the patient's primary care provider objects on the basis of a contraindication.

b. A psychologist is discontinuing or changing the dosage of a psychotropic medication.

c. A patient experiences adverse effects from any medication prescribed by the psychologist that may be related to the patient's medical condition.

d. A psychologist receives the results of laboratory tests related to the medical care of a patient.

e. A psychologist notes a change in a patient's mental condition that may affect the patient's medical treatment.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.8(148,154B) Collaborative practice—joint rule.

883.8(1) A prescribing psychologist shall have one or more collaborating physicians at all times, as evidenced by a current collaborative practice agreement. Prior to executing a collaborative practice agreement, a prescribing psychologist and a collaborating physician shall review and discuss each other's relevant education, training, experience, and competencies to determine whether a collaborative practice is appropriate and to facilitate drafting a suitable collaborative practice agreement. A collaborative relationship between a prescribing psychologist and a collaborating physician shall ensure patient safety and optimal clinical outcomes. Collaboration may be done in person or via electronic communication in accordance with these rules. A physician shall not serve as a collaborating physician for more than two prescribing psychologists at one time. A prescribing psychologist shall not prescribe without a current written collaborative practice agreement with a collaborating physician in place. All collaborative relationships shall be reviewed and evaluated on an annual basis to ensure that the prescribing psychologist is competent to safely prescribe psychotropic medications to patients and that the collaborating physician is providing appropriate feedback to the prescribing psychologist. A collaborative practice agreement shall establish the parameters of the collaborative practice that are mutually agreed upon by the prescribing psychologist and the collaborating physician and shall be reviewed on an annual basis.

883.8(2) A collaborative practice agreement shall include the following:

a. Prescribing psychologist information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the prescribing psychologist.

b. Collaborating physician information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the collaborating physician.

c. Time period. The time period covered by the agreement.

d. Locations and settings. The locations and settings where collaborative practice will occur.

e. Collaboration. A provision indicating that the collaborating physician and prescribing psychologist shall ensure that the collaborating physician is available for timely collaboration with a prescribing psychologist, either in person or via electronic communication, in accordance with these rules.

f. Scope of practice. The scope of practice agreed upon by the collaborating physician and the prescribing psychologist, as it relates to the prescribing psychologist's prescribing of psychotropic medications, including provisions to ensure that the prescribing psychologist's practice complies with all provisions of these rules.

g. Clinical protocols, practice guidelines, and care plans. Clinical protocols, practice guidelines, and care plans relevant to the scope of practice authorized.

h. Methods of communication. A description of how a prescribing psychologist and a collaborating physician may contact each other for consultation.

i. Limitations on psychotropic medications. A description of any limitations on the range of psychotropic medications the prescribing psychologist may prescribe. The collaborative practice agreement shall also include a provision indicating that the collaborating physician and prescribing psychologist shall ensure that the prescribing psychologist only prescribes psychotropic medications that are consistent with the prescribing psychologist's education, training, experience, and competence.

j. Limitations on patient populations. A description of any limitations on the types of populations that the prescribing psychologist may treat with psychotropic medications. The collaborative practice agreement shall also include a provision indicating that the collaborating physician and prescribing psychologist shall ensure that the prescribing psychologist only provides psychopharmacology services to patient populations that are within the prescribing psychologist's education, training, experience, and competence.

k. Release of information. A provision requiring the prescribing psychologist to obtain a release of information from all patients who are considered for psychopharmacological intervention, authorizing the prescribing psychologist to share the patient's health information with the collaborating physician.

l. Chart review. A provision indicating that the collaborating physician and prescribing psychologist shall ensure that the collaborative physician personally reviews and documents review of at least 10 percent of the prescribing psychologist's patient charts on a quarterly basis in each of the following categories:

(1) Juvenile patients,
(2) Pregnant or lactating patients,
(3) Elderly patients,
(4) Patients with serious medical conditions, and
(5) All other patients.

m. Annual review. A provision requiring an annual review and evaluation of the collaborative relationship and the collaborative practice agreement.

n. Consultation between the prescribing psychologist and the collaborating physician. A provision requiring that the prescribing psychologist consult with the collaborating physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications. A prescribing psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the collaborating physician objects on the basis of a contraindication.

o. Consultation between the collaborating physician and the primary care provider. A provision requiring that the collaborating physician consult with the patient's primary care provider on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

p. Termination. A provision describing how the agreement can be terminated and the process for notifying affected patients if there will be an interruption in services.

q. Signatures. Signatures of the prescribing psychologist and all collaborating physicians.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.9(154B) Grounds for discipline. The board may deny, suspend, revoke, or impose other discipline as outlined in 481—Chapter 504 against a psychologist who holds a conditional prescription certificate or prescription certificate for any of the following:

883.9(1) Violating any of the grounds for discipline set forth in rule 481—882.2(147,272C).
883.9(2) The inability to safely prescribe psychotropic medications.
883.9(3) Prescribing medications in violation of rule 481—883.6(148,154B).
883.9(4) Repeatedly failing to cooperate and collaborate with primary care physicians.

883.9(5) Prescribing psychotropic medications without a current written collaborative practice agreement.

883.9(6) Failing to maintain malpractice insurance that covers the prescribing of psychotropic medications.

883.9(7) Practicing outside the scope of a collaborative practice agreement.

883.9(8) Prescribing medications while the conditional prescription certificate or prescription certificate is inactive, or prescribing controlled substances while the DEA registration or CSA registration is not current.

883.9(9) Having a conditional prescription certificate or prescription certificate disciplined by the licensing authority of another state.

883.9(10) Having a license or health service provider certification disciplined by the board or the licensing authority of another state.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.10(154B) List of psychologists. The board shall maintain a list of all current conditional prescribing psychologists and prescribing psychologists. The list shall be transmitted annually to the board of medicine.

883.10(1) *Information.* The list shall include the name of the psychologist, license number, license expiration date, expiration date of the conditional prescription certificate or prescription certificate, and practice locations.

883.10(2) *Additions and deletions.* When a psychologist is added or removed from the list, the board shall notify the board of medicine of the addition or deletion.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.11(148,154B) Complaints—joint rule. Any complaint received by the board alleging a violation of this chapter shall be forwarded to the board of medicine. Any complaint received by the board of medicine alleging a violation of this chapter shall be forwarded to the board.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.12(148,154B) Joint waiver—joint rule. Any rule identified as a joint rule may only be waived upon approval by both the board and the board of medicine.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

481—883.13(148,154B) Amendment—joint rule. Any rule identified as a joint rule may only be amended by agreement of the board and board of medicine through a joint rulemaking process.

[**ARC 9403C**, IAB 7/9/25, effective 8/13/25]

These rules are intended to implement Iowa Code chapters 148 and 154B.

[Filed ARC 9403C (Notice ARC 8877C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

CHAPTER 884
PRACTICE OF SOCIAL WORKERS, PSYCHOLOGISTS, MARRIAGE AND FAMILY THERAPISTS, AND MENTAL HEALTH COUNSELORS

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—884.1(154B,154C) Definitions.

"APA" means the American Psychological Association.

"Client" means the individual, couple, family, or group to whom a licensee provides direct social work services.

"Clinical records" means records created by a licensee regarding the observation and treatment of patients, such as progress notes, but does not include psychotherapy notes.

"Clinical services" means services provided by a licensed master social worker (LMSW) or licensed independent social worker (LISW) that involve the professional application of social work theory and methods in diagnosing, assessing, treating, and preventing psychosocial disabilities or impairments, including emotional and mental disorders.

"Counseling" means a method used by licensees to assist clients in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns.

"Examinee" means a person who is the subject of a forensic examination for the purpose of informing a decision maker or attorney about the psychological functioning of that examinee.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and related regulations promulgated thereunder.

"Patient" means an individual under the care of a licensee in a clinical role and is synonymous with the term "client."

"Personal representative" means a person authorized to act on behalf of the patient in making health care-related decisions, such as a parent or legal guardian, an individual with a health care power of attorney, an individual with a general power of attorney or durable power of attorney that includes the power to make health care decisions, or a court-appointed legal guardian.

"Psychosocial therapy" means a specialized, formal interaction between an LMSW or LISW and a client in which a therapeutic relationship is established and maintained to assist the client in overcoming or abating specific emotional, mental, or social problems and achieving specified goals for well-being. Psychosocial therapy is a form of psychotherapy that emphasizes the interface between the client and the client's environment. Therapy is a planned, structured program based on a diagnosis and is directed to accomplish measurable goals and objectives specified in the client's individual treatment plan.

"Psychotherapy notes" means notes recorded by a licensee documenting or analyzing the contents of a conversation during a private therapy session with a patient, or a group, joint, or family therapy session, that are maintained separately from the patient's clinical records. "Psychotherapy notes" excludes medication prescription monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of any clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

"Telepsychology" means the provision of psychological services using telecommunication technologies.

"Test data" means raw and scaled scores, patient responses to test questions or stimuli, and notes and recordings concerning patient statements and behavior during an examination.

"Test materials" means the test questions, scoring keys, protocols, and manuals that do not include personally identifying information about the subject of the test.

[**ARC 9410C**, IAB 7/9/25, effective 8/13/25]

481—884.2(147,154B,272C) Purpose and scope. The purpose of this rule is to set the minimum standards of practice for psychologists practicing in Iowa. The practice of psychology is occurring in Iowa if the patient or examinee is located in Iowa. Psychologists will ensure any interns or residents under supervision adhere to the minimum standards of practice and must comply with the requirements set

forth in 481—subrule 880.2(6). The APA Code of Ethics, published January 1, 2017, is applicable and enforceable to the extent it does not conflict with any standards of practice set forth in this chapter. A psychologist may be disciplined for any violation of this chapter or the APA Code of Ethics.

884.2(1) *Access to records.*

a. Clinical records generally. When records are requested along with a signed release from the patient or the patient's personal representative, a psychologist will provide requested clinical records in a timely manner unless there is a ground for denial under HIPAA (Health Insurance Portability and Accountability Act of 1996, PL No. 104-191, August 21, 1996, 110 Stat. 1936).

b. Psychotherapy notes. A psychologist is not required to release psychotherapy notes in response to a signed release; if a psychologist chooses to release psychotherapy notes, a signed release specifically authorizing the release of those notes will be provided.

c. Substance use disorder treatment programs. Psychologists who practice in a federally assisted substance use disorder treatment program, also known as a Part 2 program, are prohibited from disclosing any information that would identify a patient as having a substance use disorder unless the patient provides written consent in compliance with Part 2 requirements.

d. Clinical records of minor patients. A minor patient is a patient who is under the age of 18 and is not emancipated. A psychologist is not required to release the clinical records of a minor patient to the minor's personal representative if releasing such records is not in the minor's best interest. When a minor patient reaches the age of 18, the clinical records belong to the patient.

e. Clinical records of deceased patients. A psychologist will provide the clinical records of a deceased patient to the deceased patient's executor upon a written request accompanied by a copy of the patient's death certificate and a copy of the legal document identifying the requestor as the patient's executor.

f. Forensic records. A psychologist will provide forensic records consistent with the APA Specialty Guidelines for Forensic Psychology published January 2011.

g. Board. A psychologist shall provide clinical records, test data, or forensic records to the board as requested during the investigation of a complaint. A psychologist is not required to obtain a patient release to send such information to the board because the board is a health oversight agency.

h. Exceptions. These rules do not apply when there is a legal basis for not disclosing requested information.

884.2(2) *Psychological testing.* A psychologist may administer psychological tests and assessments to a patient or examinee if the psychologist has appropriate training for any psychological test or assessment utilized and the test or assessment is scientifically founded.

a. Use of proctors. A psychologist may delegate the administration of a standardized test, intelligence test, or objective personality assessment to an appropriately trained individual. The psychologist is responsible for supervising any proctors.

b. Release of test data. A psychologist will not provide test data to any person, with the exception that the test data with proper written release may be disclosed to a licensed psychologist designated by the patient or examinee. A psychologist who receives test data in this manner shall not further disseminate the test data.

c. Release of test materials. A psychologist shall not disclose test materials to any person, except for another licensed psychologist who has been designated in writing by the subject of a psychological test to receive the records associated with the psychological testing of the subject. A psychologist shall not disclose test materials in any administrative, judicial, or legislative proceeding.

884.2(3) *Judicial proceedings.* Prior to participating in a judicial proceeding, a psychologist will become familiar with the rules governing the proceeding. A psychologist will understand and clearly identify the psychologist's role in the proceeding.

a. Licensure. A license to practice psychology in Iowa or an exemption from licensure is not required solely to testify as an expert witness in court, if the psychologist did not personally examine the examinee. A psychologist who personally examines an examinee located in Iowa for the purpose of providing an expert opinion is required to be licensed or exempt from licensure at the time of the evaluation.

b. *Custody evaluations.* A psychologist who performs a child custody evaluation will comply with the APA Guidelines for Child Custody Evaluations in Family Law Proceedings published December 2010.

884.2(4) *Telepsychology.* A psychologist may practice telepsychology provided the following are met:

a. The psychologist must be licensed or be exempt from licensure in the jurisdiction where the patient or examinee is located.

b. Prior to initiating telepsychology with a new patient or examinee, a psychologist will take reasonable steps to verify the identity and location of the patient or examinee.

c. A psychologist will ensure informed consent for telepsychology includes a description of any limitations of services as a result of the technology utilized.

d. A psychologist will gain competency in the use of a particular technology prior to utilizing it in practice. A psychologist shall only use technologies that are secure and functioning properly.

e. A psychologist will apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services. If the same standard of care cannot be met with telepsychology, a psychologist will not utilize telepsychology.

884.2(5) *Records.* A psychologist will complete clinical records as soon as practicable to ensure continuity of services. All clinical records shall be completed within 30 days after the service or evaluation is complete unless there are significant extenuating circumstances. Clinical records and psychotherapy notes will be retained for at least seven years after the last date of service, or until at least three years after a minor reaches the age of 18, whichever is later. Forensic records will be completed and retained consistent with the APA Specialty Guidelines for Forensic Psychology published January 2011.

[**ARC 9410C**, IAB 7/9/25, effective 8/13/25]

481—884.3(147) Mental health counselor and marriage and family therapist recordkeeping.

884.3(1) A mental health counselor or marriage and family therapist shall maintain sufficient, timely, and accurate documentation in client records.

884.3(2) For purposes of this rule, "client" means the individual, couple, family, or group to whom a mental health counselor or marriage and family therapist provides direct clinical services.

884.3(3) A mental health counselor's or marriage and family therapist's records shall reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

884.3(4) Clinical services. A mental health counselor or marriage and family therapist who provides clinical services in any employment setting, including private practice, shall:

a. Store records in accordance with state and federal statutes and regulations governing record retention and with the guidelines of the mental health counselor's or marriage and family therapist's employer or agency, if applicable. If no other legal provisions govern record retention, a mental health counselor or marriage and family therapist shall store all client records for a minimum of seven years after the date of the client's discharge or death or, in the case of a minor, for three years after the client reaches the age of majority under state law or seven years after the date of the client's discharge or death, whichever is longer.

b. Maintain timely records that include subjective and objective data, an assessment, a treatment plan, and any revisions to the assessment or plan made during the course of treatment.

c. Provide the client with reasonable access to records concerning the client. A mental health counselor or marriage and family therapist who is concerned that a client's access to the client's records could cause serious misunderstanding or harm to the client shall provide assistance in interpreting the records and consultation with the client regarding the records. A mental health counselor or marriage and family therapist may limit a client's access to the client's records, or portions of the records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both the client's request for access and the licensee's rationale for withholding some or all of a record shall be documented in the client's records.

d. Take steps to protect the confidentiality of other individuals identified or discussed in any records to which a client is provided access.

884.3(5) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, the mental health counselor

or marriage and family therapist shall ensure that a duplicate hard-copy record or a backup, unalterable electronic record is maintained.

884.3(6) Correction of records.

a. Hard-copy records. Original notations shall be legible, be written in ink, and contain no erasures or whiteouts. If incorrect information is placed in the original record, it must be crossed out with a single, nondeleting line and be initialed and dated by the mental health counselor or marriage and family therapist.

b. Electronic records. If a record is stored in an electronic format, the record may be amended with a signed addendum attached to the record.

884.3(7) Confidentiality and transfer of records. Marital and family therapists or mental health counselors shall preserve the confidentiality of client records in accordance with their respective rules of conduct and with federal and state law. Upon receipt of a written release or authorization signed by the client, the licensee shall furnish such therapy records, or copies of the records, as will be beneficial for the future treatment of that client. A fee may be charged for duplication of records, but a mental health counselor or marriage and family therapist shall not refuse to transfer records for nonpayment of any fees. A written request may be required before transferring the record(s).

884.3(8) Retirement, death or discontinuance of practice.

a. If a mental health counselor or marriage and family therapist is retiring or discontinuing practice and is the owner of a practice, the mental health counselor or marriage and family therapist shall notify in writing all active clients and, upon knowledge and agreement of the clients, shall make reasonable arrangements with those clients to transfer client records, or copies of those records, to the succeeding licensee.

b. Upon a mental health counselor's or marriage and family therapist's death:

(1) The mental health counselor's or marriage and family therapist's employer or representative must ensure that all client records are transferred to another licensee or entity that is held to the same standards of confidentiality and agrees to act as custodian of the records.

(2) The mental health counselor's or marriage and family therapist's employer or representative shall notify each active client that the client's records will be transferred to another licensee or entity that will retain custody of the records and that, at the client's written request, the records will be sent to the licensee or entity of the client's choice.

884.3(9) Nothing stated in this rule shall prohibit a mental health counselor or marriage and family therapist from conveying or transferring the client records to another licensed individual who is assuming a practice, provided that written notice is furnished to all clients.

[**ARC 9410C**, IAB 7/9/25, effective 8/13/25]

481—884.4(154C) Social work rules of conduct.

884.4(1) *Informed consent.*

a. A social worker will provide services to clients only in the context of a professional relationship based, when appropriate, on valid written informed consent. A social worker will use clear and understandable language to inform clients about the nature of available services, potential benefits and risks, limits and risks of confidentiality, alternative ways of receiving assistance, applicable fees, and involvement of and sharing information with third parties.

b. If a client has difficulty communicating, a social worker will attempt to ensure the client's comprehension. This may include providing the client with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible. A social worker will provide information in a manner that is understandable and culturally appropriate for the client. Clients will be given sufficient opportunity to ask questions and receive answers about social work services, including electronic delivery of services, if appropriate.

c. If a client lacks the capacity to provide informed consent, a social worker will protect the client's interests by seeking permission from an appropriate third party and will inform the client consistent with the client's level of understanding. In such instances, a social worker will seek to ensure that the third party acts in a manner consistent with the client's wishes and interests. A social worker will take reasonable steps to enhance the client's ability to give informed consent.

d. If a client is receiving services involuntarily, a social worker will provide information about the nature and extent of services and about the extent of the client's right to refuse services.

e. The provision of social work services to an individual in this state through any electronic means, including the Internet, telephone, or the Iowa communications network or any fiberoptic media, regardless of the location of the social worker, constitutes the practice of social work in the state of Iowa and will be subject to regulation in accordance with Iowa Code chapters 147 and 154C and the administrative rules of the board. A social worker who provides services via electronic media will inform recipients of the limitations and risks associated with such services.

f. A social worker will obtain a client's informed consent before audiotaping or videotaping the client or permitting a third party to observe services provided to the client.

g. A social worker will develop policies regarding the sharing, retention, and storage of digital and other electronic communications and records and will inform clients of applicable policies.

884.4(2) *Competence.*

a. A social worker will provide services and represent oneself as competent only within the boundaries of the social worker's education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

b. A social worker will provide services in substantive areas or use intervention techniques or approaches that are new only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those areas, interventions, or techniques.

c. When generally recognized standards do not exist with respect to an emerging area of practice, a social worker will exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and supervision, to ensure competence and to protect clients from harm.

884.4(3) *Supervision.*

a. A social worker will exercise appropriate supervision over persons who practice under the supervision of the social worker.

b. A social worker who provides supervision or consultation will have the necessary knowledge and skill to supervise or consult appropriately and will do so only within the social worker's areas of knowledge and competence.

c. A social worker who provides supervision or consultation is responsible for setting clear, appropriate, and culturally sensitive boundaries.

d. A social worker will not engage in any dual or multiple relationships with supervisees if there is a risk of exploitation of or potential harm to the supervisee.

e. A social worker will not engage in sexual activities or sexual contact with a supervisee, student, trainee, or other colleague over whom the social worker exercises professional or supervisory authority.

f. A social worker will not employ, assign, or supervise an individual in the performance of services that require a license if the individual has not received a license to perform the services or if the individual has a suspended, revoked, lapsed, or inactive license.

g. A social worker will not practice without receiving supervision, as needed, given the social worker's level of practice, experience, and need.

884.4(4) *Privacy and confidentiality.*

a. A social worker will not disclose or be compelled to disclose client information unless required by law, except under the following limited circumstances:

(1) Situations in which the social worker determines that disclosure is necessary to prevent serious, foreseeable, and imminent harm to the client or another specific identifiable person.

(2) Situations in which the client waives the privilege by bringing criminal, civil, or administrative charges or action against a social worker.

(3) With the written informed consent of the client that explains to whom the client information will be disclosed or released and the purpose and time frame for the release of information. If the client is deceased or unable to provide informed consent, a social worker will obtain written consent from the client's personal representative, another person authorized to sue, or the beneficiary of an insurance policy on the client's life, health, or physical condition.

(4) To testify in a court or administrative hearing concerning matters pertaining to the welfare of children.

(5) To seek collaboration or consultation with professional colleagues or administrative superiors on behalf of the client.

(6) Pursuant to a validly issued subpoena or court order.

In the event of a disclosure of information under any of the circumstances stated above, the social worker will disclose the least amount of confidential information necessary and will reveal only that information that is directly relevant to the purpose for which the disclosure is made.

b. Before the disclosure is made, on the basis of client consent or other legal basis, a social worker will inform the client, to the extent possible, about the disclosure of confidential information and the potential consequences of the disclosure.

c. A social worker will discuss with clients and other interested parties the nature of confidentiality and limitations of a client's right to confidentiality. A social worker will review with clients the circumstances under which confidential information may be requested and when disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the professional relationship and as needed throughout the course of the relationship.

d. When a social worker provides counseling or psychosocial therapy services to families, couples, or groups, the social worker will seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. A social worker will inform participants in family, couples, or group counseling or psychosocial therapy that the social worker cannot guarantee that all participants will honor such agreements.

e. A social worker will inform clients involved in family, couples, marital, or group counseling or psychosocial therapy of the policy of the social worker, the social worker's employer, and the agency concerning the social worker's disclosure of confidential information among the parties involved in the counseling or psychosocial therapy.

f. A social worker will not disclose confidential information to third-party payers unless a client has authorized such disclosure. A social worker will inform the client of the nature of the client information to be disclosed or released to the third-party payer.

g. A social worker will not discuss confidential information in any setting unless privacy can be ensured.

h. A social worker will protect the confidentiality of clients during legal proceedings to the extent permitted by law.

i. A social worker will protect the confidentiality of clients when the social worker is responding to requests from members of the media.

j. A social worker will protect the confidentiality of clients' written and electronic records and other sensitive information. A social worker will take reasonable steps to ensure that client records are stored in a secure location and that client records are not available to others who are not authorized to have access.

k. A social worker will take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, telephone answering machines, and other electronic or computer technology.

l. A social worker will transfer or dispose of client records in a manner that protects client confidentiality and is consistent with federal and state statutes, rules and regulations and the guidelines of the social worker's employer or agency, if applicable.

m. A social worker will take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

n. A social worker will not disclose identifying information when discussing a client for teaching or training purposes or in public presentations unless the client has consented to disclosure of confidential information.

o. A social worker will not disclose identifying information when discussing a client with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

p. Consistent with the preceding standards, a social worker will protect the confidentiality of deceased clients.

884.4(5) *Recordkeeping.*

a. A social worker will maintain sufficient, timely, and accurate documentation in client records. A social worker's records will reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

b. A social worker who provides clinical services in any employment setting, including private practice, will maintain timely records that include subjective and objective data, assessment or diagnosis, a treatment plan, and any revisions to the assessment, diagnosis, or plan made during the course of treatment.

c. A social worker who provides clinical services will store records in accordance with state and federal statutes, rules, and regulations governing record retention and with the guidelines of the social worker's employer or agency, if applicable. If no other legal provisions govern record retention, a social worker will store all client records for a minimum of seven years following the termination of services to ensure reasonable future access.

884.4(6) *Access to records.* A social worker who provides clinical services will:

a. Provide the client with reasonable access to records concerning the client. A social worker who is concerned that a client's access to the client's records could cause serious misunderstanding or harm to the client will provide assistance in interpreting the records and consultation with the client regarding the records. A social worker may limit a client's access to the client's records, or portions of the records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both the client's request and the rationale for withholding some or all of a record should be documented in the client's records.

b. Take steps to protect the confidentiality of other individuals identified or discussed in any records to which a client is provided access.

884.4(7) *Billing and fees.*

a. A social worker will bill only for services that have been provided.

b. A social worker will not accept goods or services from the client or a third party in exchange for the social worker's services.

c. A social worker will not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social worker's employer or agency.

d. A social worker will not accept, give, offer or solicit a fee, commission, rebate, fee split, or other form of consideration for the referral of a client.

e. A social worker will not permit any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant to the social worker.

f. A social worker who provides clinical services will, when appropriate:

(1) Establish and maintain billing practices that accurately reflect the nature and extent of services provided.

(2) Inform the client of the fee for services at the initial session or meeting with the client. A social worker will provide a written payment arrangement to a client at the commencement of the professional relationship.

884.4(8) *Dual relationships and conflicts of interest.*

a. "Dual relationship" means that a social worker develops or assumes a secondary role with a client, including but not limited to a social relationship, an emotional relationship, an employment relationship, or a business association. For purposes of these rules, "dual relationship" does not include a sexual relationship. Standards governing sexual relationships are found in subrule 884.4(9).

(1) Current clients. A social worker will not engage in a dual relationship with a client.

(2) Former clients. A social worker will not engage in a dual relationship with a client within five years of the termination of the client relationship. A social worker will not engage in a dual relationship with a former client, regardless of the length of time elapsed since termination of the client relationship, when there is a risk of exploitation or potential harm to a client or former client.

(3) Unavoidable dual relationships with current and former clients. If a dual relationship with a current or former client is unavoidable, the social worker will take steps to protect the client and will

be responsible for setting clear, appropriate, and culturally sensitive boundaries. The burden will be on the social worker to show that the dual relationship was unavoidable. In determining whether a dual relationship was unavoidable, the board will consider the size of the community, the nature of the relationship, and the risk of exploitation or harm to a client or former client.

b. Conflicts of interest.

(1) A social worker will avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.

(2) A social worker will not continue in a professional relationship with a client when the social worker has become emotionally involved with the client to the extent that objectivity is no longer possible in providing the required professional services.

(3) A social worker will inform the client when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the client's interests primary and protects the client's interests to the greatest extent possible. In some cases, protecting the client's interests may require termination of the professional relationship with proper referral of the client.

(4) A social worker will not take unfair advantage of any professional relationship or exploit others to further the social worker's personal, religious, political, or business interests.

(5) A social worker who provides services to two or more people who have a relationship with each other will clarify with all parties, when appropriate and in a manner consistent with the confidentiality standards of subrule 884.4(4), which individuals will be considered clients and the nature of the social worker's professional obligations to the various individuals who are receiving services. A social worker who anticipates a conflict of interest among the individuals receiving services or who anticipates having to perform in potentially conflicting roles will clarify, when appropriate and in a manner consistent with the confidentiality standards at subrule 884.4(4), the social worker's role with the parties involved and take appropriate action to minimize any conflict of interest.

884.4(9) *Sexual relationships.*

a. Current clients. A social worker will not engage in sexual activities or sexual contact with a client, regardless of whether such contact is consensual or nonconsensual.

b. Former clients. A social worker will not engage in sexual activities or sexual contact with a former client within the five years following termination of the client relationship. A social worker will not engage in sexual activities or sexual contact with a former client, regardless of the length of time elapsed since termination of the client relationship, if the client has a history of physical, emotional, or sexual abuse or if the client has ever been diagnosed with any form of psychosis or personality disorder or if the client is likely to remain in need of therapy due to the intensity or chronicity of a problem.

c. A social worker will not engage in sexual activities or sexual contact with a client's or former client's spouse or significant other.

d. A social worker will not engage in sexual activities or sexual contact with a client's or former client's relative within the second degree of consanguinity (client's parent, grandparent, child, grandchild, or sibling) when there is a risk of exploitation or potential harm to a client or former client.

e. A social worker will not provide clinical services to an individual with whom the social worker has had prior sexual contact.

884.4(10) *Physical contact.* A social worker will not engage in physical contact with a client when there is a possibility of psychological harm to the client as a result of the contact. A social worker who engages in appropriate physical contact with a client is responsible for setting clear, appropriate, and culturally and age-sensitive boundaries that govern such contact.

884.4(11) *Termination of services.*

a. A social worker will terminate services when such services are no longer required or no longer serve the client's needs or interests.

b. A social worker will take reasonable steps to avoid abandoning clients who are still in need of services. A social worker will assist in making appropriate arrangements for continuation of services when necessary.

c. A social worker will not terminate services to pursue a social, financial, business, romantic, or sexual relationship with a client.

d. A social worker who anticipates the termination or interruption of services to a client will notify the client promptly and seek the transfer, referral, or continuation of services in relation to the client's needs and preferences.

e. A social worker who is leaving an employment setting will inform clients, to the extent possible given the nature of the termination of the employment relationship, of appropriate options for the continuation of services and of the benefits and risks of the options.

f. If the employer who terminates a social worker is also a social worker, the employer will provide notice to clients or allow the social worker the opportunity to provide notice to clients to ensure appropriate case closure or continuation or transfer of services if continued treatment is necessary.

g. A social worker who provides clinical services will comply with the following additional standards regarding termination of the client relationship:

(1) Termination of a client relationship will be documented in the client record. Absent written documentation of termination, the professional relationship will be considered ongoing.

(2) A social worker who practices in a fee-for-service setting may terminate services to a client who is not paying an overdue balance only if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client. Prior to terminating services under this subrule, a social worker will make reasonable efforts to collect the unpaid fees and will make appropriate referrals for the client.

884.4(12) *Misrepresentations, disclosure.* A social worker will not:

a. Knowingly make a materially false statement, or fail to disclose a relevant material fact, in a letter of reference, application, referral, report or other document.

b. Knowingly allow another person to use the social worker's license or credentials.

c. Knowingly aid or abet a person who is misrepresenting the person's professional credentials or competencies.

d. Impersonate another person or misrepresent an organizational affiliation in one's professional practice.

e. Further the application or make a recommendation for professional licensure of another person who is known by the social worker to be unqualified in respect to character, education, experience, or other relevant attribute.

f. Fail to notify the appropriate licensing authority of any human services professional who is practicing or teaching in violation of the laws or rules governing that person's professional discipline.

g. Engage in professional activities, including advertising, that involve dishonesty, fraud, deceit, or misrepresentation.

h. Advertise services in a false or misleading manner or fail to indicate in the advertisement the name, highest relevant degree, and licensure status of the provider of services.

i. Fail to distinguish, or purposely mislead the reader or listener, in public announcements, addresses, letters and reports as to whether the statements are made as a private individual or whether they are made on behalf of an employer or organization.

j. Engage in direct solicitation of potential clients for pecuniary gain in a manner or in circumstances that constitute overreacting, undue influence, misrepresentation or invasion of privacy.

k. Fail to inform each client of any financial interests that might accrue to the social worker for referral to any other person or organization or for the use of tests, books, or apparatus.

l. Fail to inform each client that the client may be entitled to the same services from a public agency if the social worker is employed by that public agency and also offers services privately.

m. Make claims of professional superiority that cannot be substantiated by the social worker.

n. Guarantee that satisfaction or a cure will result from the performance of professional services.

o. Claim or use any secret or special method of treatment or techniques that the social worker refuses to divulge to professional colleagues.

p. Take credit for work not personally performed, whether by giving inaccurate information or failing to give accurate information.

q. Offer social work services or use the designation of licensed bachelor social worker, licensed master social worker, or licensed independent social worker; use the designations licensed baccalaureate social worker (LBSW), LMSW, or LISW or any other designation indicating licensure status; or hold oneself out as practicing at a certain level of licensure unless the social worker is duly licensed as such.

r. Permit another person to use the social worker's license for any purpose.

s. Practice outside the scope of a license.

884.4(13) *Impairments.*

a. A social worker will not:

(1) Practice in a professional relationship while intoxicated or under the influence of alcohol or drugs not prescribed by a licensed physician.

(2) Practice in a professional relationship while experiencing a mental or physical impairment that adversely affects the ability of the social worker to perform professional duties in a competent and safe manner.

(3) Practice in a professional relationship if involuntarily committed for treatment of mental illness, drug addiction, or alcoholism.

b. A social worker who self-reports an impairment or suspected impairment to the board may be eligible for confidential monitoring by the impaired practitioner review committee. The social worker will be provided the Impaired Practitioner Report form to initiate the process. Standards governing the impaired practitioner review committee may be found in 193—Chapter 12.

884.4(14) *Research.* If engaged in research, a social worker will:

a. Consider carefully the possible consequences for human beings participating in the research.

b. Protect each participant from unwarranted physical and mental harm.

c. Ensure that the consent of the participant is voluntary and informed and that each participant executes a signed informed consent form that details the nature of the research and any known possible consequences.

d. Treat information obtained as confidential.

e. Not knowingly report distorted, erroneous, or misleading information.

884.4(15) *Organization relationships and business practices.* A social worker will not:

a. Solicit the clients of colleagues or assume professional responsibility for clients of another agency or colleague without appropriate communication with that agency or colleague.

b. Abandon an agency, organization, institution, or group practice without reasonable notice or under circumstances that seriously impair the delivery of professional care to clients.

c. Deliberately falsify client records.

d. Fail to submit required reports and documents in a timely fashion to the extent that the well-being of the client is adversely affected.

e. Delegate professional responsibilities to a person when the social worker knows, or has reason to know, that the person is not qualified by training, education, experience, or classification to perform the requested duties.

884.4(16) *Discrimination and sexual harassment.*

a. A social worker will not practice, condone, or facilitate discrimination against a client, student, or supervisee on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

b. A social worker will not sexually harass a client, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

884.4(17) *General.* A social worker will not:

a. Practice without receiving supervision as needed, given the social worker's level of practice, experience, and need.

b. Practice a professional discipline without an appropriate license or after expiration of the required license.

c. Physically or verbally abuse a client or colleague.

d. Obtain, possess, or attempt to obtain or possess a controlled substance without lawful authority; or sell, prescribe, give away, or administer controlled substances.

884.4(18) *Relationship between the board's rules of conduct and the National Association of Social Workers (NASW) Code of Ethics.* The NASW Code of Ethics is one resource for practitioners with respect to practice and ethical issues, and selected sections from the NASW Code of Ethics have been incorporated into the rules of conduct. A social worker's professional conduct is governed by the board's rules of conduct, and a social worker may be disciplined for violation of these rules.

884.4(19) *Electronic social work services.* A social worker will:

a. Assess the client's suitability and capacity for online and remote services at the point of the client's first contact and use professional judgment to determine whether an initial in-person, videoconference, or telephone consultation is warranted before undertaking electronic social work services.

b. Take reasonable steps to verify the client's identity, ability to consent to services, and location. When verification of a client's identity is not feasible, social workers will inform the client of the limitations of services that can be provided.

c. Continually assess a client's suitability for electronic social work services during the course of the professional relationship.

[**ARC 9410C**, IAB 7/9/25, effective 8/13/25]

These rules are intended to implement Iowa Code chapters 154B, 154C and 154D.

[Filed ARC 9410C (Notice ARC 8880C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

CHAPTER 885
ADOPTION OF UNIFORM AND MODEL RULES

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/13/30

481—885.1(17A,272C) Board of behavioral health professions adoption of uniform and model rules. The board hereby adopts by reference the following:

885.1(1) Uniform Rules on Agency Procedure, 7—Chapters 2501 through 2505.

885.1(2) Military Service, Veteran Reciprocity, and Spouses of Active-Duty Service Members, 481—Chapter 7.

885.1(3) Licensing and Child Support Noncompliance, Student Loan Repayment Noncompliance, and Nonpayment of State Debt, 481—Chapter 8.

885.1(4) Model Rules for Board Administrative Processes, 481—Chapter 500.

885.1(5) Model Rules for Licensure by Verification or Work Experience, 481—Chapter 501.

885.1(6) Model Rules for Use of Criminal Convictions in Eligibility Determinations and Initial Licensing Decisions, 481—Chapter 502.

885.1(7) Model Rules for Complaints and Investigations, 481—Chapter 503.

885.1(8) Model Rules for Discipline, 481—Chapter 504.

885.1(9) Model Rules for Licensee Review Committee, 481—Chapter 505.

885.1(10) Model Rules for Contested Cases before Licensing Boards and Settlements, 481—Chapter 506.

885.1(11) Model Rules for Licensing Division Fees, 481—Chapter 507.

This rule is intended to implement Iowa Code chapters 17A and 272C.

[**ARC 9410C**, IAB 7/9/25, effective 8/13/25; Editorial change: IAC Supplement 8/5/26]

[Filed ARC 9410C (Notice ARC 8880C, IAB 2/19/25), IAB 7/9/25, effective 8/13/25]

[Editorial change: IAC Supplement 8/5/26]

CHAPTER 886
CONTINUING EDUCATION FOR PSYCHOLOGISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 241]
Rescinded **ARC 9404C**, IAB 7/9/25, effective 8/13/25

CHAPTER 887
DISCIPLINE FOR PSYCHOLOGISTS
[Prior to 7/11/01, see 645—Chapter 240]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 242]
Rescinded **ARC 9402C**, IAB 7/9/25, effective 8/13/25

CHAPTER 888
PRACTICE OF PSYCHOLOGY
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 243]
Rescinded **ARC 9410C**, IAB 7/9/25, effective 8/13/25

CHAPTER 889
PRESCRIBING PSYCHOLOGISTS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 244]
Rescinded **ARC 9403C**, IAB 7/9/25, effective 8/13/25

CHAPTER 890
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 245]
Rescinded **ARC 9410C**, IAB 7/9/25, effective 8/13/25

CHAPTER 891
LICENSURE OF MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, BEHAVIOR ANALYSTS, AND ASSISTANT BEHAVIOR ANALYSTS
[Prior to 1/30/02, see 645—Chapter 30]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 31]
Rescinded **ARC 9401C**, IAB 7/9/25, effective 8/13/25

CHAPTER 892
CONTINUING EDUCATION FOR MARITAL AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 32]
Rescinded **ARC 9404C**, IAB 7/9/25, effective 8/13/25

CHAPTER 893
DISCIPLINE FOR MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, BEHAVIOR ANALYSTS, AND ASSISTANT BEHAVIOR ANALYSTS
[Prior to 1/30/02, see 645—Chapter 31]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 33]
Rescinded **ARC 9402C**, IAB 7/9/25, effective 8/13/25

CHAPTER 894
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 34]
Rescinded **ARC 9410C**, IAB 7/9/25, effective 8/13/25

CHAPTER 895
LICENSURE OF SOCIAL WORKERS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 280]
Rescinded **ARC 9401C**, IAB 7/9/25, effective 8/13/25

CHAPTER 896
CONTINUING EDUCATION FOR SOCIAL WORKERS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 281]
Rescinded **ARC 9404C**, IAB 7/9/25, effective 8/13/25

CHAPTER 897
PRACTICE OF SOCIAL WORKERS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 282]
Rescinded **ARC 9410C**, IAB 7/9/25, effective 8/13/25

CHAPTER 898
DISCIPLINE FOR SOCIAL WORKERS
[Prior to 9/19/01, see 645—Chapter 280]
[Prior to 9/3/03, see 645—Chapter 282]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 283]
Rescinded **ARC 9402C**, IAB 7/9/25, effective 8/13/25

CHAPTER 899
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 284]
Rescinded **ARC 9410C**, IAB 7/9/25, effective 8/13/25

BOARD OF MORTUARY SCIENCE

CHAPTER 900
PRACTICE OF FUNERAL DIRECTORS, FUNERAL ESTABLISHMENTS, AND CREMATION ESTABLISHMENTS

[Prior to 9/21/88, see Health Department[470] Ch 146]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 100]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—900.1(156) Definitions.

"Alternative container" means an unfinished wood box or other nonmetal receptacle or enclosure, without ornamentation or a fixed interior lining, that is designed for the encasement of human remains and that is made of fiberboard, pressed wood, composition materials (with or without an outside covering) or like materials that prevents the leakage of body fluid.

"Authorized person" means that person or persons upon whom a funeral director may reasonably rely when making funeral arrangements, including but not limited to embalming, cremation, funeral services, and the disposition of human remains pursuant to Iowa Code section 144C.5.

"Autopsy" means the postmortem examination of a human remains.

"Board" means the board of mortuary science.

"Body parts" means appendages or other portions of the anatomy that are from a human body.

"Burial." See *"Interment."*

"Burial transit permit" means a legal document authorizing the removal and transportation of a human remains.

"Casket" means a rigid container that is designed for the encasement of human remains and that is usually constructed of wood, metal, fiberglass, plastic or like material and ornamented and lined with fabric.

"Cemetery" means an area designated for the final disposition of human remains.

"Columbarium" means a structure, room or space in a mausoleum or other building containing niches or recesses for disposition of cremated remains.

"Cremated remains" means all the remains of the cremated human body recovered after the completion of the cremation process, including pulverization that leaves only bone fragments reduced to unidentifiable dimensions and may include the residue of any foreign matter, including casket material, bridgework or eyeglasses that were cremated with the human remains.

"Cremation" means the technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation will include the processing, and may include the pulverization, of the bone fragments.

"Cremation authorization form" means a form, completed and signed by a funeral director and authorized person, to accompany all human remains accepted for cremation.

"Cremation chamber" means the enclosed space within which a cremation takes place.

"Cremation establishment" means any person, partnership or corporation that is licensed by the board and provides any aspect of cremation services.

"Cremation permit" means a permit issued by a medical examiner allowing cremation for human remains.

"Cremation room" means the room in which the cremation chamber is located.

"Crypt" means a chamber in a mausoleum of sufficient size to contain casketed human remains.

"Custody" means immediate charge and control exercised by a person or an authority.

"Dead body." See *"Human remains."*

"Death certificate" means a legal document containing vital statistics pertaining to the life and death of the decedent.

"Decedent." See *"Human remains."*

"Disinterment" means to remove a human remains from its place of final disposition.

"Disinterment permit" means a permit from the department of health and human services that allows the removal of a human remains from its original place of burial, entombment or interment for the purpose of autopsy or reburial.

"Disinterment permit number" means the number assigned to a disinterment permit by the department of health and human services, giving the funeral director the authority to remove a human remains from its place of final disposition.

"Embalming" means the disinfection or temporary preservation of human remains, entire or in part, by the use of chemical substances, fluids or gases in the body, or by the introduction of same into the body by vascular or hypodermic injections, or by surface application into or on the organs or cavities for the purpose of temporary preservation or disinfection.

"Embalming record" means a record completed by the licensed funeral director or registered intern for each body embalmed in Iowa, or otherwise prepared for disposition by the licensee. "Embalming record" includes, at a minimum, a case analysis and a detailed listing of the procedures or treatments or both performed on the deceased.

"Entombment" means to place a casketed body or an urn containing cremated remains in a structure such as a mausoleum, crypt, tomb or columbarium.

"Final disposition" means the burial, interment, cremation, removal from the state, or other disposition of a dead body or fetus.

"Funeral ceremony" means a service commemorating the decedent.

"Funeral director" means a person licensed by the board to practice mortuary science.

"Funeral establishment" means a place of business as defined and licensed by the board devoted to providing any aspect of mortuary science.

"Funeral rule" means the Federal Trade Commission Funeral Rule, 16 CFR §453.4, as amended to 1994.

"Funeral services" means any services that may be used to (1) care for and prepare human remains for burial, cremation or other final disposition; and (2) arrange, supervise or conduct the funeral ceremony or final disposition of human remains.

"Holding facility" means an area isolated from the general public that is designated for the temporary retention of human remains.

"Human remains" means a deceased human being for which a death certificate or fetal death certificate is required.

"Interment" means to place a casketed human remains or an urn containing cremated remains in the ground.

"Intern" means a person registered by the board to practice mortuary science under the direct supervision of a preceptor certified by the board.

"Mausoleum" means an aboveground structure designed for entombment of human remains.

"Medical examiner" means a public official whose primary function is to investigate and determine the cause of death when death may be thought to be from other than natural causes.

"Memorial ceremony" means a service commemorating the decedent.

"Niche" means a recess or space in a columbarium or mausoleum used for placement of cremated human remains.

"Preparation room" means a room in a funeral establishment where human remains are prepared, sanitized, embalmed or held for ceremonies and final disposition.

"Pulverization" means a process following cremation that reduces identifiable bone fragments into granulated particles.

"Removal" means the act of taking a human remains from the place of death or place where the human remains is being held to a funeral establishment or other designated place.

"Removal technician" means a person registered with the board to perform removals.

"Scattering area" means a designated area where cremated remains may be commingled with other cremated remains.

"Temporary cremation container" means a durable receptacle designed for short-term retention of cremated remains.

"Their own dead" refers to the legal authority the authorized person has regarding a human remains.

"Topical disinfection" means the direct application of chemical substances on the surface of a human remains for the purpose of temporary preservation or disinfection.

"Transfer." See *"Removal."*

"Universal precautions" means a concept of care based upon the assumption that all blood and body fluids, and materials that have come into contact with blood or body fluids, are potentially infectious as prescribed by the Centers for Disease Control and Prevention (CDC).

"Urn" means a receptacle designed for permanent retention of cremated remains.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.2(156) Funeral director duties.

900.2(1) Practices requiring a funeral director's license include but are not limited to:

a. Removal as specified in rule 481—900.4(142,156).

b. Embalming human remains as specified in rule 481—900.6(156) and completing embalming records as specified in paragraph 900.11(2)*"d."*

c. Conducting funeral arrangements as specified in subrule 900.7(2).

d. Conducting funeral services when contracted to do so, including:

(1) Direct supervision of visitation and viewing.

(2) Funeral and memorial ceremonies.

(3) Committal and final disposition services.

e. Conducting cremation services as specified in rule 481—900.10(156).

f. Signing death certificates and performing associated duties under Iowa Code chapter 144.

900.2(2) Delegation of professional tasks.

a. Registered interns. Registered interns may provide funeral director services identified in paragraphs 900.2(1)*"a"* through *"f"* under the direct supervision of an Iowa-licensed preceptor. A registered intern will not sign a death certificate.

b. A funeral director may delegate solely the transportation of unembalmed human remains to a registered removal technician pursuant to subrule 900.4(3).

900.2(3) CDC universal precautions and OSHA standards. The funeral director and delegates identified in subrule 900.2(2) will observe current guidelines of universal precautions as prescribed by the Centers for Disease Control and Prevention (CDC) as well as Occupational Safety and Health Administration (OSHA) standards.

900.2(4) Funeral directors who provide mortuary science services from funeral establishments located in another state. A funeral director who holds an active Iowa funeral director's license and whose practice is conducted from a funeral establishment located in another state may provide mortuary science services in Iowa if the establishment holds a current license in the state in which it is located, if such a license is required.

900.2(5) Withholding human remains. A funeral director will not withhold human remains based solely on nonpayment of fees.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.3(156) Permanent identification tag.

900.3(1) The funeral director, intern, or removal technician who assumes possession of a human remains will attach a permanent identification tag.

900.3(2) The identification tag will initially contain, at a minimum, the name of the deceased.

900.3(3) Before final disposition, the identification tag will contain the name of the deceased and the date of birth, date of death and social security number of the deceased and the name and license number of the funeral establishment in charge of disposition.

900.3(4) The identification tag will be attached to the human remains throughout the entire time the human remains are in the possession of the funeral establishment and will remain with the human remains.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.4(142,156) Removal and transfer of human remains.

900.4(1) Removal and transfer of human remains. The funeral director will perform the following duties upon notification of a death:

a. Comply with jurisdictional authority, with respect to medicolegal responsibilities, regarding the removal of the human remains.

b. Provide signature and license number when removing a human remains from a hospital, nursing establishment or any other institution involved with the care of the public.

900.4(2) After the funeral director has assumed custody of the human remains, the funeral director may delegate the task of transferring the human remains to an unlicensed employee, intern, or agent. Prior to transfer, the funeral director will topically disinfect the body, secure all body orifices to retain all secretions, place the human remains in a leakproof container for transfer that will control odor and prevent the leakage of body fluids, and issue a burial transit permit.

900.4(3) A funeral director may delegate to a removal technician the removal and transportation of unembalmed human remains without first assuming custody, and without topically disinfecting or securing body orifices, if either of the following is true. The removal and transportation is:

a. At the direction of the medical examiner; or

b. To or from the funeral establishment where the removal technician is registered.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—900.5(135,144) Burial transit permits. A licensed funeral director may issue a burial transit permit for the removal and transfer of human remains, according to state law and the administrative rules promulgated by the department of health and human services.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.6(156) Preparation and embalming activities.

900.6(1) The funeral director will perform the following duties prior to and during embalming according to commonly accepted industry standards.

a. Obtain authorization for embalming from an authorized person. If permission to embalm cannot be obtained from the authorized person, the funeral director may proceed with the embalming if necessary to comply with subrule 900.6(3).

b. Embalm entirely in private. No one except the funeral director, intern, immediate family, or student will be allowed in the preparation room without the written permission of the authorized person. A student must be under the direct physical supervision of the funeral director and currently enrolled and attending a program of mortuary science that is recognized by the board to be allowed in the preparation room without written permission during the embalming.

c. Keep the human remains properly covered at all times.

d. Conduct a preembalming case analysis of the human remains. Recognize the potential chemical effects on the body and select the proper embalming chemicals based upon the analysis.

e. Position the human remains on the preparation table and pose the facial features.

f. Select points of drainage and injection, and raise the necessary vessels.

g. Embalm by arterial and cavity injection of embalming chemicals. If the condition of the human remains does not allow arterial and cavity injection of embalming chemicals, topical embalming, using appropriate chemicals and procedures, will be performed.

h. Evaluate the distribution of the embalming chemicals and perform treatment for discoloration, vascular difficulties, decomposition, dehydration, purge and close any incisions once the arterial and cavity injection of the embalming chemicals is complete.

900.6(2) Postembalming activities. The funeral director will perform the following duties at the conclusion of the embalming activities if necessary.

a. Pack or otherwise secure all body orifices with material that will absorb and retain all secretions.

b. Apply chemicals topically and perform hypodermic treatments.

c. Bathe, disinfect and reposition the human remains.

d. Clean and disinfect the embalming instruments, equipment and preparation room.

e. Perform any restorative treatments.

f. Select and apply the appropriate cosmetic treatments.

g. Prepare the human remains for viewing.

900.6(3) Care of the unembalmed human remains.

a. Embalming may be omitted provided that interment or cremation is performed within 72 hours after death or within 24 hours of taking custody if a human remains was previously in the custody of others, whichever is longer.

b. If refrigeration is utilized, embalming or final disposition may be extended up to 72 hours longer than the maximum period provided in paragraph 100.6(3)*"a."* The body must be kept between 38 and 42 degrees Fahrenheit.

c. If viewing of the unembalmed human remains is requested, the human remains will be topically disinfected and all body orifices will be packed or otherwise secured with material that will absorb and retain all secretions.

d. When death is attributed to a reportable communicable disease, embalming may be omitted provided that cremation is performed within 48 hours after death. In such cases, the human remains shall be immediately topically disinfected, shall be placed in a container that will control odor and prevent the leakage of body fluids and shall only be transported to the crematory by the funeral director or intern.

e. If viewing of the unembalmed human remains is requested, the human remains shall be topically disinfected and all body orifices shall be packed or otherwise secured with material that will absorb and retain all secretions. No public viewing will be allowed of an unembalmed decedent who has died of a reportable communicable disease, but private viewing is permissible at the discretion of the funeral director.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—900.7(156) Arranging and directing funeral and memorial ceremonies.

900.7(1) *The Federal Trade Commission.* The funeral director will observe current guidelines of the Federal Trade Commission (FTC) funeral rule.

900.7(2) *Arrangement conference activities.* If responsible, the funeral director will perform the following duties associated with arranging ceremonies and the final disposition of a human remains.

a. Gather necessary statistical and biographical information relating to the decedent and explain the varied use of the information gathered.

b. Present, discuss and explain the mandated FTC price lists and assist or provide the consumer with:

(1) The types of ceremony or final disposition.

(2) The specific goods and services.

(3) The prices of any goods and services.

(4) The written, itemized statement of the funeral goods and services.

(5) A general price list.

At the conclusion of arrangements, the itemized statement will be signed by the purchaser and the funeral director.

900.7(3) *Directing of funeral and memorial ceremonies.* If responsible, the funeral director will perform the following duties:

a. Direct and supervise ceremonies.

b. Direct and supervise final disposition.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.8(142,156) Unclaimed human remains for scientific use.

900.8(1) A human remains is unclaimed when:

a. The decedent did not express a desire to be interred, entombed or cremated.

b. Relatives or friends of the decedent did not request that the decedent's human remains be interred, entombed or cremated.

900.8(2) Friend distinguished from casual acquaintance. A friend will be distinguished from a casual acquaintance by the friend's having been closely associated with the decedent during the decedent's lifetime.

900.8(3) Delivery of human remains for scientific purposes. The funeral director, the medical examiner or managing officer of a public health institution, hospital, county home, penitentiary or reformatory will notify the department of health and human services as soon as any unclaimed human remains that may be suitable for scientific purposes will come into the person's custody.

900.8(4) Department instructions. When the department of health and human services receives notice, the funeral director will be instructed as to the proper disposition of a human remains.

900.8(5) Expenses incurred by funeral director. The expenses incurred by the funeral director for the transportation of a human remains to a medical college will be paid by the medical college receiving the human remains.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.9(144) Disinterments. A funeral director in charge of a disinterment will ensure that the disinterment is performed in accordance with rules promulgated by the department of health and human services and will first secure a disinterment permit issued by the department of health and human services.

900.9(1) No person will disinter a human remains or cremated remains unless the funeral director in charge of the disinterment has a numbered disinterment permit that has been issued by the department of health and human services or by an order of the district court of the county in which the human remains or cremated remains are interred or entombed.

900.9(2) All disinterment permits will be requested and provided by the department of health and human services.

900.9(3) All disinterment permits will be signed by the authorizing person.

900.9(4) Disinterment permits will be furnished upon request from the department of health and human services and will remain valid for 30 days after issuance.

900.9(5) Disinterment permits will only be issued to the funeral director, and the disinterment must be done under the direct supervision of the funeral director.

900.9(6) Disinterment permits will be required for any relocation of a human remains from the original site of interment or entombment if the purpose is for autopsy or reburial.

900.9(7) No disinterment permit is necessary to remove a human remains or cremated remains from a holding facility for interment or entombment in the same cemetery where being temporarily held.

900.9(8) A funeral director may await a court order before proceeding with disinterment if the funeral director is aware of a dispute among:

a. Persons who are members of the same class of persons described in 641—subrule 97.14(4) as having authority to control the human remains; or

b. Persons who are authorized pursuant to 641—subrule 97.14(4) and the executor named in the decedent's will or personal representative appointed by the court.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.10(156) Cremation of human remains.

900.10(1) *Recordkeeping.*

a. Delivery receipt.

(1) When a human remains is delivered to a cremation establishment, the cremation establishment will furnish to the delivery person a delivery receipt containing:

1. The name, address, age, gender, and cause of death of the decedent whose human remains are delivered to the cremation establishment.
2. The date and time of delivery and the type of container that contains the human remains.
3. If applicable, the name of the funeral director who sent the human remains and the name and license number of the funeral director's associated funeral establishment.
4. The signature of the person who delivered the human remains.
5. The signature of the person receiving the human remains on behalf of the cremation establishment.
6. The name and business address of the cremation establishment.

(2) The cremation establishment will retain a copy of the delivery receipt in its permanent records.

b. Receiving receipt.

(1) The cremation establishment will furnish to any person who receives the cremated remains from the cremation establishment a receiving receipt containing:

1. The name of the decedent whose cremated remains are released from the cremation establishment.
2. The date and time when the cremated remains were released from the cremation establishment.
3. The name of the person to whom the cremated remains are released and the name and license number of the funeral establishment, cemetery, family or other person or entity with which that person is affiliated.
4. The signature of the person who receives the cremated remains.
5. The signature of the person who released the cremated remains on behalf of the cremation establishment.
6. The name of the cremation establishment operator and the date and time of the cremation.

(2) The cremation establishment will retain a copy of the receiving receipt in its permanent records.

c. Permanent record. A cremation establishment will maintain at its place of business a permanent record that includes the following:

(1) Name of the deceased person.
(2) Date and time of the cremation.
(3) Copies of the delivery receipt and the receiving receipt.
(4) Disposition of the cremated remains.
(5) Cremation authorization.
(6) Cremation permit if required in the jurisdiction of death.

900.10(2) *Employment of a funeral director by a cremation establishment.* No aspect of these rules will be construed to require a funeral director to supervise or perform any functions at a cremation establishment not otherwise required by law to be performed by a funeral director. The cremation establishment will contract only with a licensed funeral establishment and will not contract directly with the general public.

900.10(3) *Authorizing person and preneed cremation arrangements.* The authorized person has legal authority and may make decisions regarding the final disposition of the decedent.

900.10(4) *Authorization to cremate.*

a. The cremation establishment will have the authority to cremate human remains upon the receipt of the following:

(1) Cremation authorization form signed by the authorized person. The cremation authorization form will contain the following:

1. The name, address, age and gender of the decedent whose human remains are to be cremated.
2. The date, time of death and cause of death of the decedent.
3. The name and license number of the funeral establishment and of the funeral director who obtained the cremation authorization form signed by the authorized person.
4. The signature of the funeral director.
5. The name and address of the cremation establishment authorized to cremate a human remains.
6. The name and signature of the authorized person granting permission to cremate the human remains and the authorized person's relationship to the decedent.
7. A representation that the authorized person has the right to authorize the cremation of the decedent in accordance with this rule.
8. A representation that in the event there is another person who has superior priority right to that of the authorized person, the authorized person has made all reasonable efforts to contact that person and has no reason to believe that the person would object to the cremation of the decedent.
9. A representation that a human remains does not contain any material or implants that may be potentially hazardous to equipment or persons performing the cremation.
10. A representation that the authorized person has made a positive identification of the decedent or, if the authorized person is unavailable or declines, there are alternative means of positive identification.
11. The name of the person, funeral establishment or funeral establishment's designee to which the cremated remains are to be released.
12. The manner of the final disposition of the cremated remains.

13. A listing of all items of value and instructions for their disposition.

(2) The cremation permit if required in the jurisdiction of death.

(3) Any other documentation required by this state.

b. If the authorized person is not available to execute the cremation authorization form in person, the funeral director may accept written authorization by facsimile, email, or such alternative written or electronic means the funeral director reasonably believes to be reliable and credible.

c. The authorized person may revoke the authorization and instruct the funeral director or funeral establishment to cancel the cremation. The cremation establishment will honor any instructions from a funeral director or funeral establishment under this rule if the cremation establishment receives instructions prior to beginning the cremation.

900.10(5) *Cremation procedures.*

a. A cremation establishment will cremate human remains within 24 hours of issuance of the delivery receipt as defined in subrule 900.10(1).

b. No cremation establishment will cremate human remains when it has actual knowledge that the human remains contain a pacemaker or have any other implants or materials that will present a health hazard to those performing the cremation and processing and pulverizing the cremated remains.

c. No cremation establishment will refuse to accept human remains for cremation because such human remains are not embalmed.

d. Whenever a cremation establishment is unable or unauthorized to cremate human remains immediately upon taking custody of the remains, the cremation establishment will place the human remains in a holding facility in accordance with the cremation establishment rules and regulations and within the parameters of rules 481—900.5(135,144) and 481—900.6(156).

e. No cremation establishment will accept human remains unless they are delivered to the cremation establishment in a container that prevents the leakage of body fluids.

f. Under no circumstances will an alternative container or casket be opened at the cremation establishment except to facilitate proper cremation.

g. The container in which a human remains is delivered to the cremation establishment will be cremated with the human remains or safely destroyed.

h. The simultaneous cremation of the human remains of more than one person within the same cremation chamber, without the prior written consent of the authorized person, is prohibited. Nothing in this rule, however, will prevent the simultaneous cremation within the same cremation chamber of body parts delivered to the cremation establishment from multiple sources, or the use of cremation equipment that contains more than one cremation chamber.

i. No unauthorized person will be permitted in the holding facility or cremation room while any human remains are being held there awaiting cremation, being cremated, or being removed from the cremation chamber.

j. A cremation establishment will not allow removal of any dental gold, body parts, organs, or any item of value prior to or subsequent to a cremation without previously having received specific written authorization from the authorized person and written instructions for the delivery of these items to the authorized person.

k. Upon the completion of each cremation, and insofar as is practicable, all of the recoverable residue of the cremation process will be removed from the cremation chamber.

l. If all of the recovered cremated remains will not fit within the receptacle that has been selected, the remainder of the cremated remains will be returned to the authorized person or this person's designee in a separate container. The cremation establishment will not return to an authorized person or this person's designee more or less cremated remains than were removed from the cremation chamber.

m. A cremation establishment will not knowingly represent to an authorized person or this person's designee that a temporary cremation container or urn contains the cremated remains of a specific decedent when it does not.

n. Cremated remains will be shipped only by a method that has an internal tracing system available and that provides a receipt signed by the person accepting delivery.

o. A cremation establishment will maintain an identification system that will ensure the identity of human remains in the cremation establishment's possession throughout all phases of the cremation process. A noncombustible tag or disc that includes the name and license number of the cremation establishment and the city and state where the cremation establishment is located will be attached to the plastic bag with the cremated remains or placed in amongst the cremated remains.

900.10(6) *Disposition of cremated remains.* If responsible, the funeral director will supervise the final disposition of the cremated remains as follows:

a. Cremated remains may be disposed of by placing them in a grave, crypt, or niche or by scattering them in a scattering area as defined in these rules, or they may remain in the personal care and custody of the authorized person. After supervising the transfer of cremated remains to the authorized person or place of final disposition, the funeral director will be discharged.

b. Upon the completion of the cremation process, the cremation establishment will release the cremated remains to the funeral establishment or the authorized person or the authorized person's designee. Upon the receipt of the cremated remains, the individual receiving them may transport them in any manner in this state without a burial transit permit and may dispose of them in accordance with this rule. After releasing the cremated remains, the cremation establishment will be discharged from any legal obligation or liability concerning the cremated remains.

c. If, after a period of 60 days from the date of the cremation, the authorizing person or designee has not instructed the funeral director to arrange for the final disposition of the cremated remains, the funeral director may dispose of the cremated remains in any manner permitted by this rule. The funeral establishment, however, will keep a permanent record identifying the site of final disposition. The authorizing person will be responsible for reimbursing the funeral establishment for all reasonable expenses incurred in disposing of the cremated remains. Any entity that was in possession of cremated remains prior to May 22, 2024, may dispose of them in accordance with this rule.

d. Except with the express written permission of the authorizing person, no funeral director or cremation establishment will:

(1) Dispose of cremated remains in a manner or in a location so that the cremated remains are commingled with those of another person. This prohibition will not apply to the scattering of cremated remains in an area located in a cemetery and used exclusively for those purposes.

(2) Place cremated remains of more than one person in the same temporary cremation container or urn.

900.10(7) *Scope of rules.* These rules will be construed and interpreted as a comprehensive cremation statute, and the provisions of these rules will take precedence over any existing laws containing provisions applicable to cremation, but that do not specifically or comprehensively address cremation.

[**ARC 7812C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—900.11(156) Records to be retained by a funeral establishment. To ensure a permanent record of the licensed activity relating to the custody of each decedent, each funeral director will create and the funeral establishment will maintain the records identified in this rule. If a registered intern or registered removal technician first takes custody of a decedent, the funeral director from whom they were delegated that authority is responsible for compliance with the rules in this chapter. Funeral directors and funeral establishments will comply with the rules adopted by the department of health and human services under Iowa Code section 144.49.

900.11(1) At a minimum, the following information, if applicable, relating to each human remains that enters the custody of the establishment/licensee will be maintained as the permanent record of licensed activity:

a. Name of the deceased;

b. Date, time, and place of death (institution or other place, city, state, zip);

c. Name and address of the person or funeral establishment to whom a human remains is released;

d. Date and from whom the funeral director assumed custody, including the name of the institution or other place of death releasing a human remains;

e. Date, time, and name of the licensed funeral director or registered intern completing embalming or other preparation for final disposition;

f. Date, place and method of final disposition of a human remains.

900.11(2) Each funeral establishment will create and maintain the following records for a period of ten years:

a. General price list required by the funeral rule, beginning on the most recent effective date;

b. Each completed statement of goods and services required by the funeral rule, beginning on the date the statement is signed;

c. Cremation records (see rule 481—900.10(156));

d. Embalming records;

e. Each preneed contract (pursuant to Iowa Code chapter 523A), beginning on the date of death.

900.11(3) The funeral records maintained by the funeral establishment as required in subrules 900.11(1) and 900.11(2) will be made available by the manager, funeral director or owner of the funeral establishment to:

a. Any person or entity assuming a new ownership interest or any person newly assuming the position of manager, at least ten days prior to a change in ownership or manager, unless otherwise mutually agreed upon by the parties;

b. Any licensed funeral director who practiced funeral directing while under the employment of, or while acting as an agent of, the funeral establishment; and

c. The state registrar of vital statistics and the board.

900.11(4) In the event a funeral establishment ceases to do business, the owner or manager of the funeral establishment will identify the person or entity that will be responsible for records to be maintained by a funeral establishment as required in subrules 900.11(1) and 900.11(2). The funeral establishment will notify the board if funeral records are moved from the funeral establishment to another location and identify the person responsible for their safekeeping.

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These rules are intended to implement Iowa Code chapters 147, 156, and 272C.

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[1] Effective date of 645—100.1(4)*"a,"* 100.1(5)*"c,"* 100.1(8)*"a,"* 100.6(135,144) and 100.7(135,144) delayed 70 days by the Administrative Rules Review Committee at its meeting held March 13, 1995; delay lifted by this Committee May 9, 1995.

[1] February 5, 2020, effective date of **ARC 4849C** [100.9(6)] delayed until the adjournment of the 2020 session of the General Assembly by the Administrative Rules Review Committee at its meeting held January 10, 2020.

CHAPTER 901
LICENSURE OF FUNERAL DIRECTORS, FUNERAL ESTABLISHMENTS, AND CREMATION ESTABLISHMENTS

[Prior to 9/21/88, see Health Department[470] Ch 147]
[Prior to 7/10/02, see 645—100.9(156) and 645—100.10(156)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 101]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—901.1(156) Definitions. For purposes of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

"Board" means the board of mortuary science.

"Change of ownership" means a change of controlling interest ((1) an interest in a partnership of greater than 50 percent; or (2) greater than 50 percent of the issued and outstanding shares of a stock of a corporation) in a funeral establishment or cremation establishment.

"Full time" means a minimum of a 35-hour work week.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Licensee" means any person licensed to practice as a funeral director in the state of Iowa.

"License expiration date" means the fifteenth day of the birth month every two years following initial licensure.

"Licensure by endorsement" means the issuance of an Iowa license to practice mortuary science to an applicant who is or has been licensed in another state.

"Occupational Safety and Health Act" means the Occupational Safety and Health Act of 1970, 29 U.S.C. §651 et seq.

"Outer burial container" means any container which is designed for placement in the ground around a casket or an urn including, but not limited to, containers commonly known as burial vaults, urn vaults, grave boxes, grave liners, and lawn crypts.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—901.10(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice mortuary science to an applicant who is currently licensed in another state which has a mutual agreement with the Iowa board of mortuary science to license persons who have the same or similar qualifications to those required in Iowa.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—901.2(156) Requirements for licensure.

901.2(1) The applicant will be eligible to apply for a license to practice mortuary science by the board pursuant to subrule 901.2(2) when the applicant has completed the educational requirements and examination requirements, followed by a completed internship as prescribed below, in the following alphabetical order:

a. Educational qualifications.

(1) A minimum of 60 hours of college credit as indicated on the transcript from a regionally accredited college or university with a minimum of a 2.0 or "C" grade point average. The 60 college semester hours will not include any technical mortuary science course; and

(2) A program in mortuary science from a school accredited by the American Board of Funeral Service Education; and

(3) A college course of at least one semester hour or equivalent in current Iowa law and rules covering mortuary science content areas including, but not limited to, Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed services.

b. Examination requirements. The board will accept a certificate of examination issued by the International Conference of Funeral Service Examining Boards, Inc., indicating a passing score on both the arts and sciences portions of the examination.

c. Internship requirements as outlined in rule 481—901.3(147,156).

901.2(2) The applicant will complete an online application packet on the Iowa board of mortuary science website and pay the nonrefundable application fee.

a. If licensed in another jurisdiction, the applicant will complete the licensure by endorsement application. Submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

b. An application that is not completed according to guidelines will not be reviewed by the board.

c. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

d. An application will not be considered until official copies of the academic transcripts have been directly transmitted from the college to the board office that demonstrate the applicant has completed a program at an approved college of mortuary science.

e. Licensees who were issued their initial licenses within six months prior to the renewal will not be required to renew their licenses until the renewal month two years later.

f. Incomplete applications that have been on file in the board office for more than two years will be:

(1) Considered invalid and will be destroyed; or

(2) Maintained upon written request of the candidate. The candidate is responsible for requesting that the file be maintained.

901.2(3) Foreign-trained funeral directors will:

a. Provide an equivalency evaluation of their educational credentials by International Education Research Foundation, Inc. The professional curriculum must be equivalent to that stated in these rules. A candidate will bear the expense of the curriculum evaluation.

b. Provide a copy of the certificate or diploma awarded to the applicant from a mortuary science program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

d. Successfully complete a college course of at least one semester hour or equivalent in current Iowa law and rules covering mortuary science content areas including, but not limited to, Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.3(147,156) Internship and preceptorship.

901.3(1) *Internship.*

a. The intern must serve a minimum of one year of internship under the direct supervision of an Iowa board-certified preceptor. The beginning and ending dates of the internship will be indicated on the internship certificate. The intern will engage in the practice of mortuary science only during the time indicated on the internship certificate.

b. The intern will, during the internship, be a full-time employee with the funeral establishment at the site of internship except as provided in paragraph 901.3(2)*"i."*

c. No licensed funeral director will permit any person in the funeral director's employ or under the funeral director's supervision or control to serve an internship in funeral directing unless that person has a certificate of registration as a registered intern from the department of inspections, appeals, and licensing. The registration will be posted in a conspicuous place in the intern's primary place of practice.

d. Registered interns will not advertise or hold themselves out as funeral directors or use the degree F.D. or any other title or abbreviation indicating that the intern is a funeral director.

e. The intern will, during the internship, complete the requirements outlined in subrule 901.3(3), including to embalm not fewer than 25 human remains and direct or assist in the direction of not fewer than 25 funerals under the direct supervision of the certified preceptor and to submit reports on forms furnished by the department of inspections, appeals, and licensing. Work on the first five embalming cases, first five funeral arrangements, and first five funeral or memorial services must be completed in the physical presence of the preceptor. The first 12 embalming cases and the first 12 funeral case reports must be completed and submitted by the completion of the sixth month of the internship.

f. Before being eligible for licensure, the intern must have filed the 25 completed embalming and funeral directing case reports and a 6-month and a 12-month evaluation form with the department of inspections, appeals, and licensing. These reports will be answered in full and signed by both the intern and preceptor.

g. When, for any valid reason, the board determines that the education a registered intern is receiving under the supervision of the present preceptor might be detrimental to the intern or the profession at large, the intern may be required to serve the remainder of the internship under the supervision of a licensed funeral director who is approved by the board.

h. The length of an internship may be extended if the board determines that the intern requires additional time or supervision in order to meet the minimum proficiency in the practice of mortuary science.

i. The board views a one-year internship completed in a consecutive 12-month period as the best training option. If an internship is interrupted, the internship must be completed within 24 months of the date it started in order to be readily accepted by the board. Internships that are not completed within 24 months will be preapproved by the board on such terms as the board deems reasonable under the circumstances. The board may require any or all of the following:

(1) Completion of a college course or continuing education course covering mortuary science laws and rules;

(2) Additional case reports;

(3) Extension of an internship up to an additional 12 months depending on such factors as the number of months completed during the internship, length of time that has lapsed since the intern was actively involved in the internship program, and the experience attained by the intern.

j. Application for change of preceptor or any other alteration must be made in writing and approval granted by the board before the status of the intern is altered.

k. The intern must be approved and licensed following a successful internship before the intern may practice mortuary science.

901.3(2) *Preceptorship.*

a. A preceptor must have completed a training course within five years prior to accepting an intern. This training course will cover Iowa law and rule content areas including, but not limited to, Iowa law and rules governing licensure and the practice of mortuary science and human resource issues. The training course may be counted toward the continuing education hours required for the licensure biennium in which the training course was completed.

b. Any duly Iowa-licensed funeral director who has been practicing for a minimum of five years and who has not had any formal disciplinary action within the past five years with the board of mortuary science and has completed a preceptor training course detailed in paragraph 901.3(2)*"a"* will be eligible to be a preceptor.

c. The preceptor will be affiliated with a funeral establishment that has not had any formal disciplinary action within the past five years.

d. The preceptor will certify that the intern engages in the practice of mortuary science only during the time frame designated on the official intern certificate.

e. A preceptor's duties will include the following:

(1) Ensure the intern completes the training program outlined in subrule 901.3(3);

(2) Be physically present and supervise the first five embalming cases, first five funeral arrangements, and first five funeral or memorial services;

(3) Familiarize the intern in the areas specified by the preceptor training outline;

(4) Read, add appropriate comments to, and sign each of the 25 embalming reports and the 25 funeral directing reports completed by the intern;

(5) Complete a written six-month report of the intern on a form provided by the board. This report is to be reviewed with and signed by the intern and submitted to the board before the end of the seventh month; and

(6) At the end of the internship, complete a confidential evaluation of the intern on a form provided by the board. This evaluation will be submitted within two weeks of the end of the internship. The 12-month report will be submitted to the board for review and approval prior to the board's approval of the intern for licensure.

f. Failure of a preceptor to fulfill the requirements set forth by the board, including failure to remit the required six-month progress report, as well as the final evaluation, will result in an investigation of the preceptor by the board and may result in actions which may include, but not be limited to, the loss of preceptor status for current and future interns or discipline or both.

g. If a preceptor does not serve the entire year, the board will evaluate the situation; and if a certified preceptor is not available, a licensed funeral director may serve with the approval of the board.

h. No licensed funeral director or licensed funeral establishment will have more than one intern funeral director for the first 100 human remains embalmed or funerals conducted per year, with a maximum of two interns per funeral establishment.

i. With prior board approval, an intern may serve under the supervision of more than one preceptor under the following terms and conditions:

(1) A single preceptor must act in the role of the primary preceptor.

(2) The primary preceptor is responsible for coordinating all intern training and activities.

(3) The intern will be a full-time employee of the funeral establishment of the primary preceptor; however, compensation may be shared between preceptors.

(4) The primary preceptor may make arrangements with a maximum of two additional preceptors to share preceptor responsibilities for such purposes as providing an intern with a higher-volume practice or a broader range of intern experiences.

(5) Each preceptor will be individually responsible for directly supervising the intern's activities performed under the preceptor's guidance, but the primary preceptor remains responsible for coordinating the intern's activities and submitting all forms to the board.

901.3(3) *Intern training requirements.*

a. The board-approved preceptor will ensure that the intern is knowledgeable of each of the following items during the internship:

(1) The requirements of the Federal Trade Commission Funeral Rule.

(2) The requirements of the Occupational Safety and Health Act.

(3) The requirements of the Americans with Disabilities Act.

(4) The benefits of the Social Security and Veterans Health Administrations.

(5) The requirements of Iowa funeral law and forms (for example, preneed in Iowa Code chapter 523A, death certificates and Iowa burial transit permits in Iowa Code chapter 144, authorized person in Iowa Code chapter 144C, Iowa department of inspections, appeals, and licensing law and rules governing funeral practice, and the board's laws and rules).

b. The board-approved preceptor will ensure that the intern performs each of the following under the preceptor's direct supervision:

(1) Assists with or performs a minimum of ten transfers of human remains.

(2) Performs 25 embalmings of human remains to include:

1. Obtaining permission to embalm.
2. Placement of human remains on preparation table.
3. Pre-embalming analysis.
4. Primary disinfection.
5. Setting features.
6. Selection of injection/drainage sites and raising those vessels.
7. Selection and mixing of embalming chemicals and operation of the embalming machine.

8. Injection and drainage methods.
9. Cavity treatment.
10. Suturing techniques.

(3) Prepares a minimum of ten human remains for viewing to include:
1. Dressing.
2. Cosmetizing.
3. Casketing.

(4) Assists with cremation procedures to include:
1. Contacting the medical examiner.
2. Completing required cremation forms.
3. Preparing human remains for cremation.

(5) Makes complete funeral arrangements with a minimum of ten families to include each of the following, as applicable:
1. Presentation of funeral goods, products and services.
2. Presentation of payment options for families.
3. Contacting third-party suppliers of goods and services, such as clergy, cemetery personnel, outer burial container provider, cremation establishment, florist, and musicians.
4. Completing the obituary.
5. Presentation of general price list and associated price lists.
6. Preparation and presentation of statement of funeral goods and services.

(6) Coordinates, at a minimum, ten visitations to include:
1. Preparing the chapel, visitation room or other facility.
2. Setting up floral arrangements.
3. Setting up register book and memorial folders or prayer cards.

(7) Directs a minimum of 25 funerals or memorial services to include, as applicable:
1. Greeting funeral attendees.
2. Assisting casket bearers.
3. Preparing for funeral procession.
4. Driving a vehicle in procession.
5. Assisting at graveside committal.
6. Transporting flowers.
7. Coordinating with officiant and family.

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481—901.4(156) Student practicum.

901.4(1) A student may participate in a student practicum in a licensed funeral establishment in Iowa if the student's school is accredited by and in good standing with the American Board of Funeral Service Education (ABFSE). The student practicum must meet the requirements of the ABFSE.

901.4(2) Students serving a practicum in Iowa will be under the direct physical supervision of a funeral director who meets the following requirements:

a. Has completed the Iowa preceptor training course within the immediately preceding five years.

b. Has not had any formal disciplinary action within the past five years.

c. Is affiliated with a funeral establishment that has not had any formal disciplinary action within the past five years.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.5(156) Funeral establishment license or cremation establishment license.

901.5(1) A place of business devoted to providing any aspect of mortuary science or cremation services will hold an establishment license issued by the board. An establishment license will not be issued more than 30 days prior to the opening of a new establishment.

a. A funeral establishment or a cremation establishment will not be operated until it has obtained a license from the board. Each establishment will timely renew the license in order to continue operations.

b. A funeral or cremation establishment will surrender its license to the board if the establishment fails to engage in or ceases to engage in the business for which the license was issued, pursuant to Iowa Code section 156.15(2)*"d."*

c. A funeral or cremation establishment license is not transferable or assignable.

d. A change in ownership will require the issuance of a new license. A change in ownership will be reported to the board prior to the date ownership will change or, in the case of change of ownership by death or other unexpected event, within 30 days following change of ownership. The board may request legal proof of the ownership transfer.

e. An establishment license will be issued for a specific physical location. A change in location or site of an establishment will require the submission of an application for a new license and payment of the fee required by 481—subrule 507.9(9). A new establishment license must be issued prior to the commencement of business in a new location.

f. A change in the name of an establishment will be reported to the board within 30 days. The establishment owner will pay the fee for reissuing the license.

g. A change in address or of the funeral director in responsible charge will be reported to the board within 30 days.

h. An establishment will have an employment or other relationship with one or more licensed funeral directors who will perform all mortuary science services for which licensure as a funeral director is required by Iowa Code chapter 156. A cremation establishment is not, however, required to employ or contract with a funeral director on an ongoing basis because a cremation establishment will not offer services directly to the general public. When a funeral establishment has an employment or other relationship with multiple funeral directors, the funeral establishment will designate the funeral director who will be in responsible charge of all mortuary science services performed at the funeral establishment. The funeral establishment will report to the board any change of the funeral director in responsible charge within 30 days of the change.

i. The board will not routinely issue more than one establishment license for a single location, but the board may do so if the multiple applicants provide proof, satisfactory to the board, that the establishments are wholly separate except for the sharing of facilities. If the board issues more than one establishment license for a single location, the licensees will ensure that the public will not be confused or deceived as to the establishment with which the public is interacting. A facility may have a funeral establishment license and a separate cremation establishment license at a single location.

j. The establishment license will be displayed in a conspicuous place at the location of the establishment.

k. Failure to comply with any of these rules will constitute grounds for discipline pursuant to 481—Chapter 904 and 481—Chapter 504 or civil penalties for unlicensed practice pursuant to 481—Chapter 905.

901.5(2) A funeral establishment or cremation establishment will be subject to applicable local, state and federal health and environmental requirements and will obtain all necessary licenses and permits from the agencies with jurisdiction.

901.5(3) License application. Complete an online application on the Iowa board of mortuary science website and pay the nonrefundable funeral or cremation application fee. If there is both a funeral establishment and a cremation establishment at the same location, two establishment license applications will be required, along with the payment of two establishment application fees. The application will contain all of the following:

a. The name, mailing address and telephone number of the applicant.

b. The physical location of the establishment.

c. The mailing address, telephone number, fax number and email address of the establishment.

d. The name, home address and telephone number of the individual in charge who has the authority and responsibility for the establishment's compliance with laws and rules pertaining to the operation of the establishment.

e. The name and address of all owners and managers of the establishment (e.g., sole proprietor, partner, director, officer, managing partner, member, or shareholder with 10 percent or more of the stock).

f. The legal name of the establishment and all trade names, assumed names, or other names used by the establishment.

g. The signature of the responsible authority at the site of the establishment and an acknowledgment of the funeral director in responsible charge of mortuary science services at the funeral establishment that the funeral director is aware of and consents to the designation.

h. The names and license numbers of all funeral directors employed by or associated with the establishment through contract or otherwise who provide mortuary science services at or for the establishment. When a funeral establishment has an employment or other relationship with multiple funeral directors, the funeral establishment will designate the funeral director who will have responsible charge of all mortuary science services performed at the funeral establishment. No funeral establishment will be issued a license if it fails to designate the funeral director in responsible charge of the mortuary science services to be performed at the establishment.

i. All felony or misdemeanor convictions of the applicant and all owners and managing officers of the applicant (except minor traffic offenses with fines of less than $500).

j. All disciplinary actions against any professional or occupational license of the applicant by any jurisdiction including, but not limited to, disciplinary action by the Iowa insurance division under Iowa Code chapter 523A or 523I or action by the Federal Trade Commission.

k. Further information that the board may reasonably require, such as whether the establishment includes a preparation room.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—901.6(156) Renewal of funeral director license.

901.6(1) The biennial license renewal period for a license to practice as a funeral director will begin on the sixteenth day of the licensee's birth month and end on the fifteenth day of the licensee's birth month two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

901.6(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The licensee will be required to complete a minimum of 24 hours of continuing education per biennium for each subsequent license renewal, with 2 of the 24 hours covering current Iowa law and rules as identified in 481—paragraph 902.3(2)*"f."*

901.6(3) A licensee seeking renewal will:

a. Meet the continuing education requirements of 481—902.2(272C). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Complete an online renewal application on the board of mortuary science website and pay the renewal fee before the license expiration date.

Persons licensed to practice funeral directing will keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

901.6(4) Upon receiving the information required by this rule and the required fee, board staff will administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

901.6(5) A person licensed to practice as a funeral director will keep the license certificate displayed in a conspicuous public place at the primary site of practice.

901.6(6) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.14(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

901.6(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in

Iowa, but may not practice as a funeral director in Iowa until the license is reactivated. A licensee who practices as a funeral director in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.7(272C) Renewal of a funeral establishment license or a cremation establishment license.

901.7(1) Renewal.

a. The renewal cycle will be triennial beginning July 1 and ending on June 30 of the third year.

b. The renewal will be to complete an online renewal application on the Iowa board of mortuary science website and pay the renewal fee.

901.7(2) Failure to receive notice from the board will not relieve the license holder of the obligation to pay triennial renewal fees on or before the renewal date.

901.7(3) Funeral and cremation establishments will keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

901.7(4) Late renewal. If the renewal fee and renewal application are received within 30 days after the license renewal expiration date, the late fee for failure to renew before expiration will be charged.

901.7(5) When all requirements for license renewal are met, the licensee will be sent a license renewal card by email.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.8(272C) Inactive funeral establishment license or cremation establishment license.

901.8(1) If the renewal application and fee are not postmarked within 30 days after the license expiration date, the funeral establishment license or cremation establishment license is inactive. To reactivate a funeral establishment license or cremation establishment license, complete an online reactivation application on the Iowa board of mortuary science website and pay the reactivation fee.

901.8(2) A funeral establishment or a cremation establishment that has not renewed the funeral establishment license or cremation establishment license within the required time frame will have an inactive license and will not provide mortuary science services until the license is reactivated.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.9(17A,147,272C) Reinstatement of a funeral establishment license or a cremation establishment license. For a funeral or cremation establishment license that has been revoked, suspended, or voluntarily surrendered, the owner must apply for and receive reinstatement of the license in accordance with rule 481—506.32(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—901.10(17A,147,272C) prior to offering mortuary science services from that establishment in this state.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—901.10(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee will:

901.10(1) Complete an online reactivation application on the Iowa board of mortuary science website and pay the reactivation fee.

901.10(2) Provide verification of current competence to practice as a funeral director by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) If licensed in another jurisdiction, the applicant will submit a licensure verification document from every jurisdiction in which the applicant is or has been licensed that discloses if disciplinary action was taken.

(2) Verification of completion of 24 hours of continuing education that meets continuing education standards defined in rule 481—902.3(156,272C) within two years prior to filing the application for reactivation; and

(3) Verification of completion of two hours of continuing education in current Iowa law and rules covering mortuary science content areas including, but not limited to, Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed. These 2 hours will be included as a part of the 24 hours required in 481—paragraph 902.3(2)*"f."*

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) If licensed in another jurisdiction, the applicant will submit a licensure verification document from every jurisdiction the applicant is or has been licensed that discloses if disciplinary action was taken.

(2) Verification of completion of 48 hours of continuing education that meet continuing education standards defined in 481—subrule 902.3(1) and 481—paragraphs 902.3(2)*"a," "b," "c,"* and *"e,"* within two years prior to filing the application for reactivation. Independent study identified in 481—paragraph 902.3(2)*"d"* will not exceed 24 hours of the 48 hours; and

(3) Verification of completion of a college course of at least one semester hour or equivalent in current Iowa law and rules covering mortuary science content areas including but not limited to Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—901.11(17A,147,272C) Reinstatement of a funeral director license. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.32(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—901.10(17A,147,272C) prior to practicing as a funeral director in this state. The owner of a funeral home establishment whose establishment license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the establishment license and must apply for and be granted reactivation of the establishment license prior to reopening the funeral home establishment.

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

481—901.12(156) Removal technician education and training requirements.

901.12(1) A removal technician will complete an in-person or live, real-time interactive media education training program that is approved by the board of mortuary science and provides education and training on the following:

a. Requirements of the Federal Trade Commission Funeral Rule as defined in rule 481—900.1(156);

b. Requirements of the Occupational Safety and Health Act relevant to the removal technician's duties;

c. Iowa laws and rules relevant to removal technicians; and

d. Pertinent equipment.

901.12(2) It is the responsibility of the removal technician to maintain documentation of successful completion of the education training program described in subrule 901.12(1).

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—901.13(156) Removal technician supervision and requirements.

901.13(1) A removal technician will serve under the direct supervision of an Iowa licensed funeral director, will only perform removals at the direction of the supervising funeral director, and may act in place of a funeral director only in performing a removal. Another funeral director, who is authorized by the supervising funeral director, may direct the removal technician in the temporary absence of the supervising funeral director.

901.13(2) Any Iowa-licensed funeral director who meets the following conditions is eligible to be a supervisor:

a. Has been practicing for a minimum of five years;

b. Has not had any formal disciplinary action within the past five years with the board of mortuary science; and

c. Is employed by a funeral establishment that has not had any formal disciplinary action within the past five years.

901.13(3) A removal technician seeking registration will complete an application on forms provided by the board and remit a fee in the amount of $50 to the board. The application will include the applicant's full name, date of birth, and home address; the name and license number of the removal technician's supervising funeral director; and the name and address of the funeral establishment primarily employing the removal technician. A registration is effective for five years and may be renewed within 60 days of expiration. A removal technician will advise the board in writing of any change in supervisor or funeral establishment within 30 days.

901.13(4) The supervising funeral director will:

a. Ensure the removal technician completes the education training program described in rule 481—901.12(156) and is registered as a removal technician with the board;

b. Be physically present and directly supervise the removal technician's first five removals;

c. Ensure the removal technician performs its duties as outlined in subrule 901.13(5);

d. Not supervise more than three removal technicians; and

e. Not have more than six registered removal technicians employed by the same funeral establishment, or any funeral establishment owned, operated, or affiliated with that funeral establishment.

901.13(5) Removal technicians will:

a. Be employed full- or part-time by the Iowa-licensed funeral establishment;

b. Complete the requirements of rule 481—901.12(156) and have their first five removals completed in the physical presence of and directly supervised by their supervising Iowa licensed funeral director;

c. Comply with subrule 900.4(1) on behalf of their supervising licensed funeral director, including providing their signature and registration number when removing a human remains from a hospital, nursing establishment, or any other institution involved with the care of the public.

901.13(6) Removal technicians will not:

a. Advertise or hold themselves out as a funeral director or use the acronym "F.D." or any other title or abbreviation indicating that the removal technician is a funeral director;

b. Engage in any duties of a funeral director outside of performing a removal, including but not limited to the duties of a funeral director enumerated in 481—paragraphs 900.2(1)*"b"* through *"f."*

[**ARC 7813C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 0466D**, IAB 8/5/26, effective 9/9/26]

These rules are intended to implement Iowa Code chapters 17A, 147, 156 and 272C.

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CHAPTER 902
CONTINUING EDUCATION FOR FUNERAL DIRECTORS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 102]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—902.1(272C) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

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

"Board" means the board of mortuary science.

"Continuing education" means planned, organized learning acts that are designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public and that meet the standards set forth in these rules.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of continuing education.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in these rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a funeral director in the state of Iowa.

[**ARC 7814C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—902.2(272C) Continuing education requirements.

902.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on the fifteenth day of the licensee's birth month and ending on the fifteenth day of the licensee's birth month. Each biennium, a person who holds an active license will be required to complete a minimum of 24 hours of continuing education activity. Two of the 24 hours of continuing education will be in current Iowa law and rules covering mortuary science content areas, including but not limited to Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed. A minimum of 12 hours of the 24 hours of continuing education required for renewal will be earned by completing a program in which an instructor conducts the class employing either in-person or live, real-time interactive media.

902.2(2) Requirements of new licensees. Continuing education is not required in the first renewal period. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 24 hours of continuing education per biennium for each subsequent license renewal.

902.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity as stipulated in rule.

902.2(4) Up to 50 percent of continuing education (a maximum of 12 hours) can be carried over into the next biennium if there was an amount of continuing education completed during the prior period that exceeded the minimum requirement. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

902.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 7814C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 9068C**, IAB 4/2/25, effective 5/21/25]

481—902.3(156,272C) Standards.

902.3(1) *General criteria.* A continuing education activity must meet the following criteria:

a. Constitute an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertain to subject matters that integrally relate to the practice of the profession;

c. Be conducted by individuals who have specialized education, training and experience concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfill stated program goals, objectives, or both; and

e. Provide proof of attendance to licensees in attendance, including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

All licensees must retain the information identified in paragraph 902.3(1)*"e"* for two years after the biennium has ended.

902.3(2) *Specific criteria.*

a. The following categories of continuing education are accepted:

(1) Public health and technical: chemistry, microbiology and public health, anatomy, pathology, restorative art, arterial and cavity embalming.

(2) Business management: accounting, funeral home and crematory management and merchandising, computer application, funeral directing, and small business management.

(3) Social sciences/humanities: psychology of grief, counseling, sociology of funeral service, history of funeral service, communication skills, and philosophy.

(4) Legal, ethical, regulatory: mortuary law; business law; ethics; Federal Trade Commission, OSHA, ADA, and EPA regulations; preneed regulation; social services; veterans affairs benefits; insurance; state and county benefits; legislative concerns. Insurance will be related to life insurance and will not exceed 8 hours each biennium.

b. Academic coursework that meets the criteria set forth in the rule is accepted. Continuing education credit equivalents are as follows:

1 academic semester hour = 10 continuing education hours

1 academic trimester hour = 8 continuing education hours

1 academic quarter hour = 7 continuing education hours

A course description and an official school transcript indicating successful completion of the course must be provided by the licensee to receive credit for an academic course if continuing education is audited.

c. Attendance at or participation in a program or course that is offered or sponsored by a state or national funeral association that meets the criteria in subrule 902.3(1) and paragraph 902.3(2)*"a"* is accepted.

d. Independent study credits, including those obtained by television viewing, Internet, video- or sound-recorded programs, or correspondence work or by other similar means that meet the criteria in paragraph 902.3(2)*"a,"* must be accompanied by a certificate from the sponsoring organization that indicates successful completion of the test. Continuing education credit obtained by independent study will not exceed 12 hours of the 24 hours required during the compliance period.

e. Presentations of a structured continuing education program or a college course that meets the criteria established in standards for approval may receive 1.5 times the number of hours granted the attendees. These hours will be granted only once per biennium for identical presentations.

f. Two of the 24 hours of continuing education will be in current Iowa law and rules covering mortuary science content areas including but not limited to Iowa law and rules governing the practice of mortuary science, cremation, vital statistics, cemeteries and preneed.

[**ARC 7814C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—902.4(272C) Automatic exemption. A licensee will be exempt from the continuing education requirement during the license biennium when that person:

1. Served honorably on active duty in the military service; or

2. Was a government employee working in the licensee's specialty and assigned to duty outside the United States; or

3. Was absent from the state but engaged in active practice under circumstances that are approved by the board.

[**ARC 7814C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 156.

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CHAPTER 903
DISCIPLINARY PROCEEDINGS

[Prior to 7/10/02, see 645—101.7(272C) to 645—101.10(272C)]
Rescinded **ARC 7815C**, IAB 4/17/24, effective 5/22/24
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 103]

CHAPTER 904
DISCIPLINARY PROCEEDINGS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 104]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—904.1(156) Definitions.

"Board" means the board of mortuary science.

"Discipline" means any sanction the board may impose upon licensees.

"Licensee" means an individual licensed pursuant to Iowa Code section 156.4 to practice as a funeral director in Iowa and a person issued an establishment license pursuant to Iowa Code section 156.14 to establish, conduct, or maintain a funeral establishment or cremation establishment in Iowa.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—904.2(17A,147,156,272C) Disciplinary authority. The board is empowered to administer Iowa Code chapters 17A, 147, 156, and 272C and related administrative rules for the protection and well-being of those persons who may rely upon licensed individuals and establishments for the performance of mortuary science services within this state or for clients in this state. To perform these functions, the board is broadly vested with authority to review and investigate alleged acts or omissions of licensees, to determine whether disciplinary proceedings are warranted, to initiate and prosecute disciplinary proceedings, to establish standards of professional conduct, and to impose discipline pursuant to Iowa Code sections 17A.13, 147.55, 272C.3 to 272C.6 and 272C.10 and chapter 156.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—904.3(17A,147,156,272C) Grounds for discipline against funeral directors. The board may initiate disciplinary action against a licensed funeral director based on Iowa Code section 156.9 and any of the following grounds:

904.3(1) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice in this state, which includes the following:

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

b. Attempting to file or filing with the board or the department of inspections, appeals, and licensing any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a license in this state.

904.3(2) Professional incompetency. Professional incompetency includes but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other practitioners in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average practitioner acting in the same or similar circumstances.

d. Failure to conform to the minimal standards of acceptable and prevailing practice of a funeral director in this state.

904.3(3) Deceptive practices. Deceptive practices are grounds for discipline, whether or not actual injury is established, and include:

a. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of mortuary science.

b. Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes but is not limited to an action by a licensee in making information or intention known to the public which is false, deceptive, misleading or promoted through fraud or misrepresentation.

c. Acceptance of any fee by fraud or misrepresentation.

d. Falsification of business records through false or deceptive representations or omissions.

e. Submission of false or misleading reports or information to the board, including information supplied in an audit of continuing education, reports submitted as a condition of probation, or any reports identified in this rule.

f. Knowingly misrepresenting any material matter to a prospective purchaser of funeral merchandise, furnishings, or services.

g. Representing oneself as a funeral director when one's license has been suspended, revoked, or surrendered, or when one's license is on inactive status.

h. Permitting another person to use the licensee's license for any purposes.

i. Misrepresenting the legal need or other requirement for embalming.

j. Fraud in representations as to skill or ability.

904.3(4) Unethical, harmful or detrimental conduct. Licensees engaging in unethical conduct or practices harmful or detrimental to the public may be disciplined whether or not injury is established. Behaviors and conduct that are unethical, harmful or detrimental to the public may include but are not limited to the following actions:

a. Practice outside the scope of the profession that requires licensure by a different professional licensing board.

b. Any violation of Iowa Code chapter 144.

c. Verbal or physical abuse, improper sexual contact, or making suggestive, lewd, lascivious, offensive or improper remarks or advances, if such behavior occurs within the practice of mortuary science or such behavior otherwise provides a reasonable basis for the board to conclude that such behavior would place the public at risk within the practice of mortuary science.

d. Betrayal of a professional confidence.

e. Engaging in a professional conflict of interest.

f. Failure to comply with universal precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

g. Embalming or attempting to embalm a deceased human body without first having obtained authorization from a family member or representative of the deceased, except where embalming is done to meet the requirements of applicable state or local law. However, a funeral director may embalm without authority when, after due diligence, no authorized person can be contacted and embalming is in accordance with legal or accepted standards in the community, or the licensee has good reason to believe that the family wishes embalming. The order of priority for those persons authorized to permit embalming is found in Iowa Code section 144C.5. If embalming is performed under these circumstances, the licensee shall not be deemed to be in violation of the prohibition in this paragraph.

h. Failure to keep and maintain records as required by Iowa Code chapter 156 and associated rules.

904.3(5) Unlicensed practice.

a. Practicing mortuary science when one's license has been suspended, revoked, or surrendered, or when one's license is on inactive status.

b. Practicing mortuary science within an unlicensed funeral or cremation establishment.

c. Permitting an unlicensed employee or other person under the licensee's control or supervision to perform activities requiring a license.

d. Knowingly aiding, assisting, procuring, advising, or allowing a person to unlawfully practice mortuary science, or aiding or abetting a licensee, license applicant or unlicensed person in committing any act or omission which is grounds for discipline under this rule or is an unlawful act by a nonlicensee under Iowa Code section 156.16.

904.3(6) Lack of proper qualifications.

a. Continuing to practice as a funeral director without satisfying the continuing education mandated by 481—Chapter 902.

b. Acting as a preceptor or continuing education provider without proper board approval or qualification.

c. Habitual intoxication or addiction to the use of drugs, or impairment which adversely affects the licensee's ability to practice in a safe and competent manner.

d. Any act, conduct, or condition, including lack of education or experience and careless or intentional acts or omissions, that demonstrates a lack of qualifications which are necessary to ensure a high standard of professional care as provided in Iowa Code section 272C.3(2)*"b."*

904.3(7) Negligence by the licensee in the practice of the profession. Negligence by the licensee in the practice of the profession includes:

a. A failure to exercise due care, including negligent delegation of duties or supervision of employees or other individuals, whether or not injury results.

b. Any conduct, practice or condition which impairs a licensee's ability to safely and skillfully practice the profession.

904.3(8) Professional misconduct.

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

b. Violation of a regulation or law of this state, another state, or the United States, which relates to the practice of mortuary science, including but not limited to Iowa Code chapters 272C, 144, 147, 156, 523A, 523I, 566, and 566A; board rules, including rules of professional conduct set forth in 481—Chapter 900; and regulations promulgated by the Federal Trade Commission relating to funeral services or merchandise, or funeral or cremation establishments, as applicable to the profession. Any violation involving deception, dishonesty or moral turpitude shall be deemed related to the practice of mortuary science.

c. Engaging in any conduct that subverts or attempts to subvert a board investigation, or failure to fully cooperate with a licensee disciplinary investigation or investigation against a nonlicensee, including failure to comply with a subpoena issued by the board or to respond to a board inquiry within 30 calendar days of the date of mailing by certified mail of a written communication directed to the licensee's last address on file at the board office.

d. Revocation, suspension, or other disciplinary action taken by a licensing authority of this state, another state, territory, or country. A stay by an appellate court shall not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, discipline by the board based solely on such action shall be vacated.

904.3(9) Willful or repeated violations. The willful or repeated violation of any provision of Iowa Code chapter 147, 156, or 272C.

904.3(10) Failure to report.

a. Failure by a licensee or an applicant for licensure to report in writing to the board any revocation, suspension, or other disciplinary action taken by a licensing authority within 30 days of the final action.

b. Failure of a licensee or an applicant for licensure to report, within 30 days of the action, any voluntary surrender of a professional license to resolve a pending disciplinary investigation or action.

c. Failure to notify the board of a criminal conviction within 30 days of the action, regardless of the jurisdiction where it occurred.

d. Failure to notify the board within 30 days after occurrence of any judgment or settlement of malpractice claim or action.

e. Failure to report another licensee to the board for any violations listed in these rules, pursuant to Iowa Code section 272C.9.

f. Failure to report a change of name or address within 30 days after it occurs.

904.3(11) Failure to comply with board order.

a. Failure to comply with the terms of a board order or the terms of a settlement agreement or consent order, or other decision of the board imposing discipline.

b. Failure to pay costs assessed in any disciplinary action.

904.3(12) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. A copy of the guilty plea or order of conviction constitutes conclusive evidence of conviction. An offense directly relates to the

duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or the circumstances under which the offense was committed are circumstances customary to the profession.

904.3(13) Violation of the terms of an initial agreement with the impaired practitioner review committee or violation of the terms of an impaired practitioner recovery contract with the impaired practitioner review committee.

904.3(14) Failure to comply with conditions of Iowa Code sections 142C.10 and 142C.10A.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—904.4(17A,147,156,272C) Grounds for discipline against funeral establishments and cremation establishments. The board may initiate disciplinary action against a funeral establishment or cremation establishment, at time of license application or thereafter, based on all grounds set forth in Iowa Code section 156.15, summarized as follows:

904.4(1) The licensee or applicant has been convicted of a felony or any crime related to the practice of mortuary science or implicating the establishment's ability to safely perform mortuary science services, or if the applicant is an association, joint stock company, partnership, or corporation, the managing officer or owner has been convicted of such a crime under the laws of this state, another state, or the United States.

904.4(2) The licensee or applicant, or any owner or employee of the establishment has violated Iowa Code chapter 156, rule 481—904.3(17A,147,156,272C), or any other rule promulgated by the board.

904.4(3) The licensee or applicant knowingly aided, assisted, procured, or allowed a person to unlawfully practice mortuary science.

904.4(4) The licensee or applicant failed to engage in or ceased to engage in the business described in the application for licensure.

904.4(5) The licensee or applicant failed to keep and maintain records as required by Iowa Code chapter 156 or rules promulgated by the board.

904.4(6) The licensee or owner of the establishment has violated the smokefree air Act, Iowa Code chapter 142D.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—904.5(17A,147,156,272C) Method of discipline. The board has the authority to impose the following disciplinary sanctions:

1. Revoke a license.
2. Suspend a license until further order of the board or for a specific period.
3. Prohibit permanently, until further order of the board, or for a specific period, the licensee's engaging in specified procedures, methods, or acts.
4. Place a licensee on probation and impose such conditions as the board may reasonably impose, including but not limited to requiring periodic reporting to the board designated features of the licensee's practice of mortuary science.
5. Require additional education or training. The board may specify that a designated amount of continuing education be taken in specific subjects and may specify the time period for completing these courses. The board may also specify whether that continuing education be in addition to the continuing education routinely required for license renewal. The board may also specify that additional continuing education be a condition for the termination of any suspension or reinstatement of a license.
6. Require a reexamination.
7. Order a physical or mental evaluation, or order alcohol and drug screening within a time specified by the board.
8. Impose civil penalties not to exceed $1,000 against an individual licensed as a funeral director, or not to exceed $10,000 against a licensed funeral establishment or cremation establishment. Civil penalties may be imposed for any of the disciplinary violations specified in rules 481—904.3(17A,147,156,272C) and 481—904.4(17A,147,156,272C), as applicable.
9. Issue a citation and warning, or reprimand.
10. Refuse to issue or renew a license.
11. Such other sanctions allowed by law as may be appropriate.

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481—904.6(17A,147,156,272C) Board discretion in imposing disciplinary sanctions. Factors the board will consider when determining the nature and severity of the disciplinary sanction to be imposed, including whether to assess and the amount of civil penalties, include:

1. The relative serious nature of the violation as it relates to ensuring a high standard of professional care to the citizens of this state.
2. Whether the amount of a civil penalty will be a substantial deterrent to the violation.
3. The circumstances leading to the violation.
4. The risk of harm to the public.
5. The economic benefits gained by the licensee as a result of the violation.
6. The interest of the public.
7. Evidence of reform or remedial action.
8. Time lapsed since the violation occurred.
9. Whether the violation is a repeat offense following a prior cautionary letter, disciplinary order, or other notice of the nature of the infraction.
10. The clarity of the issues involved.
11. Whether the violation was willful and intentional.
12. Whether the nonlicensee acted in bad faith.
13. The extent to which the licensee cooperated with the board.
14. Whether a licensee holding an inactive, suspended, restricted or revoked license engaged in practices which require licensure.
15. Any extenuating factors or other countervailing considerations.
16. Number and seriousness of prior violations or complaints.
17. Such other factors as may reflect upon the competency, ethical standards, and professional conduct of the licensee.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—904.7 Reserved.

481—904.8(17A,147,156,272C) Informal discussion. If the board considers it advisable, or if requested by the affected licensee, the board may grant the licensee an opportunity to appear before the board or a committee of the board for a voluntary informal discussion of the facts and circumstances of an alleged violation. The licensee may be represented by legal counsel at the informal discussion. The licensee is not required to attend the informal discussion. By electing to attend, the licensee waives the right to seek disqualification, based upon personal investigation of a board or staff member, from participating in making a contested case decision or acting as a presiding officer in a later contested case proceeding. Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence. The board may seek a consent order at the time of the informal discussion. If the parties agree to a consent order, a statement of charges shall be filed simultaneously with the consent order.

[**ARC 7815C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 156, and 272C.

[Filed 3/23/05, Notice 2/16/05—published 4/13/05, effective 5/18/05]
[Filed ARC 3083C (Notice ARC 3000C, IAB 3/29/17), IAB 5/24/17, effective 6/28/17]
[Filed ARC 7815C (Notice ARC 7526C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 9/18/24]

CHAPTER 905
ENFORCEMENT PROCEEDINGS AGAINST NONLICENSEES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 105]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—905.1(156) Civil penalties against nonlicensees. The board may impose civil penalties by order against a person who is not licensed by the board based on the unlawful practices specified in Iowa Code section 156.16. In addition to the procedures set forth in Iowa Code section 156.16, this chapter will apply.
[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.2(156) Unlawful practices. Practices by unlicensed persons or establishments that are subject to civil penalties include but are not limited to:

1. Acts or practices by unlicensed persons that require licensure as a funeral director under Iowa Code chapter 156.
2. Acts or practices by unlicensed establishments that require licensure as a funeral establishment or cremation establishment under Iowa Code chapter 156.
3. Use of the words "funeral director," "mortician," or other title in a manner that states or implies that the person is engaged in the practice of mortuary science as defined in Iowa Code chapter 156.
4. Use or attempted use of a licensee's certificate or an expired, suspended, revoked, or nonexistent certificate.
5. Falsely impersonating a licensed funeral director.
6. Providing false or forged evidence of any kind to the board in obtaining or attempting to obtain a license.
7. Other violations of Iowa Code chapter 156.
8. Knowingly aiding or abetting an unlicensed person or establishment in any activity identified in this rule.

[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.3(156) Investigations. The board is authorized by Iowa Code sections 17A.13(1) and 156.16 to conduct such investigations as are needed to determine whether grounds exist to impose civil penalties against a nonlicensee. Such investigations will conform to the procedures outlined in this chapter. Complaint and investigatory files concerning nonlicensees are not confidential except as may be provided in Iowa Code chapter 22.
[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.4(156) Subpoenas. Pursuant to Iowa Code sections 17A.13(1) and 156.16, the board is authorized in connection with an investigation of an unlicensed person or establishment to issue subpoenas to compel persons to testify and to compel persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, that the board deems necessary as evidence in connection with the civil penalty proceeding or relevant to the decision of whether to initiate a civil penalty proceeding. Board procedures concerning investigative subpoenas are set forth in rule 481—503.5(17A,272C).
[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.5(156) Notice of intent to impose civil penalties. The notice of the board's intent to issue an order to require compliance with Iowa Code chapter 156 and to impose a civil penalty will be served upon the nonlicensee by restricted certified mail, return receipt requested, or personal service in accordance with Iowa R. Civ. P. 1.305. Alternatively, the nonlicensee may accept service personally or through authorized counsel. The notice will include the following:

1. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.
2. Reference to the particular sections of the statutes and rules involved.
3. A short, plain statement of the alleged unlawful practices.

4. The dollar amount of the proposed civil penalty and the nature of the intended order to require compliance with Iowa Code chapter 156.

5. Notice of the nonlicensee's right to a hearing and the time frame in which hearing must be requested.

6. The address to which written request for hearing must be made.

[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.6(156) Requests for hearings.

905.6(1) Nonlicensees must request a hearing within 30 days of the date the notice is received if served through restricted certified mail, or within 30 days of the date of service if service is accepted or made in accordance with Iowa R. Civ. P. 1.305. A request for hearing must be in writing and is deemed made on the date of the nonmetered United States Postal Service postmark or the date of personal service.

905.6(2) If a request for hearing is not timely made, the board chairperson or the chairperson's designee may issue an order imposing the civil penalty and requiring compliance with Iowa Code chapter 156, as described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose civil penalty.

905.6(3) If a request for hearing is timely made, the board will issue a notice of hearing and conduct a contested case hearing in the same manner as applicable to disciplinary cases against licensees.

905.6(4) A nonlicensed person who fails to timely request a contested case hearing will have failed to exhaust "adequate administrative remedies" as that term is used in Iowa Code section 17A.19(1).

905.6(5) A nonlicensed person who is aggrieved or adversely affected by the board's final decision following a contested case hearing may seek judicial review as provided in Iowa Code section 17A.19.

905.6(6) A nonlicensee may waive the right to hearing and all attendant rights and enter into a consent order imposing a civil penalty and requiring compliance with Iowa Code chapter 156 at any stage of the proceeding upon mutual consent of the board.

905.6(7) The notice of intent to issue an order and the order are public records available for inspection and copying in accordance with Iowa Code chapter 22. Copies may be published as provided in rule 481—506.30(272C). Hearings will be open to the public.

[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.7(156) Factors to consider. The board may consider the following when determining the amount of civil penalty to impose, if any:

1. Whether the amount imposed will be a substantial economic deterrent to the violation.
2. The circumstances leading to the violation.
3. The severity of the violation and the risk of harm to the public.
4. The economic benefits gained by the violator as a result of noncompliance.
5. The interest of the public.
6. The time lapsed since the unlawful practice occurred.
7. Evidence of reform or remedial actions.
8. Whether the violation is a repeat offense following a prior warning letter or other notice of the nature of the infraction.
9. Whether the violation involved an element of deception.
10. Whether the unlawful practice violated a prior order of the board, court order, cease and desist agreement, consent order, or similar document.
11. The clarity of the issue involved.
12. Whether the violation was willful and intentional.
13. Whether the nonlicensee acted in bad faith.
14. Whether the nonlicensee cooperated with the board.

[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—905.8(156) Enforcement options. In addition, or as an alternative, to the administrative process described in these rules, the board may seek an injunction in district court, refer the matter for criminal prosecution, or enter into a consent agreement as provided in Iowa Code section 156.16.

[**ARC 7816C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, and 156.

[Filed ARC 7816C (Notice ARC 7534C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 9/18/24]

CHAPTER 906
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 106]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—906.1(17A,272C) Board of mortuary science adoption of uniform and model rules. The board hereby adopts by reference the following:

906.1(1) to **906.1(9)** Reserved.

906.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

[Filed ARC 8148C (Notice ARC 7296C, IAB 1/24/24), IAB 7/24/24, effective 8/28/24]
[Editorial change: IAC Supplement 9/18/24]

CHAPTER 907
PLACES WHERE DEAD HUMAN BODIES ARE PREPARED FOR BURIAL OR ENTOMBMENT

[Prior to 7/29/87, Health Department[470] Ch 86]
[Prior to 4/2/25, see Public Health Department[641] Ch 86]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—907.1(156) Purpose. The purpose of this chapter is to establish standards for the operation and inspection of places where dead human bodies are prepared for burial, cremation or entombment.
[Editorial change: IAC Supplement 4/2/25]

481—907.2(156) Definitions.

"Board" means the board of mortuary science examiners.

"Cremated remains" means the body of a deceased person, including any form of body prosthesis that has been permanently attached to or implanted in the body.

"Cremation" means the technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization, of the bone fragments.

"Cremation chamber" means the enclosed space within which the cremation takes place.

"Cremation establishment" means a place of business which provides any aspect of cremation of human remains.

"Cremation room" means the room in which the cremation chamber is located.

"Department" means the Iowa department of public health.

"Funeral establishment" means a place of business, as defined by the board of mortuary science examiners, devoted to providing any aspect of mortuary science.

"Human remains" means a deceased human being for which a death certificate or fetal death certificate is required.

"Listed" means equipment or materials included in a list published by an agency that maintains periodic inspection on current production of listed equipment or materials and whose listing states either that the equipment or material complies with approved standards or has been tested and found suitable for use in a specified manner.

"Preparation room" means a room in a funeral establishment where human remains are prepared, sanitized, embalmed or held for ceremonies and final disposition.
[Editorial change: IAC Supplement 4/2/25]

481—907.3(156) Licensing. No person, business or corporation shall operate a funeral establishment, preparation room or cremation chamber without first licensing the establishment with the board.
[Editorial change: IAC Supplement 4/2/25]

481—907.4(156) Public access areas. Public access areas of funeral homes and crematorium establishments shall have a public rest room with hot and cold running water.
[Editorial change: IAC Supplement 4/2/25]

481—907.5(156) Preparation room. The preparation room shall meet the following standards:

907.5(1) The preparation room shall be of such size and dimensions to accommodate and shall contain an embalming table, an appropriate sink, or other liquid waste receptacle with sewer and water connections, suitable cabinet or shelves, and hand-washing facilities to include hot water, soap and towels.

907.5(2) The preparation room shall be private. It shall not be used as a passageway from room to room. No toilet or commode shall be located within the preparation room. Only equipment necessary for use in preparation of bodies for burial, shipment or cremation shall be permitted in the preparation room.

907.5(3) There shall be a toilet and hand-washing facility accessible elsewhere in the building.

907.5(4) Ventilation shall be provided by an exhaust fan vented to the outside of the building.

907.5(5) Doors and windows of the preparation room shall be so installed and constructed as to obstruct view from outside and to prevent fumes and odors from entering any other part of the building.

907.5(6) There shall be adequate lighting. Light fixtures shall be easy to clean and kept clean.

907.5(7) The preparation room shall be provided with an adequate water supply with hot and cold running water.

907.5(8) The building drainage system must be discharged into the municipal sewage system where such a system is available. Where a municipal sewage system is not available, the building drainage system must be discharged into a private system of waste disposal acceptable to the Iowa department of natural resources and the Iowa department of public health.

907.5(9) Backflow prevention.

a. Funeral homes not meeting the requirements of paragraph 907.5(9)*"c"* shall have water-supplied aspirators equipped with a listed atmospheric vacuum breaker mounted at least six inches above the aspirator. The discharge of the aspirator shall be through an air gap.

b. Funeral homes not meeting the requirements of paragraph 907.5(9)*"c"* shall have hose bibbs protected by a listed nonremovable hose bibb type backflow preventer. Potable water outlets with a tube connection fitting shall be protected by a listed atmospheric vacuum breaker mounted at least six inches above the highest point of water usage.

c. In new construction, the water supply to the preparation room and to fixtures in the preparation room shall be protected against backflow in accordance with the Iowa state plumbing code (481—Chapter 425) or in accordance with the ordinance of the political subdivision in which the facility is located, provided that the requirements of the ordinance are equal to or greater than the requirements of the Iowa state plumbing code.

907.5(10) The embalming table shall have a top composed of stainless steel, porcelain or other rustproof material, and the edges shall be raised at least three-fourths inch around the entire table. There shall be a drain opening in the table.

907.5(11) Each preparation room shall have a covered, watertight receptacle for solid refuse.

907.5(12) All preparation rooms shall be maintained in a clean and sanitary condition. All embalming tables, sinks, receptacles, instruments and other appliances used in embalming dead human bodies shall be thoroughly cleaned with hot water and disinfectant. There shall be available a suitable means to sterilize instruments.

[Editorial change: IAC Supplement 4/2/25]

481—907.6(156) Crematorium chambers.

907.6(1) Cremation chambers shall be installed according to the manufacturer's recommendations.

907.6(2) Cremation chambers shall be vented to the outside of the building.

907.6(3) There shall be a means to bring in a fresh air supply to aid in combustion.

907.6(4) The room where the cremation chamber is located shall have adequate exhaust to prevent heat buildup.

907.6(5) The cremation chamber shall be cleaned after each use, with cremated remains and pulverized materials being placed in containers as defined in rule 481—900.1(156).

[Editorial change: IAC Supplement 4/2/25]

481—907.7(156) Inspection fees. Inspection fees shall be billed to the owner of a funeral home or crematorium upon the completion of an inspection. Inspection fees are due upon receipt of a notice of payment due. When the funeral home or crematorium is located within the contracted area of a board of health that has a 28E agreement for inspections with the department, inspection fees billed shall be paid to the contracted board of health or its designee.

907.7(1) The fee for the inspection of a funeral home or crematorium shall be $15 for each facility.

907.7(2) Penalty. Inspection fees not received by the department or contracted board of health within 45 days of the date of billing will be assessed a $25 penalty for each month or fraction thereof that the payment is delinquent.

[Editorial change: IAC Supplement 4/2/25]

These rules are intended to implement Iowa Code chapter 156.

[Filed 6/9/70]
[Filed 1/18/79, Notice 12/13/78—published 2/7/79, effective 4/1/79]
[Filed emergency 7/10/87—published 7/29/87, effective 7/10/87]
[Filed 2/26/98, Notice 9/10/97—published 3/25/98, effective 4/29/98]
[Editorial change: IAC Supplement 4/2/25]

CHAPTERS 908 to 920
Reserved

BOARD OF DIETETICS

CHAPTER 921
LICENSURE OF DIETITIANS

[Prior to 6/26/02, see 645—Ch 80]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 81]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—921.1(152A) Definitions.

"Active license" means a license that is current and has not expired.

"Board" means the board of dietetics.

"Consultation" means the practice of providing professional advice to another dietitian or other professional in a particular case and for a limited time, in affiliation with, and at the request of, a dietitian licensed in this state.

"Dietetics" means the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, food management and from behavioral and social sciences to achieve and maintain an individual's health.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Licensee" means any person licensed to practice as a dietitian in the state of Iowa.

"License expiration date" means the fifteenth day of the birth month every two years following initial licensure.

"Nutrition assessment" means the evaluation of the nutrition needs of individuals and groups based upon appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and to recommend appropriate nutritional intake, including enteral and parenteral nutrition.

"Nutrition counseling" means advising and assisting individuals or groups, with consideration of cultural background and socioeconomic status, about appropriate nutritional intake by integrating information from the nutrition assessment with information about food and other sources of nutrients and meal preparation.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—921.8(17A,147,272C) by which an inactive license is restored to active status.

"Reciprocal license" means the issuance of an Iowa license to practice dietetics to an applicant who is currently licensed in another state that has a mutual agreement with the Iowa board of dietetics to license persons who have the same or similar qualifications as those required in Iowa.

"Registered dietitian" means a dietitian who has met the standards and qualifications of the Commission on Dietetic Registration, a member of the National Commission for Certifying Agencies.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"Supervision of nonlicensees" means any of the following: delegation of duties, direct oversight, or indirect oversight of employees or other persons not licensed by the board.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 1/22/25]

481—921.2(152A) Nutrition care. The primary function of dietetic practice is the provision of nutrition care services that include:

1. Assessing the nutrition needs of individuals and groups and determining resources and constraints in the practice setting.
2. Establishing priorities, goals, and objectives that meet nutrition needs and are consistent with available resources and constraints.

3. Providing nutrition counseling concerning health and disease.

4. Developing, implementing, and managing nutrition care systems.

5. Evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition services.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.3(152A) Requirements for licensure. The following criteria apply to licensure:

921.3(1) The applicant submits a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.6(147,152A).

921.3(2) No application will be considered by the board until the applicant satisfactorily completes the registration examination for dietitians administered by the Commission on Dietetic Registration (CDR). The board will accept the passing score set by the CDR. Verification of satisfactory completion may be established by one of the following:

a. The applicant sends to the board a copy of the CDR registration card;

b. The CDR sends an official letter directly to the board to verify that the applicant holds registration status; or

c. The CDR posts web-based verification that the applicant holds registration status.

921.3(3) A license is not required for dietitians who are in this state for the purpose of consultation, in accordance with rule 481—921.1(152A), when they are licensed in another state, U.S. territory, or country, or have received at least a baccalaureate degree in human nutrition from a U.S. regionally accredited college or university.

921.3(4) Incomplete applications that have been on file in the board office for more than two years will be considered invalid and destroyed.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.4(152A) Educational qualifications.

921.4(1) The applicant shall possess a baccalaureate degree or postbaccalaureate degree from a U.S. regionally accredited college or university with a major course of study in human nutrition, food and nutrition, nutrition education, dietetics, or food systems management, or in an equivalent major course of study, that meets minimum academic requirements as established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (AND) and is approved by the board.

921.4(2) A foreign-trained dietitian shall:

a. Provide an official letter sent directly from the Commission on Dietetic Registration (CDR) to the board to verify that the applicant has met the minimum academic and didactic program requirements of the CDR. Foreign degree equivalency evaluation requirements of the ACEND of the AND are listed on the ACEND website, and

b. Provide evidence of meeting all other requirements in these rules.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.5(152A) Supervised experience. The applicant shall complete an accredited competency-based supervised experience program approved by the ACEND of the AND.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.6(152A) Licensure by endorsement. An applicant who has been a licensed dietitian under the laws of another jurisdiction may file an application for licensure by endorsement with the board office. The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

921.6(1) Meets the requirements of rule 481—921.4(152A).

921.6(2) Provides verification of license(s) from every jurisdiction in which the applicant has been licensed, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.7(152A) License renewal.

921.7(1) The biennial license renewal period begins on the sixteenth day of the licensee's birth month and ends on the fifteenth day of the licensee's birth month two years later. The licensee is responsible for renewing the license prior to its expiration.

921.7(2) An initial license issued by the board may be valid for an 18- to 29-month period. When an initial license is renewed, it will be placed on a two-year renewal period identified in subrule 921.9(1).

921.7(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—922.2(152A) and the mandatory reporting requirements of subrule 921.9(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

921.7(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children and dependent adults in Iowa will complete the applicable department of health and human services training relating to the identification and reporting of child and dependent adult abuse as required by Iowa Code section 232.69(3)*"b."*

b. Written documentation of training completion should be maintained for three years.

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

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

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in rule 481—500.14(272C).

d. The board may select licensees for audit of compliance with the requirements in paragraphs 921.9(4)*"a"* and *"b."*

921.7(5) Upon receiving the information required by this rule and the required fee, a two-year license will be administratively issued. In the event the board receives adverse information on the renewal application, the renewal license will be issued but the board may refer the adverse information for further consideration or disciplinary investigation.

921.7(6) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

921.7(7) Late renewal. A license not renewed by the expiration date will be assessed a late fee as specified in 481—subrule 507.6(3). Completion of renewal requirements and submission of the late fee within the grace period are needed to renew the license.

921.7(8) Inactive license. A license not renewed by the end of the grace period is inactive. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a dietitian in Iowa until the license is reactivated. A licensee who practices as a dietitian in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

921.7(9) Renewal of a reactivated license. A licensee who reactivates the license in accordance with rule 481—921.8(17A,147,272C) will not be required to renew the license until the next renewal two years later if the license is reactivated within six months prior to the license renewal date.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.8(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

921.8(1) Submit a reactivation application and pay the reactivation fee as specified in 481—Chapter 507.

921.8(2) Provide verification of current competence to practice dietetics by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license(s) from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license.

(2) Verification of completion of 30 hours of continuing education within two years of the application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license(s) from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license.

(2) Verification of completion of 60 hours of continuing education within two years of application for reactivation.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.9(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—921.8(17A,147,272C) prior to practicing dietetics in this state.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—921.10(152A,272C) Telehealth visits. A licensee may provide dietetic services to an individual or a group utilizing a telehealth visit if the dietetic services are provided in accordance with all the requirements of this chapter.

921.10(1) "Telehealth visit" means the provision of dietetic services by a licensee to an individual or a group using technology where the licensee and the individual or group are not at the same physical location for the therapy session.

921.10(2) A licensee engaged in a telehealth visit will utilize technology that is secure and, pursuant to the Health Insurance Portability and Accountability Act of 1996, Pub.L. 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of March 22, 2024, HIPAA-compliant and that includes, at a minimum, audio or video equipment or both that allows two-way real-time interactive communication between the licensee and the individual or group. A licensee may use non-real-time technologies to prepare for a session or to communicate with an individual or a group between sessions.

921.10(3) A licensee engaged in a telehealth visit will be held to the same standard of care as a licensee who provides in-person dietetic services. A licensee will not utilize a telehealth visit if the standard of care for the particular services cannot be met by using technology.

921.10(4) Any licensee who provides a telehealth visit to an individual or a group located in Iowa shall be licensed in Iowa.

921.10(5) Prior to the first telehealth visit, a licensee is to obtain informed consent from the individual or group specific to the services that will be provided in a telehealth visit. At a minimum, the informed consent shall specifically inform the individual or group of the following:

a. The risks and limitations of the use of technology to provide dietetics services;

b. The potential for unauthorized access to protected health information; and

c. The potential for disruption of technology during a telehealth visit.

921.10(6) A licensee will identify in the clinical record when dietetic services are provided utilizing a telehealth visit.

[**ARC 7925C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

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

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CHAPTER 922
CONTINUING EDUCATION FOR DIETITIANS
[Prior to 6/26/02, see 645—Ch 81]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 82]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—922.1(152A) Definitions.

"Active license" means the license is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of dietetics.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a dietitian in the state of Iowa.

"Webinar" means a web-based seminar, presentation, lecture, or workshop that is transmitted over the web.

[**ARC 7926C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

481—922.2(152A) Continuing education requirements.

922.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on the sixteenth day of the licensee's birth month and ending on the fifteenth day of the birth month two years later. Each biennium, each person who is licensed to practice as a dietitian in this state will be required to complete a minimum of 30 hours of continuing education approved by the board.

922.2(2) Requirements for new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 30 hours of continuing education per biennium for each subsequent license renewal.

922.2(3) Hours of continuing education credit may be obtained in accordance with the definitions and standards in these rules.

922.2(4) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 15 hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

922.2(5) It is the responsibility of each licensee to finance the cost of continuing education.

[**ARC 7926C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24; **ARC 9108C**, IAB 4/16/25, effective 5/21/25]

481—922.3(152A,272C) Standards.

922.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of the presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

922.3(2) *Specific criteria.*

a. Continuing education hours of credit may be obtained by completing programs/activities that reflect the educational needs of the dietitian and the nutritional needs of the consumer. Continuing education programs/activities that are scientifically founded and offered at a level beyond entry-level dietetics for professional growth will be accepted for continuing education.

b. The licensee may engage in other types of activities identified in the individual licensee's professional development portfolio for Commission on Dietetic Registration (CDR) certification.

c. The licensee may engage in programs/activities via webinars and independent study in accordance with the definitions and standards in these rules.

d. The licensee may submit completed training to comply with mandatory reporter training requirements as specified in 481—921.9(4). Hours reported for credit will not exceed the hours required to maintain compliance with required training.

e. The following areas are appropriate for continuing education credit:

(1) Sciences related to dietetic practice, education, or research including biological sciences, food and resource management, and behavioral and social sciences to achieve and maintain people's health.

(2) Dietetic practice related to assessment, counseling, teaching, or care of clients in any setting.

(3) Management or quality assurance of nutritional care delivery systems.

(4) Dietetic practice related to community health needs.

f. Criteria for hours of credit are as follows:

(1) Academic coursework. Coursework for credit must be completed at a regionally accredited U.S. college or university. In order for the licensee to receive continuing education credit, the coursework must be beyond entry-level dietetics.

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

(2) Scholarly publications. Publication may be approved if submitted in published form in the continuing education documentation file of the licensee. All publications must appear in refereed professional journals. Material related to work responsibilities, such as diet and staff manuals, and publications for the lay public are unacceptable. Continuing education credit hours may be reported using the following guidelines:

1. Senior author: first of two or more authors listed.
2. Coauthor: second of two authors listed.
3. Contributing author: all but senior of the three or more authors.
4. Research papers:

● Single author	10 hours
● Senior author	8 hours
● Coauthor	5 hours
● Contributing author	3 hours

5. Technical articles:

● Single author	5 hours
● Senior author	4 hours
● Coauthor	3 hours
● Contributing author	2 hours
6. Information-sharing articles:	1 hour
7. Abstracts:	
● Senior author	2 hours
● Coauthor	1 hour

(3) Poster sessions. Continuing education credit may be obtained for attending juried poster sessions at national meetings that meet the criteria for appropriate subject matter as required in these rules. One hour of continuing education credit is allowed for each 12 posters reviewed not to exceed six hours in a continuing education biennium.

(4) Presenters. Presenters may receive continuing education credit. Presentations to the lay public will not receive credit for continuing education. For each 50-minute hour of presentation, two hours of credit for continuing education will be earned. Presenters of poster sessions at national professional meetings will receive a maximum of two hours of credit per topic. A copy of the abstract or manuscript and documentation of the peer review process must be included in the licensee's documentation list.

(5) Staff development training. Staff development training that meets the criteria in this subrule will be credited on the basis of the defined hour of continuing education stated in these rules.

[**ARC 9606B**, IAB 7/13/11, effective 8/17/11; **ARC 7926C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 152A.

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CHAPTER 923
DISCIPLINE FOR DIETITIANS

[Prior to 9/19/01, see 645—80.100(152A,272C)]
[Prior to 6/26/02, see 645—Ch 82]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 83]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—923.1(152A,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

Failure to comply with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration, Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues, effective January 1, 2010, hereby adopted by reference. Copies may be obtained from the Academy of Nutrition and Dietetics/Commission on Dietetic Registration website at www.eatright.org/code-of-ethics-for-rdns-and-ndtrs.

This rule is intended to implement Iowa Code chapters 147, 152A and 272C.

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[1] March 28, 2012, effective date of 83.2(12) delayed 70 days by the Administrative Rules Review Committee at its meeting held March 12, 2012.

CHAPTER 924
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 84]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—924.1(17A,272C) Board of dietetics adoption of uniform and model rules. The board hereby adopts by reference the following:

924.1(1) to **924.1(9)** Reserved.

924.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 925 to 939
Reserved

BOARD OF BARBERING AND COSMETOLOGY ARTS AND SCIENCES

CHAPTER 940
LICENSURE OF BARBERS AND COSMETOLOGISTS, ELECTROLOGISTS, ESTHETICIANS, NAIL TECHNOLOGISTS, AND INSTRUCTORS OF BARBERING AND COSMETOLOGY ARTS AND SCIENCES

[Prior to 7/29/87, Health Department[470] Chs 149, 150]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 60]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—940.1(157) Definitions. In addition to the definitions included in Iowa Code sections 157.1 and 84D.2 and 29 Code of Federal Regulations (CFR) §29.5 as amended on December 19, 2016, the following definitions apply to terms used in this chapter:

"Active license" means a license that is current and has not expired.

"Core curriculum" means the basic core life sciences curriculum that is required for completion of any course of study of barbering and cosmetology arts and sciences except for manicuring.

"Examination" means any of the tests used to determine minimum competency prior to the issuance of a barbering and cosmetology arts and sciences license.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Legacy curriculum" means a course of study and curriculum offered by barbering schools or cosmetology arts and sciences schools that, as applicable, comply with the administrative rules issued by the Iowa board of barbering or by the Iowa board of cosmetology arts and sciences that were in effect on June 30, 2023.

"Licensee" means any person or entity licensed to perform practice disciplines governed by the board of barbering and cosmetology arts and sciences pursuant to Iowa Code chapter 157 and 481—Chapters 940 through 946.

"Licensure by endorsement" means the issuance of an Iowa license to practice barbering and cosmetology arts and sciences to an applicant who is or has been licensed in the District of Columbia or in another state, territory, province or foreign country and who has held an active license under the laws of such other jurisdiction for at least 12 months during the past 24 months.

"Mentor" means a licensee providing guidance in a mentoring program.

"Mentoring" means a program allowing students to experience barbering and cosmetology arts and sciences in a licensed establishment under the guidance of a mentor.

"NIC" means the National-Interstate Council of State Boards of Cosmetology, Inc.

"Pedicuring" means the practice of cleaning, shaping or polishing the toenails.

"Practice discipline" means the practice of electrology, esthetics, nail technology, or barbering and cosmetology as recognized by the board of barbering and cosmetology arts and sciences.

"Prescribed practice" means an area of specialty certified by the board within the scope of barbering and cosmetology arts and sciences.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—940.9(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"Shaving" means the manual removal of hair from the face, head or neck by cutting it close to the skin.

"Testing service" means a national testing service selected by the board.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.2(157) Initial licensure.

940.2(1) *Requirements for licensure.* All persons providing services in one or more practice disciplines shall hold a license issued by the board. The applicant shall:

a. Submit a completed online application and pay the nonrefundable fee specified in 481—subrule 507.5(1).

b. Demonstrate professional competence in one of the following ways:

(1) A person who is licensed in another jurisdiction may complete the licensure by endorsement application. If the applicant is licensed in another jurisdiction as an electrologist, nail technologist or esthetician, then a successful applicant will receive a license in such practice discipline. If the applicant is licensed in another jurisdiction as a barber or as a cosmetologist, and the applicant is requesting licensure in the practice discipline of barbering and cosmetology, then a successful applicant will receive a license as a barber and cosmetologist. All applicants must provide a verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license.

(2) A person who is licensed in another jurisdiction who is unable to satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

(3) An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

c. Provide proof of completion of education.

(1) If the applicant graduated from a school that is licensed by the board, the applicant is to direct the educational program to submit to the board a diploma or an official transcript indicating date of graduation and completion of required hours in each practice discipline for which the applicant is requesting licensure.

If an applicant graduates from a licensed school after completing a course of study constituting a legacy curriculum as prescribed in 481—subrule 941.14(6), such graduation will satisfy the education requirement for the applicable practice discipline for which the applicant is requesting licensure. For purposes of this subrule, a legacy curriculum in barbering or a legacy curriculum in cosmetology will be sufficient proof of education for an applicant requesting a license to practice barbering and cosmetology.

(2) If the applicant graduated from a school that is not licensed by the board, the applicant is to direct the school to provide an official transcript showing completion of a course of study that meets the requirements of rule 481—941.14(157).

(3) If the applicant has graduated from an apprenticeship program, the applicant must direct the Iowa office of apprenticeship registered apprenticeship program to submit a certificate of completion.

(4) If the applicant was educated outside the United States, the applicant is to attach an original evaluation of the applicant's education from any accredited evaluation service.

940.2(2) *Requirements for an instructor's license.* An applicant for an instructor's license shall:

a. Submit a completed application for licensure and the appropriate fee to the board;

b. Be licensed in the state of Iowa in the prescribed practice discipline to be taught or be licensed as a barber and cosmetologist who possesses the skill and knowledge required to instruct in that practice discipline;

c. Provide documentation of completion of 1,000 hours of instructor's training or two years' active practice in the field of barbering and cosmetology, esthetics, electrology, or nail technology within six years prior to application;

d. For an instructor of electrology license, submit proof of 60 hours of practical experience, excluding school hours, in the area of electrolysis prior to application;

e. Pass an instructor's national examination, which, effective January 1, 2008, shall be the NIC instructor examination unless the applicant is applying for an instructor's license by endorsement as outlined in paragraph 60.2(1)*"b."*

940.2(3) *Conditions.* The following conditions apply for all licenses:

a. Incomplete applications that have been on file in the board office for more than two years shall be considered invalid and shall be destroyed.

b. Licensees who were issued their initial licenses within six months prior to the license renewal beginning date are not required to renew their licenses until the renewal month two years later.

c. The board may issue a single license number and expiration date to licensees who hold licenses in multiple practice disciplines.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.3(157) Examination requirements.

940.3(1) An applicant shall pass a national examination prescribed by the board for the particular practice discipline with a score of 75 percent or greater.

The applicant shall submit the test registration fee directly to the test service. NIC examinations are administered according to guidelines set forth by the NIC.

940.3(2) If applying for licensure by endorsement, an applicant who graduated from a barber or cosmetology school prior to January 1, 2000, shall have passed the state written and practical examination required by the state in which the applicant was originally licensed.

940.3(3) An applicant who graduated from a barber or cosmetology school after January 1, 2000, shall have passed a national theory examination for the discipline in which the applicant seeks licensure.

940.3(4) An applicant for the barbering and cosmetology license who graduated from a barber or cosmetology school after July 1, 2023, shall have passed a national theory examination. Shaving with a razor requires additional certification by the board.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.4(157) Criteria for licensure in prescribed practice disciplines.

940.4(1) A barbering and cosmetology license is not a requirement for an electrology, esthetics, or nail technology license.

940.4(2) Core life sciences curriculum hours shall be transferable in their entirety from one practice discipline to another practice discipline.

940.4(3) Theory hours earned in each practice discipline of barbering and cosmetology arts and sciences may be used in applying for a barbering and cosmetology license.

940.4(4) A barber and cosmetologist licensed after July 1, 2005, is not eligible to be certified in chemical peels, microdermabrasion, laser or intense pulsed light (IPL) and shall not provide those services.

940.4(5) Licensees must hold a shaving certificate, or the license will be restricted from the practice of shaving. An individual who was licensed as an Iowa barber prior to July 1, 2023, is not required to hold a shaving certificate.

940.4(6) Pedicuring shall only be done by a licensee who possesses the skill and knowledge required to perform the service in a professionally competent manner in compliance with 481—Chapter 943.

940.4(7) Waxing shall only be done by a licensee who possesses the skill and knowledge required to perform the service in a professionally competent manner in compliance with 481—Chapter 943.

940.4(8) An initial license to practice manicuring shall not be issued by the board after December 31, 2007. A manicurist license issued on or before December 31, 2007, may be renewed subject to licensure requirements identified by statute and administrative rule unless the license becomes inactive. A manicurist license that becomes inactive cannot be reactivated or renewed.

940.4(9) Any person previously licensed as a barber prior to July 1, 2024, pursuant to 645—Chapter 21 will, upon successful renewal of such license, receive a barbering and cosmetology license.

940.4(10) Any person previously licensed as a cosmetologist prior to July 1, 2024, pursuant to this chapter will, upon successful renewal of such license, receive a barbering and cosmetology license.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.5(157) Prescribed practice training requirements. As outlined below, the board may approve a licensee to provide the prescribed practice services of shaving, microdermabrasion, chemical exfoliation, laser services, and IPL hair removal treatments once a licensee has complied with training requirements and submitted a completed application, the required supporting evidence, and applicable fees as specified in these rules. The applicant shall receive a certification following board approval. Machine-, product-, model- or device-specific certifications do not need renewal.

940.5(1) Shaving for hair removal.

a. Shaving shall only be performed by a barber and cosmetologist who is certified by the board to perform those services. A barber licensed before July 1, 2023, is exempt from this requirement.

b. Shaving shall only be used for hair removal on the scalp, face or neck.

c. In order to receive board certification and be eligible to perform shaving for hair removal services, the licensee must complete a shaving program or pass an exam as outlined below:

(1) Provide evidence of passing the NIC barber practical exam or a national barber practical exam, or

(2) Complete a 40-hour shaving program from an Iowa licensed school, or a program sponsored by an Iowa licensed school, that is conducted by a licensed instructor who has specialized education, training and experience by reason of which said licensed instructor should be considered qualified concerning the subject matter of the program, then:

1. Obtain from the program a certification of training that contains the following information:

- Date, location, and course title;
- Name and license number of the instructor;
- Name and license number of the school;
- Number of contact hours;
- Evidence that the training program includes a safety training component that provides a thorough understanding of the procedures to be performed. The training program shall address fundamentals of skin care, blood-borne pathogens and infection control.

2. Complete a board-approved certification application form and submit to the board office the completed form, a copy of the certification of training, and the required fee pursuant to 481—subrule 507.5(14). The fee is nonrefundable.

940.5(2) Microdermabrasion.

a. Microdermabrasion shall only be performed by a licensed, certified esthetician or a cosmetologist who was licensed prior to July 1, 2005, and is certified by the board.

b. To be eligible to perform microdermabrasion services, the licensee shall:

(1) Complete 14 contact hours of education specific to the material or apparatus used for microdermabrasion. Before an additional material or apparatus is utilized in the licensee's practice, the licensee shall provide official certification of training on the material or apparatus.

(2) Obtain from the program a certification of training that contains the following information:

1. Date, location, and course title;
2. Number of contact hours;
3. Specific identifying description of the microdermabrasion machine covered by the course; and
4. Evidence that the training program includes a safety training component that provides a thorough understanding of the procedures to be performed. The training program shall address fundamentals of potential hazards, management and employee responsibilities relating to control measures, and regulatory requirements.

(3) Complete a board-approved certification application form and submit to the board office the completed form, a copy of the certification of training, and the required fee pursuant to 481—subrule 507.5(14). The fee is nonrefundable.

940.5(3) Chemical exfoliation.

a. Chemical exfoliation shall only be performed by a cosmetologist who was licensed prior to July 1, 2005, and is certified by the board to perform those services. Additional certification is not required for licensed estheticians.

b. Chemical exfoliation procedures are limited to the removal of surface epidermal cells of the skin by using only non-medical-strength cosmetic preparations consistent with labeled instructions and as

specified by these rules. This procedure is not intended to elicit viable epidermal or dermal wounding, injury, or destruction.

c. To be eligible to perform chemical peels, a cosmetologist who was licensed prior to July 1, 2005, shall:

(1) Complete 21 hours of training specific to the process and products to be used for chemical peels. Before an additional process or product is utilized in the licensee's practice, the licensee shall provide official certification of training on the new process or product.

(2) Obtain from the program a certification of training that contains the following information:

1. Date, location, and course title;
2. Number of contact hours;
3. Specific identifying description of the chemical peel process and products covered by the course; and
4. Evidence that the training program includes a safety training component that provides a thorough understanding of the procedures to be performed. The training program shall address fundamentals of potential hazards, management and employee responsibilities relating to control measures, and regulatory requirements.

(3) Complete a board-approved certification application form and submit to the board office the completed form, a copy of the certification of training, and the required fee pursuant to 481—subrule 507.5(15). The fee is nonrefundable.

940.5(4) Laser services.

a. A cosmetologist licensed after July 1, 2005, shall not use laser products.

b. An electrologist shall only provide hair removal services when using a laser.

c. Estheticians and cosmetologists shall use a laser for cosmetic purposes only.

d. Cosmetologists licensed prior to July 1, 2005, electrologists and estheticians must be certified to perform laser services.

e. When a laser service is provided to a minor by a licensed cosmetologist, esthetician or electrologist who has been certified by the board, the licensee shall work under the general supervision of a physician. The parent or guardian shall sign a consent form prior to services being provided. Written permission shall remain in the client's permanent record for a period of five years.

f. To be eligible to perform laser services, a cosmetologist who was licensed on or before July 1, 2005, an electrologist, or an esthetician shall:

(1) Complete 40 hours of training specific to each laser machine, model or device to be used for laser services. Before an additional machine, model or device is utilized in the licensee's practice, the licensee shall submit official certification of training on the new machine, model or device.

(2) Obtain from the program a certification of training that contains the following information:

1. Date, location, and course title;
2. Number of contact hours specific to the laser machine, model or device;
3. Name of the approved manufacturer or institute of laser technology that provided the training;
4. Specific identifying description of the laser equipment; and
5. Evidence that the training program includes a safety training component that provides a thorough understanding of the procedures to be performed. The training program shall address fundamentals of nonbeam hazards, management and employee responsibilities relating to control measures, and regulatory requirements.

(3) Complete a board-approved certification application form and submit to the board office the completed form, a copy of the certification of training, and the required fee pursuant to 481—subrule 507.5(14). The fee is nonrefundable.

940.5(5) IPL hair removal treatments.

a. A cosmetologist licensed after July 1, 2005, shall not use IPL devices.

b. An IPL device shall only be used for hair removal.

c. Cosmetologists licensed prior to July 1, 2005, electrologists and estheticians must be certified to perform IPL services.

d. When IPL hair removal services are provided to a minor by a licensed cosmetologist, esthetician or electrologist who has been certified by the board, the licensee shall work under the general supervision of a physician. The parent or guardian shall sign a consent form prior to services being provided. Written permission shall remain in the client's permanent record for a period of five years.

e. To be eligible to perform IPL hair removal services, a cosmetologist who was licensed on or before July 1, 2005, an electrologist, or an esthetician shall:

(1) Complete 40 hours of training specific to each IPL machine, model or device to be used for IPL hair removal services. Before an additional machine, model or device is utilized in the licensee's practice, the licensee shall submit official certification of training on the new machine, model or device.

(2) Obtain from the program a certification of training that contains the following information:

1. Date, location, and course title;
2. Number of contact hours specific to the laser machine, model or device;
3. Name of the approved manufacturer or institute of laser technology that provided the training;
4. Specific identifying description of the IPL hair removal equipment; and
5. Evidence that the training program includes a safety training component that provides a thorough understanding of the procedures to be performed. The training program shall address fundamentals of nonbeam hazards, management and employee responsibilities relating to control measures, and regulatory requirements.

(3) Complete a board-approved certification application form and submit to the board office the completed form, a copy of the certification of training, and the required fee pursuant to 481—subrule 507.5(14). The fee is nonrefundable.

940.5(6) Health history and incident reporting.

a. Prior to providing laser or IPL hair removal, microdermabrasion or chemical peel services, the cosmetologist, esthetician, and electrologist shall complete a client health history of conditions related to the application for services and include it with the client's records. The history shall include but is not limited to items listed in paragraph 60.5(6)*"b."*

b. A licensed cosmetologist, esthetician, or electrologist who provides services related to the use of a certified laser product, IPL device, chemical peel, or microdermabrasion shall submit a report to the board within 30 days of any incident in which provision of such services resulted in physical injury requiring medical attention. Failure to comply with this requirement shall result in disciplinary action by the board. The report shall include the following:

(1) A description of procedures;

(2) A description of the physical condition of the client;

(3) A description of any adverse occurrence, including:

1. Symptoms of any complications including, but not limited to, onset and type of symptoms;
2. A description of the services provided that caused the adverse occurrence;
3. A description of the procedure that was followed by the licensee;

(4) A description of the client's condition on termination of any procedures undertaken;

(5) If a client is referred to a physician, a statement providing the physician's name and office location, if known;

(6) A copy of the consent form.

940.5(7) Failure to report. Failure to comply with paragraph 60.5(6)*"b"* when the adverse occurrence is related to the use of any procedure or device noted in the attestation may result in the licensee's loss of authorization to administer the procedure or device noted in the attestation or may result in other sanctions provided by law.

940.5(8) A licensee shall not provide any services that constitute the practice of medicine.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.6(157) Licensure restrictions relating to practice.

940.6(1) A certified laser product or an intense pulsed light device shall only be used on surface epidermal layers of the skin except for hair removal.

940.6(2) A laser hair removal product or an intense pulsed light device shall not be used on a minor unless the minor is accompanied by a parent or guardian and then shall be used only under general supervision of a physician.

940.6(3) Persons licensed under Iowa Code chapter 157 shall not administer any practice of removing skin by means of a razor-edged instrument.

940.6(4) Persons licensed under this chapter who provide hair removal, manicuring and nail technology services shall not administer any procedure in which human tissue is cut, shaped, vaporized, or otherwise structurally altered, except for the use of a cuticle nipper.

940.6(5) Board-certified licensees providing shaving, microdermabrasion, chemical peels, laser or IPL hair removal treatments in an establishment shall not include any practice, activity, or treatment that constitutes the practice of medicine, osteopathic medicine, chiropractic or acupuncture.

940.6(6) Barbers and cosmetologists licensed prior to July 1, 2005, and licensed estheticians shall only perform medical aesthetic services in a medical spa under the delegation and supervision of a medical director as set forth by the Iowa board of medicine in rule 481—655.6(148,272C). The Iowa board of barbering and cosmetology arts and sciences does not license medical aestheticians.

940.6(7) Persons licensed under this chapter who provide apprenticeship programs must hold an active license sufficient to provide on-the-job training, must operate in an actively licensed establishment, and must comply with relevant Iowa office of apprenticeship laws and regulations for the operation of an apprenticeship program.

940.6(8) Licensees may only perform those services for which they possess the skill and knowledge required to perform the service in a professionally competent manner as set forth in Iowa Code chapter 157 and the related administrative rules and regulations.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 8/5/26]

481—940.7(157) Consent form requirements. A licensed esthetician, barber and cosmetologist, or electrologist, prior to providing services relating to a certified laser product, intense pulsed light device, chemical peel, or microdermabrasion, shall obtain from a client a consent form that:

1. Specifies in general terms the nature and purpose of the procedure(s);
2. Lists known risks associated with the procedure(s) if reasonably determinable;
3. States an acknowledgment that disclosure of information has been made and that questions asked about the procedure(s) have been satisfactorily answered;
4. Includes a signature of either the client for whom the procedure is performed or, if that client for any reason lacks legal capacity to consent, includes the signature of a person who has legal authority to consent on behalf of that client in those circumstances.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.8(157) License renewal.

940.8(1) The biennial license renewal period for a license to practice cosmetology arts and sciences shall begin on April 1 of one year and end on March 31 two years later. All licensees shall renew on a biennial basis.

a. The board may send a renewal notice by regular mail to each licensee at the address on record prior to the expiration of the license.

b. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive the notice does not relieve the licensee of the responsibility for renewing the license.

c. A new or reactivated license granted by the board to a licensee who holds a current license in another practice discipline in barbering and cosmetology arts and sciences may have the same license expiration date as the licensee's other license(s). If the licensee does not have another active license with the board, the license expiration date shall be in the current renewal period unless the license is issued within six months of the end of the renewal cycle and subrule 940.8(2) applies.

940.8(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal two years later.

940.8(3) License renewal.

a. A licensee seeking renewal shall:

(1) Meet the continuing education requirements of rule 481—944.2(157). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

(2) Submit the completed online renewal application and renewal fee and upload certificate(s) of completion for related continuing education before the license expiration date.

b. Licensees currently licensed in Iowa but practicing exclusively in another state or serving honorably as active duty military or the spouse of active duty military service personnel may comply with Iowa continuing education requirements for license renewal by meeting the continuing education requirements of the state where the licensee practices. Those licensees living and practicing exclusively in a state that has no continuing education requirement for renewal of a license shall not be required to meet Iowa's continuing education requirement but shall pay all renewal fees when due (Iowa Code section 272C.2(4)).

940.8(4) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

940.8(5) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.5(3). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

940.8(6) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice barbering and cosmetology arts and sciences in Iowa until the license is reactivated. A licensee who practices barbering and cosmetology arts and sciences in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

940.8(7) Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.9(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

940.9(1) Submit a reactivation application on a form provided by the board.

940.9(2) Pay the reactivation fee that is due as specified in rule 481—507.5(147,157).

940.9(3) Provide verification of current competence to practice barbering and cosmetology arts and sciences by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of six hours of continuing education that meet the continuing education standards defined in rule 481—944.3(157,272C) within two years of application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license from the jurisdiction in which the applicant has most recently been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

1. Licensee's name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 12 hours of continuing education that meet the continuing education standards defined in rule 481—944.3(157,272C) within two years of application for reactivation.

940.9(4) Licensees who are instructors of barbering and cosmetology arts and sciences shall obtain an additional six hours of continuing education in teaching methodology as prescribed in 481—Chapter 944.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—940.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—940.9(17A,147,272C) prior to practicing barbering and cosmetology arts and sciences in this state.

[**ARC 7920C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 157 and 272C.

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◊ Two or more ARCs

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CHAPTER 941
LICENSURE OF ESTABLISHMENTS AND SCHOOLS OF BARBERING AND COSMETOLOGY ARTS AND SCIENCES

[Prior to 7/29/87, Health Department[470] Chs 149, 150]
[Prior to 12/23/92, see 645—Chapter 60]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 61]

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481—941.1(157) Definitions. In addition to the definitions included in Iowa Code sections 157.1 and 84D.2 and 29 Code of Federal Regulations (CFR) §29.5 as amended on December 19, 2016, the following definitions apply to terms used in this chapter:

"Change in ownership" means any of the following: a new owner of a sole proprietorship; the addition, removal, or replacement of any co-owner(s) in a partnership; or a change of controlling interest in any corporation.

"Clinic area" means the area of the school where the paying customers will receive services.

"Dispensary" means a separate area to be used for storing and dispensing of supplies and sanitizing of all implements.

"Establishment license" means a license issued to an Iowa establishment, as defined in Iowa Code section 157.1(10A), to provide barbering and cosmetology arts and sciences services.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Legacy curriculum" means a course of study and curriculum offered by barbering schools or cosmetology arts and sciences schools that, as applicable, comply with the administrative rules issued by the Iowa board of barbering or by the Iowa board of cosmetology arts and sciences that were in effect on June 30, 2023.

"Mentor" means a licensee providing guidance in a mentoring program.

"Mentoring" means a program allowing students in a school to experience barbering and cosmetology arts and sciences in a licensed establishment under the guidance of a mentor.

"On-the-job trainer" means the individual providing instruction and supervision of the apprenticeship program practical hours. This individual must be a licensee of the board in the discipline for which the individual is training, and the training must occur in a licensed establishment.

"School" means a school of barbering and cosmetology arts and sciences.

"School license" means a license issued to an establishment that is a fixed location for the instruction of students in barbering and cosmetology arts and sciences.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.2(157) Establishment licensing. No person shall operate an establishment unless the owner has obtained a license issued by the board. A separate enclosed area inside an establishment that is operated as an independent business for the purpose of providing barbering and cosmetology services shall be considered its own establishment and shall not operate unless an establishment license is obtained. To determine what defines an independent contractor versus an employee, persons should contact the Iowa division of labor.

941.2(1) The owner shall complete a board-approved application form accompanied by the appropriate fees payable by check or money order to the board of barbering and cosmetology arts and sciences. The fees are nonrefundable. The application shall be completed according to the instructions contained in the application and submitted 30 days prior to the anticipated opening day. If the application is not completed according to the instructions, the application will not be reviewed by the board.

941.2(2) Each establishment shall meet the requirements for sanitary conditions established in 481—Chapter 943 to be eligible for licensing. The establishment may be inspected for compliance with sanitation rules within 12 months following the issuance of the establishment license.

a. The establishment license may be for a fixed location or a location that is readily movable.

(1) Stationary establishment. A stationary establishment license shall be issued for a specific location. A change in location or site of a stationary establishment shall result in the cancellation of the existing license and necessitate application for a new license and payment of the fee required by 481—subrule 507.2(7). A change of address without a change of actual location shall not be construed as a new site.

(2) Readily movable establishment. A readily movable establishment license shall be issued for a permanent physical address. The licensee is required to provide a permanent physical address for board correspondence. A readily movable establishment may operate in a legal parking spot or on private property, with the permission of the owner or the owner's designee, anywhere in the state of Iowa, provided the readily movable establishment is operating in compliance with applicable federal and state transportation, environmental, and sanitary regulations, including those in this chapter and in 481—Chapter 943.

b. Establishment owner's contact information. The listed owner of either a stationary or readily movable establishment must update the board within 30 days of a change in contact information, which includes telephone number, email address, and mailing address.

941.2(3) Business may commence at the establishment following activation of the license.

941.2(4) Incomplete applications that have been on file in the board office for more than two years shall be considered invalid and shall be destroyed. The records will be maintained after two years only if the applicant submits a written request to the board.

941.2(5) An establishment license is not transferable.

a. A change in ownership of an establishment shall require the issuance of a new license.

b. An establishment cannot be sold if disciplinary actions are pending.

c. If an establishment owner sells the establishment, that owner must send the license certificate and a report of the sale to the board within ten days of the date on which the sale is final. The owner of the establishment on record shall retain responsibility for the establishment until the notice of sale is received in the board office.

d. The board may request legal proof of the ownership transfer.

e. If the name or the address of an establishment changes, the owner shall notify the board within 30 days of such change. Additionally, the owner shall return the current certificate and pay the reissued certificate fee as specified in rule 481—507.5(147,157).

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.3(157) Readily movable establishment. A mobile home, motor home, trailer, or other recreational vehicle may be used as a readily movable establishment if it complies with the following:

941.3(1) The owner shall possess a current readily movable establishment license issued by the board.

941.3(2) The owner shall complete a board-approved application.

941.3(3) The readily movable establishment's owner's telephone number, email address, and permanent address must be included on the application for licensure and must be updated and accurate.

941.3(4) No service may be performed on a client in a moving vehicle. Services shall be performed in a readily movable establishment that is parked in a legal parking spot.

941.3(5) Readily movable establishments must provide:

a. A supply of hot and cold water;

b. Adequate lighting;

c. A floor surface in the service area that is nonabsorbent and easily cleanable;

d. Work surfaces that are easily cleanable;

e. Cabinets secured with safety catches wherein all chemicals shall be stored when the vehicle is moving;

f. A first-aid kit that includes adhesive dressing, gauze and antiseptic, tape, triple antibiotics, eyewash, and gloves.

941.3(6) A readily movable establishment must comply with all rules in 481—Chapter 943, "Infection Control for Establishments and Schools of Barbering and Cosmetology Arts and Sciences," except rules 481—943.6(157) through 481—943.8(157).

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.4(157) Establishment license renewal.

941.4(1) The biennial license renewal period for an establishment license shall begin on January 1 of every odd-numbered year and end on December 31 two years later.

941.4(2) A renewal of license notice shall be electronically mailed to the owner of the establishment prior to the expiration of the license. Failure to receive the renewal notice shall not relieve the owner of the obligation to pay the biennial renewal fee on or before the renewal date.

941.4(3) An establishment that is issued a license within six months of the license renewal date will not be required to renew the license until the next renewal two years later.

941.4(4) The establishment owner shall submit the completed application with the renewal fee to the board office before the license expiration date.

941.4(5) An establishment shall be in full compliance with this chapter and 481—Chapter 943 to be eligible for renewal. When all requirements for license renewal are met, the establishment shall be issued a license renewal.

941.4(6) If the renewal fee and renewal application are received in the office after the license expiration date, but within 30 days following the expiration date, the late fee for failure to renew before expiration shall be charged.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.5(272C) Inactive establishment license.

941.5(1) An establishment that has not renewed the establishment license within the required time frame will have an inactive license and shall not provide barbering and cosmetology arts and sciences services until the license is reactivated.

941.5(2) To reactivate an establishment license, the reactivation application and fee shall be submitted to the board office.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.6(157) Display requirements for establishments.

941.6(1) Every establishment shall have a sign visible outside the entrance designating the place of business.

941.6(2) The most current establishment license proof of renewal shall be posted in the establishment front entrance area to provide the public a full, unobstructed view of the license.

941.6(3) The most current license proof of renewal for each licensee working in the establishment shall be posted in the establishment front entrance area to provide the public a full, unobstructed view of the license.

941.6(4) If the licensee works in more than one establishment, the current proof of renewal shall be posted in the primary place of practice, and the licensee shall be able to provide the renewal upon request.

941.6(5) If a licensed establishment is operating an apprenticeship program, a sign shall be clearly displayed in the entrance of such establishment that indicates in prominent lettering that apprentices are employed at the establishment and may perform services under the supervision of a licensed apprenticeship supervisor.

941.6(6) If any blow-dry stylist(s) engage in the practice of blow-dry styling at a licensed establishment, a sign shall be clearly displayed in the entrance of such establishment that indicates in prominent lettering that blow-dry stylist(s) perform limited services, as defined in Iowa Code section 157.12C, in the licensed establishment.

941.6(7) Each licensee, blow-dry stylist and apprentice shall have a valid U.S. government-issued photo ID to provide to an agent of the board upon request as proof of identity.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.7(147) Duplicate certificate for establishments.

941.7(1) A duplicate certificate shall be required if the current certificate is lost, stolen or destroyed. A duplicate certificate shall only be issued under such circumstances.

941.7(2) A duplicate establishment certificate shall be issued upon receipt of a completed application and receipt of the fee as specified in 481—subrule 507.5(5).

941.7(3) If the board receives a completed application stating that the owner of the establishment has not received the certificate within 60 days after the certificate is mailed by the board, no fee shall be required for issuing the duplicate certificate.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.8(157) Licensure for schools of barbering and cosmetology arts and sciences.

941.8(1) An application for a school license shall be submitted 90 days prior to the anticipated opening day of the school. Prior to board review, the application shall include:

a. The exact location of the proposed school including a copy of the essential parts of the lease or other documents to provide proof that the owner of the school has occupancy rights for a minimum of one year; a complete plan of the physical facilities; and an explanation detailing how the facilities will be utilized relative to classrooms, clinic space, and a mentoring program;

b. A list of the names of licensed instructors including the school director(s) for the proposed school if the instructors and school director(s) have been hired by the school at the time of application;

c. Copies of the catalog, brochure, enrollment contract, student policies, and cancellation and refund policies that will be used by the school or distributed by the school to students and the public; and

d. The school's course of study and curriculum, which shall meet the course of study requirements outlined in rule 481—941.14(157).

941.8(2) Prior to issuance of the school license, the school shall:

a. Submit a final list of licensed instructors and director(s) hired for the school. The number of instructors must meet the requirement outlined in Iowa Code section 157.8, with the exception of instructors for the mentoring program; and

b. Meet the requirements of this chapter and 481—Chapter 943 and pass the board's inspection of the facility.

941.8(3) The school owner may be interviewed by the board during the review of the application.

941.8(4) After all criteria have been met, the school license shall be granted for the location identified in the school's application.

941.8(5) Instruction of students shall not begin until the school license is activated.

941.8(6) The school must provide proof of registration with the Iowa college student aid commission.

941.8(7) Incomplete applications that have been on file in the board office for more than two years shall be considered invalid and shall be destroyed. The records shall be maintained after two years only if the applicant submits a written request to the board.

941.8(8) Existing school license, new location. A change of location shall require submission of an application for a new school license and payment of the license fee 90 days in advance of the anticipated date of opening. A change of address without a change of actual location shall not be construed as a new site.

941.8(9) Existing school license, new name. The owner shall notify the board in writing of a change of name within 30 days after the occurrence. In addition, the owner shall return the current certificate and pay the reissued certificate fee as specified in rule 481—507.5(147,157).

941.8(10) Existing school license, change of ownership. A school license is not transferable. A change in ownership of a school shall require the issuance of a new license. A school cannot be sold if disciplinary actions are pending.

a. The board may request legal proof of the ownership transfer.

b. If a school owner sells the school, that owner must send the license certificate and a report of the sale to the board within ten days of the date on which the sale is final. The owner of the school on record shall retain responsibility for the school until the new school owner has been issued an active school license.

c. The new school owner shall follow all requirements as outlined in rule 481—941.8(157).

941.8(11) Any school licensed as a barber school under rule 645—23.2(158) prior to July 1, 2024, will, upon successful renewal, receive a license as a school of barbering and cosmetology arts and sciences. Any school licensed as a cosmetology arts and sciences school under this chapter prior to July 1, 2024, will, upon successful renewal, receive a license as a school of barbering and cosmetology arts and sciences.

This rule is intended to implement Iowa Code sections 147.80, 157.6 and 157.8.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.9(157) School license renewal.

941.9(1) The annual license renewal period for a school license shall begin on July 1 and end on June 30 one year later.

a. The online renewal application and renewal fee shall be submitted before the license expiration date.

b. Schools shall be in full compliance with this chapter and 481—Chapter 943 to be eligible for renewal. When all requirements for license renewal are met, the school shall be issued a license renewal.

c. Schools shall successfully complete the annual inspection pursuant to Iowa Code sections 157.6 and 157.8.

941.9(2) A school that is issued a license within six months of the license renewal date will not be required to renew the license until the next renewal one year later.

941.9(3) If the renewal fee and renewal application are submitted after the license expiration date, but within 30 days following the expiration date, the late fee for failure to renew before expiration shall be charged.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.10(272C) Inactive school license.

941.10(1) If the renewal application and fee are not received in the office within 30 days after the license expiration date, the school license is inactive. To reactivate the school license, the reactivation application and fee shall be submitted to the board.

941.10(2) A school that has not renewed the school license within the required time frame will have an inactive license and shall not provide schooling or services until the license is reactivated.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.11(157) Display requirements for schools.

941.11(1) Every school shall have a sign visible outside the entrance designating the place of business.

941.11(2) A school license and the current proof of renewal shall be posted in the school's front entrance area to provide the public a full unobstructed view of the license.

941.11(3) The current license proof of renewal for each instructor working at the school shall be posted in the school's front entrance area to provide the public a full unobstructed view of the license.

941.11(4) Advertisements for a school of barbering and cosmetology arts and sciences shall indicate that all services are performed by students under the supervision of instructors.

941.11(5) A sign shall be clearly displayed in the entrance of a school of barbering and cosmetology arts and sciences that indicates in prominent lettering that students perform all services under the supervision of instructors.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.12(157) Physical requirements for schools of barbering and cosmetology arts and sciences. The school shall meet the following physical requirements:

941.12(1) The school premises shall have a minimum floor space of 3,000 square feet.

941.12(2) Each school shall provide a minimum of 100 square feet per student. When the enrollment in a school exceeds 30 students, additional floor space of 30 square feet shall be required for each additional student enrolled in the school.

941.12(3) Each licensed school offering a full barbering and cosmetology arts and sciences curriculum shall provide the following:

a. At least one clinic area where the paying public will receive services. The clinic area shall be confined to the premises occupied by the school.

b. A theory classroom(s) separate from the clinic area.

c. A library that is maintained for students and consists of textbooks, current trade publications and business management materials.

d. A separate area that shall be used as a dispensary. The dispensary shall be equipped with a lavatory, shelves or drawers for storing chemicals, cleansing agents and items, sterilization equipment and any other sanitation items required by 481—Chapter 943. Clean items and dirty items in the dispensary must be kept separated as required by 481—Chapter 943.

e. Two restrooms that are equipped with toilets, lavatories, soap and disposable paper towel dispensers.

f. A laundry room that is separated from the clinic area by a full wall or partition. Students may not lounge, eat, practice or study in the laundry room.

g. A separate room that is equipped for the practice of esthetics and electrology.

h. An administrative office.

941.12(4) Each licensed school offering a single discipline barbering and cosmetology arts and sciences curriculum shall provide the same physical space as outlined in subrule 941.12(3). Single discipline schools are exempt from paragraph 941.12(3)*"g"* if the board did not originally approve an electrology or esthetics course of study in the curriculum.

This rule is intended to implement Iowa Code sections 157.6 and 157.8.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.13(157) Minimum equipment requirements. Each school of barbering and cosmetology arts and sciences shall have the following minimum equipment:

1. Workstations equipped with chair, workstation, closed drawer or container for sanitized articles, and mirror (maximum of two students per unit);
2. Treatment room(s) when electrology or esthetics or both are offered;
3. One set of hard-copy or electronic textbooks for each student and instructor;
4. Adequate number of shampoo bowls and chairs with headrests located in the clinic area and readily accessible for students and clients if the school offers a curriculum course in barbering and cosmetology;
5. Adequate equipment to perform all services in a safe and sanitary manner;
6. Audiovisual equipment available for each classroom;
7. Chair and table area for each student in the classroom;
8. One set of files maintained for all required records; and
9. Labeled bottles and containers showing intended use of the contents.

This rule is intended to implement Iowa Code sections 157.6 and 157.8.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.14(157) Course of study requirements. A school of barbering and cosmetology arts and sciences shall not be approved by the board of barbering and cosmetology arts and sciences unless it complies with the course of study requirements as provided below.

941.14(1) Requirements for hours.

a. Barbering and cosmetology curriculum. Supervised practical instruction, theory and demonstrations totaling 1,550 hours must include core life sciences hours and all practices within the scope of Iowa Code section 157.1(1).

Core life sciences	150 hours
Barbering and cosmetology theory (including business and management related to the practice of barbering and cosmetology)	440 hours
Total core life sciences and barbering and cosmetology theory:	590 hours
Applied practical instruction	960 hours
Total course of study	1550 hours (51 semester credit hours)

b. Electrology curriculum. Supervised practical instruction, theory and demonstrations totaling 425 hours must include core life sciences hours and all practices within the scope of Iowa Code section 157.1(10).

Core life sciences	150 hours

Electrology theory	50 hours
Applied practical instruction	225 hours
Total course of study	425 hours (14 semester credit hours)

c. Esthetics curriculum. Supervised practical instruction, theory and demonstrations must include core life sciences hours and all practices within the scope of Iowa Code section 157.1(13).

Core life sciences	150 hours
Esthetics theory	115 hours
Applied practical instruction	335 hours
Total course of study	600 hours (20 semester credit hours)

d. Nail technology curriculum. Supervised practical instruction, theory and demonstrations must include core life sciences hours and all practices within the scope of Iowa Code section 157.1(25).

Core life sciences	150 hours
Nail technology theory	50 hours
Applied practical instruction	125 hours
Total course of study	325 hours (11 semester credit hours)

Proof of curriculum requirements may be submitted to the board by either the clock hour or semester credit hour standard. Semester credit hours or the equivalent thereof shall be determined pursuant to administrative rules and regulations promulgated by the U.S. Department of Education.

941.14(2) Curriculum requirements.

a. Theory instruction shall be taught from a standard approved textbook but may be supplemented by other related textbooks. Online coursework is allowed for theory instruction.

b. Course subjects taught in the school curriculum, including skills and business management, shall relate to the specific practice discipline.

c. Required hours for theory and applied practical hours do not have to be obtained from one school.

d. Core life sciences curriculum hours shall be transferable in their entirety from one practice discipline to another practice discipline. Online coursework is allowed for core life sciences instruction.

e. Clock hours may be converted to credit hours using a standard, recognized method of conversion. Only hours from accredited or board-approved school programs will be accepted.

941.14(3) Core life sciences curriculum. The core life sciences curriculum shall contain the following instruction:

a. Human anatomy and physiology:
Cell, metabolism and body systems,
Human anatomy;

b. Bacteriology;

c. Infection control practices:
Universal precautions,
Sanitation,
Sterilization,
Disinfection;

d. Basic chemistry;

e. Matter;

f. Elements:
Compounds and mixtures;

g. Basic electricity;

h. Electrical measurements:
Reproduction of light rays,
Infrared rays,
Ultraviolet rays,
Visible rays/spectrum;

i. Safety;

j. Hygiene and grooming:
Personal and professional health;
k. Professional ethics;
l. Public relations; and
m. State and federal law, administrative rules and standards.

941.14(4) The school shall maintain a copy of the curriculum plan as directed by the school's accrediting agency or, if not subject to an accrediting agency, for a minimum of three years after the curriculum plan was taught by the school.

941.14(5) A school initially licensed after July 1, 2024, must offer a curriculum and course of study for one or more practice disciplines as prescribed in subrules 941.14(1) through 941.14(3).

941.14(6) For a school licensed prior to July 1, 2024, the following provisions apply:

a. Students enrolling in the school on or after August 1, 2024, must be taught a curriculum and course of study for one or more practice disciplines as prescribed by subrules 941.14(1) through 941.14(3).

b. Students enrolling in the school prior to August 1, 2024, may either be taught:

(1) A curriculum and course of study for one or more practice disciplines as prescribed by subrules 941.14(1) through 941.14(3); or

(2) A legacy curriculum in one or more practice disciplines. Any student graduating from a school after completing a legacy curriculum pursuant to this subrule will satisfy the education requirement for licensure as provided in 481—subparagraph 940.2(1)*"c"*(1).

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.15(157) Instructors. All instructors in a school of barbering and cosmetology arts and sciences shall be licensed by the department.

941.15(1) An instructor teaching a course in electrology, esthetics or nail technology shall also hold a license in that practice discipline or hold a barbering and cosmetology license that shows proof of having completed training in those practices equivalent to that of a license holder in that practice.

941.15(2) An instructor teaching a course in shaving, microdermabrasion, chemical peels, intense pulsed lights (IPLs) and lasers shall be certified by the state of Iowa to provide each of the services, as set forth in rule 481—940.4(157). An individual who was licensed as an Iowa barber prior to July 1, 2023, is not required to hold an Iowa board-issued shaving certificate.

941.15(3) A minimum of two instructors shall be employed on a full-time basis for up to 30 students and an additional instructor for each additional 15 students.

a. The number of instructors for each school of barbering and cosmetology arts and sciences shall be based upon total enrollment.

b. A student instructor shall not be used to meet licensed instructor-to-student ratios.

c. A school with less than 30 students enrolled may have one licensed instructor on site in the school if offering only clinic services or only theory instruction in a single classroom and less than 15 students are present.

d. If a school is offering clinic services and theory instruction simultaneously to less than 15 students, at least two licensed instructors must be on site.

e. Area community colleges operating a school prior to September 1, 1982, with only one instructor per 15 students are not subject to this subrule and may continue to operate with the ratio of one instructor to 15 students. A student instructor shall not be used to meet licensed instructor-to-student ratios.

941.15(4) An instructor shall:

a. Be responsible for and in direct charge of all physical and virtual core and theory classrooms and practical classrooms and clinics at all times;

b. Familiarize students with the different standard supplies and equipment used in establishments; and

c. Not perform barbering and cosmetology arts and sciences services, with or without compensation, on the school premises except for demonstration purposes, such as continuing education classes consistent with rule 481—941.23(157).

This rule is intended to implement Iowa Code chapter 157.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.16(157) Student instructors. A student instructor shall be a license holder in the barbering and cosmetology arts and sciences. Each student instructor shall be under the direct supervision of a licensed instructor at all times.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.17(157) Students.

941.17(1) A school of barbering and cosmetology arts and sciences shall, prior to the time a student is obligated for payment, inform the student of all provisions set forth in Iowa Code section 714.25. The school shall retain a copy of the signed statement for two years following the student's graduating or leaving the program.

941.17(2) Students shall:

a. Wear clean and neat uniforms at all times during school hours and during the mentoring program;

b. Be supervised by a licensed instructor at all times except in a mentoring program when the students shall be under the guidance of a mentor;

c. Be provided regularly scheduled breaks and a minimum of 30 minutes for lunch;

d. Attend school no more than eight hours a day. Schools may offer additional hours to students who submit a written request for additional hours;

e. Receive no compensation from the school for services performed on clients;

f. Provide services to the public only after completion of a minimum of 10 percent of the course of study;

g. Not be called from theory class to provide services to the public;

h. Not be required to perform janitorial services or be allowed to volunteer for such services. Sanitation of the bathroom area shall be limited to replacing products and disinfecting the vanity and mirror surfaces. Sanitation of the toilet and bathroom floor areas is not to be performed by the student and is excluded from student sanitation duty; and

i. Receive no credit or hours for decorating for marketing or merchandising events or for participating in demonstrations of barbering and cosmetology arts and sciences when the sole purpose of the event is to recruit students and the event is outside the curriculum course.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.18(157) Attendance requirements.

941.18(1) A school of barbering and cosmetology arts and sciences shall have a written, published attendance policy.

941.18(2) Schools shall ensure:

a. Students complete the hours required for each course of study set forth in rule 481—941.14(157).

b. Student attendance policies are applied uniformly and fairly for all physical and virtual classes.

c. Appropriate credit is given for all hours earned.

d. All retake tests and projects to be redone are completed without benefit of additional hours earned. Time scheduled for such work will be scheduled at the school's discretion.

e. Hours or credit is not added to the cumulative student record as an award or deducted from the cumulative student record as a penalty.

f. Work that must be done for missed hours must be allowed. The student must be given full credit for hours earned.

941.18(3) Pursuant to the federal Department of Education and accrediting standards agency, the school may adopt an absence policy not to exceed 10 percent of required coursework for doctor's excuses and life events. In no way shall this policy create a penalty for the student nor excuse the student from the remaining 10 percent of required coursework.

This rule is intended to implement Iowa Code chapter 157.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.19(157) Accelerated learning.

941.19(1) A school may adopt an accelerated learning policy that includes the acceptance of life experience, prior knowledge learned and test-out procedures.

941.19(2) If the school has an accelerated learning policy, the policy shall be a written, published policy that clearly outlines the criteria for acceptance and hours or credit granted or for test-out procedures. The hours or credit granted for accelerated learning shall not exceed 20 percent of the student's entire course of study and shall be documented in the participating student's file.

a. After completion of all entrance requirements, a student may elect to sit for one or more academic written tests to evaluate the knowledge about subject matter gained from life experience or prior learning experience.

b. A student in a barbering and cosmetology arts and sciences course of study may be allowed to test out of a subject by sitting for final examinations covering the basic knowledge gained by a student who attends class sessions, or the school may accept and grant hours for prior or concurrent education and life experience.

c. A student who wishes to receive test-out credit or be granted hours for prior or concurrent education or life experience shall have maintained the academic grades and attendance policy standards set by the school.

d. The school may limit the number of times a student is allowed to sit for a test-out examination of a subject.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.20(157) Mentoring program. Each barbering and cosmetology arts and sciences school must have a contract between the student, the school and the establishment mentor that includes scheduling, liability insurance and purpose of the mentoring program.

941.20(1) Students shall not begin the mentoring program until they have completed a minimum of 50 percent of the total contact or credit hours and other requirements of the mentoring program established by the school.

941.20(2) Students may participate in a mentoring program for no more than 5 percent of the total contact or credit hours.

941.20(3) Students shall be under supervision of the mentor at all times. Students may perform the following: drape, shampoo, remove color and perm chemicals, remove perm rods, remove rollers, apply temporary rinses, apply reconditioners and rebuilders with the recommendation of the mentor, remove nail polish, file nails, perform hand and arm massage, remove cosmetic preparations, act as receptionist, handle retail sales, sanitize establishment, consult with client (chairside manners), perform inventory, order supplies, prepare payroll and pay monthly bills, and hand equipment to the mentor.

941.20(4) The establishment mentor's responsibilities include the following: introduce the student to the establishment and the client, record the time of the student's attendance in establishment, prepare evaluation, discuss performance, and allow the student to shadow.

941.20(5) An establishment or school shall not compensate students when the students are participating in the mentoring program.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.21(157) Graduate of a school of barbering and cosmetology arts and sciences.

941.21(1) A student shall be considered a graduate when the student has completed the required course of study and met the minimum attendance standard.

941.21(2) Students shall be given a final examination upon completion of the course of study but before graduation.

941.21(3) After passage of the final examination and completion of the entire course of study including all project sheets, students shall be issued a certificate of completion of hours required for the course of study.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.22(157) Records requirements.

941.22(1) Each school of barbering and cosmetology arts and sciences shall maintain a complete set of student records. Individual student hours shall be kept on file at the school for two years following graduation.

941.22(2) Each school shall maintain daily teaching logs for all instructors, which shall be kept on file at the school for two years.

941.22(3) Prior to closure, the controlling school shall establish agreements with another school to maintain student and graduate transcripts and records. Prior to closure, the controlling school shall also notify the board in writing of the location of student records as established by the maintenance agreements and shall submit a copy of the maintenance agreements to the board. Provisions in the agreement must include maintenance of student transcript records for a period of no less than two years.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—941.23(157) Classrooms used for other educational purposes. The licensed school of barbering and cosmetology arts and sciences may be used during scheduled theory or applied practical time for any use other than for student instruction so long as these activities do not disrupt classes. Activities that disrupt classes include but are not limited to:

941.23(1) Persons attending other educational classes passing through a classroom or clinic area (en masse) while it is in use.

941.23(2) Activities with noise levels that are disruptive to other classes.

941.23(3) Activities that usurp the space available for barbering and cosmetology arts and sciences instruction.

[**ARC 7921C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 157 and 272C.

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CHAPTER 942
FEES

[Prior to 7/29/87, Health Department[470] Ch 149]
[Prior to 12/23/92, see 645—60.14(157) for Fees]
Rescinded IAB 12/31/08, effective 2/4/09
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 62]

CHAPTER 943
INFECTION CONTROL FOR ESTABLISHMENTS AND SCHOOLS OF BARBERING AND COSMETOLOGY ARTS AND SCIENCES

[Prior to 7/29/87, Health Department[470], Chs 149, 150]
[Prior to IAC 12/23/92, see 645—Chapters 60, 61]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 63]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—943.1(157) Definitions. For purposes of these rules, the following definitions shall apply:

"Cleaning" means removing visible debris and disposable parts, washing the surface or item with water and soap or detergent, rinsing the surface or item thoroughly and drying the surface or item. Cleaning must occur before disinfection can begin.

"Disinfectant" means a U.S. Environmental Protection Agency (EPA)-registered bactericidal, virucidal, fungicidal, pseudomonacidal chemical solution, spray or wipe that is effective against HIV-1 and human hepatitis B virus and is intended to destroy or irreversibly inactivate specific viruses, bacteria, or pathogenic fungi, but not necessarily their spores, on nonporous items and surfaces.

"Disinfection" means the procedure that kills pathogenic microorganisms, but not necessarily their spores.

"Dispensary" means a separate physical location or area in an establishment or school to be used for the storing and dispensing of supplies and cleaning and disinfecting of all implements. The dispensary is where products, chemicals and disinfectants are prepared, measured, mixed, portioned, and disposed of.

"FDA" means the federal Food and Drug Administration.

"Germicide" means an agent that destroys germs.

"Nonporous" means an item that lacks minute openings or crevices that allow air, water and bacteria to enter the item.

"Porous" means an item that contains minute openings or crevices that allow air, water and bacteria to enter the item, such as untreated wood, paper and cardboard.

"School" means a school of barbering and cosmetology arts and sciences.

"Service provider" means any person regulated by Iowa Code chapter 157, including but not limited to establishment owners, licensees, students, blow-dry stylists and apprentices.

"Sterilization" means the procedure that kills all microorganisms, including their spores.

"Universal precautions" means practices consistently used to prevent exposure to blood-borne pathogens and the transmission of disease.

"Wash hands" means the process of thoroughly washing hands and the exposed portions of the arms up to the elbow with soap or detergent and water and drying with a single-use towel or air dryer. Bar soap shall not be set out for common use.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.2(157) Infection control rules and inspection report. Upon request, the licensee shall make Chapter 943, "Infection Control for Establishments and Schools of Barbering and Cosmetology Arts and Sciences," and the most recent inspection report available to the board, agents of the board, all persons employed or studying in an establishment or school, and the general public.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.3(157) Responsibilities of establishment owners. Each establishment owner shall ensure the following:

1. The establishment owner holds a current and active establishment license issued by the board that reflects the current name, address and owner information;
2. Individuals employed for barbering and cosmetology arts and sciences services or other licensees working in the establishment hold a current and active license issued by the board of barbering and cosmetology arts and sciences;

3. Licensees employed by the establishment or other licensees and service providers working in the establishment do not exceed their scope of practice; and

4. License renewal cards are properly displayed in the front entrance area at eye level. No license that has expired or become invalid for any reason shall be displayed in connection with the practices of the establishment.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.4(157) Responsibilities of licensees. Licensees are responsible for:

1. Their own station areas;

2. Holding a current and active license issued by the board of barbering and cosmetology arts and sciences; and

3. Ensuring that they do not exceed their scope of practice.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.5(157) Joint responsibility. Establishment owners and licensees are jointly responsible for all service and common areas.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.6(157) Building standards. Establishments and schools shall have and maintain:

1. A service area that is equipped with exhaust fans or air filtration equipment that is of sufficient capacity to be capable of removing chemical fumes from the air;

2. A dispensary;

3. A reception area;

4. Hot and cold running water and clean lavatory facilities;

5. Safe drinking water;

6. Hand-washing facilities;

7. Adequate lighting;

8. Work surfaces that are easily cleanable; and

9. A complete first-aid kit in a readily accessible location on the premises. At a minimum, the first-aid kit must include adhesive dressings, gauze and antiseptic, tape, triple antibiotics, eyewash, and gloves.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.7(157) Establishments in residential buildings.

943.7(1) An establishment located in a residential building shall comply with all requirements in rule 481—943.6(157).

943.7(2) A separate entrance shall be maintained for establishment rooms in a residential building. An exception is that an entrance may allow passage through a nonliving area of the residence, i.e., hall, garage or stairway. Any door leading directly from the licensed establishment to any portion of the living area of the residence shall be closed at all times during business hours.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; Editorial change: IAC Supplement 1/22/25]

481—943.8(157) Establishments adjacent to other businesses. An establishment operated adjacent to any other business shall be separated by at least a partial partition. When the establishment is operated immediately adjacent to a business where food is handled, the business shall be entirely separated, and any doors between the establishment and the business shall be rendered unusable except in an emergency.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.9(157) Smoking. All establishments licensed by the board shall comply with the smokefree air Act found in Iowa Code chapter 142D.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.10(157) Personal cleanliness. Any service provider engaged in serving the public shall be neat and clean in person and attire.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.11(157) Universal precautions. Any service provider shall practice universal precautions consistently by observing the following:

943.11(1) Thoroughly wash hands after smoking, vaping, eating, using the restroom, etc., and before providing services to each client. Hand sanitizers or gloves are not an acceptable substitute for hand washing.

943.11(2) Maintain biohazard sharps container for disposing of used needles, razor blades and other sharp instruments in establishments. These containers shall be located as close to the use area as is practical. These containers shall not be filled above the designated "fill line" and shall be disposed of in accordance with guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

943.11(3) Wear disposable gloves or may refuse to provide the service when encountering clients with open sores. Gloves shall only be used on a single client and shall be disposed of after the client's service. Any time gloves are used during a service, wash hands both before gloves are worn and after they are removed.

943.11(4) Refrain from all direct client care and from handling client-care equipment if the service provider has open sores that cannot be effectively covered.

943.11(5) Clean and disinfect instruments and implements pursuant to rule 481—943.13(157).

943.11(6) Place instruments and supplies that have been used on a client or soiled in any manner in the proper receptacles clearly labeled "used." All used items shall be kept separate from items that are disinfected and ready for use.

943.11(7) Store disinfectant solution in the dispensary.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.12(157) Blood exposure procedures.

943.12(1) If a service provider injures oneself, the following steps shall be taken before returning to service:

a. Stop service.

b. Clean the injured area by washing the area with soap and water. Use antiseptic or ointment as appropriate.

c. In the case of mucous membrane exposure, wash or rinse the affected area with sufficient water.

d. Cover the injury with the appropriate dressing.

e. Clean the client and station as necessary. First, remove all visible debris and then clean the client with an antiseptic that is appropriate for the skin and clean the station with disinfectant.

f. Bag any blood-soiled porous articles and dispose of articles in the trash.

g. Wash and disinfect all nonporous items.

h. Wash hands before returning to service.

943.12(2) If a client injury occurs, the service provider shall take the following steps:

a. Stop service.

b. Glove hands.

c. Clean injured area and use antiseptic or ointment as appropriate.

d. Cover the injury with the appropriate dressing to prevent further blood exposure.

e. Clean station by removing all visible debris and using disinfectant that is appropriate for the soiled surface.

f. Bag any blood-soiled porous articles and dispose of articles in the trash.

g. Wash and disinfect all nonporous items.

h. Wash hands before returning to service.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.13(157) Disinfecting and sterilizing instruments and equipment. All nonporous tools and implements must be either disinfected or sterilized according to the requirements of this rule before use upon a client in schools and establishments.

943.13(1) *Disinfection.*

a. Nonporous tools and implements.

(1) Immersion method. After each use, all immersible nonporous tools and implements shall be disinfected by cleaning the tools and implements followed by complete immersion in a disinfectant. Disinfectant solutions shall be mixed according to manufacturer label instructions. The manufacturer's listed contact time for effectively eliminating all pathogens shall be adhered to at all times.

(2) Nonimmersion method. After each use, any nonporous item that cannot be immersed in a disinfectant shall be cleaned with soap or detergent and water to remove all organic material and then sprayed or wiped with disinfectant. Minimum disinfectant contact time as listed on the manufacturer's label shall be followed. Nonimmersible tools and implements include but are not limited to scissors, trimmers, clippers, handles of hair dryers and curling/flat irons.

b. Disinfected implements shall be stored in a disinfected, dry, covered container and shall be isolated from contaminants. Such container shall be disinfected at least once each week and whenever visibly dirty.

c. Disinfectant solutions shall be changed as instructed on the solution's manufacturer label or whenever visibly dirty.

d. Electric file bits.

(1) After each use, all visible debris shall be removed from diamond, carbide, natural and metal bits by cleaning with either an ultrasonic cleaner or immersion of each bit in acetone for five to ten minutes.

(2) After they are cleaned, diamond, carbide, natural and metal bits shall be disinfected by complete immersion in an appropriate disinfectant. Minimum disinfectant contact time as listed on the manufacturer's label shall be followed.

943.13(2) *Sterilization.* Ultraviolet (UV) light boxes are prohibited and are not an acceptable method of sterilization.

a. Tools and implements may be sterilized by one of the following methods:

(1) Steam sterilizer, registered and listed with the FDA and used according to the manufacturer's instructions. If steam sterilization, or moist heat, is utilized, heat exposure shall be at a minimum of 121°C/250°F for at least 30 minutes;

(2) Dry heat sterilizer, registered and listed with the FDA and used according to the manufacturer's instructions. If dry heat sterilization is utilized, heat exposure shall be at a minimum of 171°C/340°F for at least 60 minutes;

(3) Autoclave sterilization equipment, calibrated to ensure that it reaches the temperature required by the manufacturer's instructions. If autoclave sterilization equipment is utilized, spore testing by a contracted independent laboratory shall be performed at least every 30 days. If a positive spore test is received, the autoclave may not be used until a negative spore test is received. The establishment must maintain a log of each autoclave use, all testing samples and results, and a maintenance log of all maintenance performed on the device. Maintenance shall be performed according to the manufacturer's instructions. The establishment must have available for inspection the autoclave maintenance log for the most recent 12 months; or

(4) Chemical sterilization with a hospital grade liquid which, if used, shall be used according to the directions on the label. When chemical sterilization is used, items shall be fully submerged for at least ten minutes.

b. Sterilization equipment shall be maintained in working order. The equipment shall be checked at least monthly and calibrated to ensure that it reaches the temperature required by the manufacturer's instructions.

This rule is intended to implement Iowa Code section 157.6.

[**ARC 2600C**, IAB 6/22/16, effective 8/15/16; **ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.14(157) Porous instruments and supplies that cannot be disinfected. Porous instruments and supplies that come into direct contact with a client cannot be disinfected. These instruments and supplies include but are not limited to cotton pads, sponges, wooden applicators, emery boards, pumice stones, nail buffers, buffing bits, arbor or sanding bands, sleeves, toe separators and neck strips. These are single-use items and shall be disposed of in a waste receptacle immediately after use.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.15(157) Infection control methods for creams, cosmetics and applicators.

943.15(1) Liquids, creams, waxes, powders and cosmetics used for clients must be kept in closed, labeled containers.

943.15(2) All fluids, semifluids and powders must be dispensed with an applicator or from a shaker, dispenser pump, or spray-type container.

a. Applicators made of a washable, nonabsorbent material shall be cleaned and disinfected before being used on a client and shall only be dipped into the container one time before being cleaned and disinfected again.

b. Applicators made of wood shall be discarded after a single dip, which would be one use.

c. Roll-on wax products are prohibited.

d. The use of a styptic pencil is strictly prohibited; its presence in the workplace shall be prima facie evidence of its use. Any material used to stop the flow of blood shall be used in liquid or powder form.

e. Neck dusters, brushes, and common shaving mugs and soap shall not be used in any establishment or school.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.16(157) Events and services provided outside of a licensed establishment.

943.16(1) Licensed barber and cosmetologists, nail technicians, and estheticians may provide limited services at certain locations (e.g., weddings) outside of a licensed establishment. Limited services:

a. Include makeup application, strip lashes, polish removal and application, and hairstyling.

b. Do not include the use of chemicals, lasers, or other machines.

c. May include haircutting, subject to the limitations on location provided in subrule 943.16(2).

943.16(2) Licensees may provide limited services outside of a licensed establishment as follows:

a. Limited services may not be provided unless scheduled through a licensed establishment. Alternatively, licensees may apply for a one-year temporary permit under Iowa Code section 157.4(1) to provide limited services outside of an establishment.

b. Limited services must be within the scope of practice of the licensed barber and cosmetologist, nail technician, or esthetician.

c. Limited services including haircutting may be provided at:

(1) The temporary or permanent residence of a client.

(2) The hospital, health care facility, nursing home or convalescent home of a client.

d. Limited services excluding haircutting may be provided at special events such as, but not limited to, weddings and photo shoots.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.17(157) Prohibited hazardous substances and use of products and equipment.

943.17(1) No establishment or school shall have on the premises cosmetic products containing substances that have been banned or otherwise deemed hazardous or deleterious by the FDA for use in cosmetic products. Prohibited products include, but are not limited to, any product containing liquid methyl methacrylate monomer and methylene chloride. No product shall be used in a manner that is not approved by the FDA. Presence of a prohibited product in an establishment or school is prima facie evidence of that product's use in the establishment or school.

943.17(2) Pedicure instruments designed to remove skin from the bottoms and sides of feet, including but not limited to razor-edged, grating or rasp microplaners, are prohibited. The presence of such equipment is prima facie evidence of the equipment's use.

943.17(3) Procedures involving any animal (e.g., fish, leeches, snails) are prohibited in establishments and schools.

943.17(4) No establishment or school may have chamois buffers. If chamois buffers are observed in the workplace, their presence is prima facie evidence of their use.

943.17(5) No establishment or school may use plastic sleeves or envelopes to store cleaned and disinfected implements unless the implements stored in the plastic sleeves or envelopes have actually been sterilized pursuant to paragraph 943.13(2)*"a."*

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.18(157) Proper protection of neck. A properly laundered or disposable cape, haircloth, or similar article may be placed directly against the neck of a client. A cape, haircloth, or similar article that has not been sanitized or properly laundered shall be kept from direct contact with the client's neck by means of a paper neckband, clean towel, or cloth neckbands. A paper neckband shall not be used more than once. Towels or cloth neckbands shall not be used more than once without proper laundering. Neckbands of a nonporous material must be properly cleaned and disinfected after each use and stored in a closed container.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.19(157) Proper laundering and storage. All cloth towels, robes, and similar items shall be laundered in a washing machine with laundry detergent used according to the manufacturer's directions. All linens shall be dried until hot to the touch. No moisture shall be left in laundered items. A clean storage area shall be provided for clean towels and linens, and a covered hamper or receptacle marked "used" shall be provided for all soiled towels, robes, and linens.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.20(157) Animals. Dogs, cats, birds, or other animals are not permitted in establishments or schools. This rule does not apply to service animals as defined by the Americans with Disabilities Act or to fish in an aquarium provided the aquarium is maintained in a sanitary condition.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.21(157) General maintenance. All areas of the establishment and school shall be clean and in good repair.

943.21(1) Walls, floors, and fixtures must be kept clean and in good repair at all times.

943.21(2) Carpeting shall only be allowed in the reception and hooded dryer areas.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.22(157) Records. Client records, appointment records, and employment records shall be maintained for a period of not less than three years following the last date of entry. Proper safeguards shall be provided to ensure the safety of these records from destructive elements.

943.22(1) Records for services provided outside of a licensed establishment under rule 481—943.16(157) must include:

a. Client name and contact information.

b. Date, time and location of the service(s) provided.

c. Name and license number of the licensee performing the service.

d. A signed and dated waiver stating that the client understands this limited service shall not include the use of chemicals, must be provided by a licensee and that all infection control procedures shall be followed.

943.22(2) Records for employment of blow-dry stylists must include:

a. Name and contact information of the employee.

b. Record of completion of a course on Iowa law, rules and infection control prior to employment, and within every two-year period thereafter as outlined in Iowa Code section 157.12C.

c. Hire date and termination date.

d. A signed and dated waiver stating that the employee understands blow-dry stylist services may only be performed in a licensed establishment upon completion of a course on Iowa law, rules and infection control. This waiver must be completed every two years as a condition of employment.

943.22(3) Foot spa service area records are outlined in subrule 943.24(3).

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.23(157) Establishments and schools providing electrology or esthetics. An establishment or school in which electrology or esthetics is practiced shall follow the infection control rules and requirements pertaining to all establishments and schools and shall also meet the following requirements:

1. The electrology or esthetics room shall have adequate space, lighting and ventilation.

2. The floors in the immediate area where the electrology or esthetics is performed shall have an impervious, smooth, washable surface.

3. All service table surfaces shall be constructed of impervious, easily disinfected material.

4. Needles, probes and lancets shall be single-client use and disposable.

5. Licensees providing electrology services shall wear gloves.

6. Adequate access to a sink or running water shall be provided.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.24(157) Cleaning and disinfecting circulating and noncirculating tubs, bowls, and spas.

943.24(1) After use for each client, a service provider shall do the following:

a. Drain the water and remove any visible debris;

b. Clean the surfaces according to the manufacturer's instructions, use a brush to remove all film, and rinse the tub, bowl, or spa basin;

c. Fill the tub, bowl, or spa basin with water and add disinfectant;

d. Allow the disinfectant to stand for noncirculating tubs, bowls, or basins or to circulate for circulating tubs, bowls, or basins for the time specified according to the manufacturer's instructions; and

e. After disinfection, drain and rinse with clean water.

943.24(2) At the end of the day, a service provider shall remove all removable parts from circulating tubs, such as filters, screens, drains, and jets, and clean and disinfect the removable parts as follows:

a. Scrub with a brush and soap or detergent until free from debris, and then rinse.

b. Completely immerse in disinfectant.

c. Rinse and air dry.

d. Replace the disinfected parts into the tubs, bowl, or basin or store the parts in a disinfected, dry, covered container that is isolated from contaminants.

943.24(3) Foot spa service area records. For each foot spa service, including but not limited to pedicures, a record shall be made of the date and time of the daily cleaning and disinfecting for all circulating and noncirculating tubs, bowls or basins. This record shall be made at or near the time of cleaning and disinfecting. Records of cleaning and disinfecting shall be made available upon request by a client, inspector or investigator. The record must be signed by a licensee and include the licensee's license number beside each recorded cleaning event. Foot spa records shall be maintained for two years from the date of the cleaning.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—943.25(157) Paraffin wax. Paraffin wax shall be used according to the manufacturer's instructions and shall be used in such a manner so as not to contaminate the remaining wax in the paraffin bath. The following procedures apply:

1. The client shall be free of broken skin or any skin disorder;

2. Hands or feet of a client shall be cleaned before being dipped into paraffin wax. The client's hands and feet shall not be dipped into the original wax container. The wax shall be removed from the original container and placed in a single-use bag before dipping. Any unused wax remaining in the single-use bag shall be discarded after dipping;

3. Paraffin wax that has been removed from a client's hands or feet shall be discarded after each use; and

4. Paraffin wax shall be kept free of any debris and kept covered when not in use.

[**ARC 7922C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 147.7 and chapter 157.

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CHAPTER 944
CONTINUING EDUCATION FOR BARBERING AND COSMETOLOGY ARTS AND SCIENCES

[Prior to 7/29/87, Health Department[470] Ch 151]
[Prior to 12/23/92, see 645—Chapter 62]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 64]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—944.1(157) Definitions. For the purpose of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of barbering and cosmetology arts and sciences.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person or entity licensed to practice pursuant to Iowa Code chapter 157 and 481—Chapters 940 through 946.

"Practice discipline" means the practice of electrology, esthetics, nail technology, or barbering and cosmetology as recognized by the board of barbering and cosmetology arts and sciences.

"Prescribed practice" means an area of specialty certified by the board within the scope of barbering and cosmetology arts and sciences.

[**ARC 7923C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—944.2(157) Continuing education requirements.

944.2(1) The biennial continuing education compliance period shall begin on April 1 of one year and end on March 31 two years later.

944.2(2) Each biennium:

a. A licensee in this state shall be required to complete a minimum of six hours of continuing education that meets the requirements of rule 481—944.3(157,272C). A minimum of four of the six hours shall be in the prescribed practice discipline and a minimum of two of the six hours shall be in the content areas of Iowa barbering and cosmetology law and rules and sanitation. Individuals holding more than one active license shall obtain four hours of continuing education in each prescribed practice discipline and an additional two hours in the content areas of Iowa barbering and cosmetology law and rules and infection control.

b. A licensee who is an instructor of barbering and cosmetology arts and sciences shall obtain six hours in teaching methodology in addition to meeting all continuing education requirements for renewal of the instructor's practice license. A licensee must comply with all conditions of licensure including obtaining a minimum of two hours each biennium specific to Iowa barbering and cosmetology law and administrative rules as specified in subrule 944.3(2).

c. A licensee currently licensed in Iowa but practicing exclusively in another state may comply with Iowa continuing education requirements for license renewal by meeting the continuing education requirements of the state or states where the licensee practices. The licensee living and practicing in a state that has no continuing education requirement for renewal of a license shall not be required to meet Iowa's continuing education requirement but shall pay all renewal fees when due.

d. A licensee shall be deemed to have complied with the continuing education requirements of this state during periods that the licensee:

(1) Serves honorably on active duty in the military services, or

(2) Is the spouse of an active duty military service person, or

(3) Is a government employee working in the person's licensed specialty and assigned to duty outside of the United States, or

(4) Is engaged in active practice and absent from the state, as approved by the board.

944.2(3) Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used.

944.2(4) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

944.2(5) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of three hours from the previous renewal period in the prescribed practice discipline. Licensees cannot apply any hours in the content areas of Iowa barbering and cosmetology law and rules or infection control to the following renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

944.2(6) It is the responsibility of each licensee to finance the cost of continuing education.

944.2(7) Requirements for blow-dry stylists are outlined in Iowa Code section 157.12C.

[**ARC 7923C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24; **ARC 9344C**, IAB 6/11/25, effective 7/16/25]

481—944.3(157,272C) Standards.

944.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, presenter(s), sponsor(s);

(2) Number of program contact hours; and

(3) Evidence of successful completion of the course provided by the course sponsor.

944.3(2) *Specific criteria.* The licensee may obtain the minimum continuing education hours of credit outlined in paragraph 944.2(2)*"a"* by:

a. Attending workshops, trade shows, conferences or symposiums.

b. Accessing online training, such as viewing interactive conferences, attending webinars, or completing online training courses.

c. Attending programs on product knowledge, methods and systems. Continuing education shall be directly related to the technique and theory specific to the practice of barbering and cosmetology arts and sciences. No direct selling of products is allowed as part of a continuing education offering.

d. Attending business classes specific to owning or managing an establishment are acceptable. In addition to fulfilling the requirements in rule 481—944.2(157), for each prescribed practice license held by a licensee, the licensee is to complete four hours in each area.

944.3(3) *Specific criteria for providers and sponsors of continuing education.*

a. Continuing education shall be obtained by attending programs that meet the criteria in subrule 944.3(1). Individuals or groups may offer continuing education programs for any prescribed practice within the barbering and cosmetology arts and sciences that meet the criteria in rule 481—944.3(157,272C) offered by or with express sponsorship in advance of delivery by the following organization(s):

(1) Barbering and cosmetology arts and sciences organizations, including:

1. National, state or local associations;
2. Schools and institutes;
3. Textbook publishers.

(2) Universities, colleges or community colleges;

(3) If intense pulsed light (IPL) or microdermabrasion is within the licensee's prescribed practice as outlined in rule 481—940.5(157), manufacturers or institutes of laser technology.

b. A licensee who is a presenter of a continuing education program that meets the criteria in rule 481—944.3(157,272C) may receive credit once per biennium for the initial presentation of the program. The presenter may receive the same number of hours granted the attendees.

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These rules are intended to implement Iowa Code section 272C.2 and chapter 157.

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◊ Two or more ARCs

CHAPTER 945
DISCIPLINE FOR BARBERING AND COSMETOLOGY ARTS AND SCIENCES LICENSEES, INSTRUCTORS, ESTABLISHMENTS, AND SCHOOLS

[Prior to 7/29/87, Health Department[470] Ch 151]
[Prior to IAC 12/23/92, see 645—Chapter 62]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 65]

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/29

481—945.1(157,272C) Definitions.

"Board" means the board of barbering and cosmetology arts and sciences.

"Discipline" means any sanction the board may impose upon barbering and cosmetology arts and sciences licensees, instructors, blow-dry stylists, establishments, and schools.

"Licensure" means the granting of a license to any person or entity licensed to practice pursuant to Iowa Code chapter 157 and 481—Chapters 940 through 946.

[**ARC 7924C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—945.2(157,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in 481—Chapter 504 when the board determines that any of the acts or offenses listed in such chapter or in Iowa Code section 147.55 or any of the following have occurred:

945.2(1) Misappropriation of funds.

945.2(2) Failure to return the salon license to the board within 30 days of discontinuance of business under that license.

945.2(3) Permitting an unlicensed employee or person under the licensee's or the licensed school's or establishment's control to perform activities that require a license.

945.2(4) Permitting a licensed person under the licensee's or the licensed school's or establishment's control to practice outside the scope of the person's license.

945.2(5) A person is determined by the investigator to be providing barbering and cosmetology services and leaving a salon at the time of inspection, which shall be prima facie evidence that an unlicensed person is providing services for which a license is required.

945.2(6) Performing any of those practices coming within the jurisdiction of the board pursuant to Iowa Code chapter 157, with or without compensation, in any place other than a licensed establishment or a licensed school of barbering and cosmetology arts and sciences.

Exception:

A licensee may practice at a location that is not a licensed establishment or school of barbering and cosmetology arts and sciences when:

a. Providing a service authorized under Iowa Code section 157.4 (Temporary Permits).

b. Providing a service under rule 481—943.17(157), "Events and services provided outside of a licensed establishment" (Iowa Code section 157.13(1)*"a"*)).

c. Extenuating circumstances related to the physical or mental disability or death of a customer prevent the customer from seeking services at the licensed establishment or school.

[**ARC 7924C**, IAB 5/1/24, effective 7/1/24; Editorial change: IAC Supplement 9/18/24]

481—945.3(157,272C) Unlawful practices. Practices by an unlicensed person or establishment that are subject to civil penalties include, but are not limited to:

945.3(1) Acts or practices by unlicensed persons that require licensure to practice barbering and cosmetology arts and sciences under Iowa Code chapter 157.

945.3(2) Acts or practices by unlicensed establishments that require licensure as an establishment or school of barbering and cosmetology arts and sciences under Iowa Code chapter 157.

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CHAPTER 946
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 66]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—946.1(17A,272C) Board of barbering and cosmetology arts and sciences adoption of uniform and model rules. The board hereby adopts by reference the following:

946.1(1) to **946.1(9)** Reserved.

946.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 947 to 960
Reserved

BOARD OF SIGN LANGUAGE INTERPRETERS AND TRANSLITERATORS

CHAPTER 961
LICENSURE OF SIGN LANGUAGE INTERPRETERS AND TRANSLITERATORS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 361]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—961.1(154E) Definitions. For purposes of these rules, the following definitions will apply:

"Active interpreter or transliterator services" means the actual time spent personally providing interpreting or transliterating services or providing interpreting or transliterating services through videoconferencing or remotely. When in a team interpreting situation, the time spent monitoring while the team interpreter is actively interpreting will not be included in the time spent personally providing interpreting or transliterating services.

"Active license" means a license that is current and has not expired.

"Board" means the board of sign language interpreters and transliterators.

"Direct supervision of a temporary license holder" means monitoring of interpreting or transliterating services while personally observing the temporary license holder providing those services, as outlined in paragraphs 961.3(4)*"b"* and *"c."*

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as a sign language interpreter or transliterator in the state of Iowa.

"Licensure by endorsement" means the issuance of an Iowa license to practice as a sign language interpreter or transliterator to an applicant who is or has been licensed in another state.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—961.9(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions.

"Supervisor" means a sign language interpreter or transliterator licensed pursuant to Iowa Code section 154E.3 and subrule 961.2(1) who provides on-site evaluations and advisory sessions with a temporary license holder for the purpose of the professional development of that temporary license holder.

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—961.2(154E) Requirements for licensure.

961.2(1) The following criteria will apply to licensure:

a. Applicants will submit a completed online licensure application and pay the nonrefundable fee; and

b. Applicants will provide proof of one of the following:

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

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

1. Oral Transliteration Certificate (OTC); or
2. Certified Deaf Interpreter (CDI); or

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

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

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

1. National Interpreter Certification (NIC); or
2. National Interpreter Certification Advanced (NIC Advanced); or
3. National Interpreter Certification Master (NIC Master); or

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

1. Certificate of Interpretation (CI); or
2. Certificate of Transliteration (CT); or
3. Certificate of Interpretation and Certificate of Transliteration (CI and CT); or
4. Interpretation Certificate/Transliteration Certificate (IC/TC); or
5. Comprehensive Skills Certificate (CSC); or

(7) Currently holds one of the following certifications previously awarded by the National Association of the Deaf (NAD):

1. NAD III (Generalist); or
2. NAD IV (Advanced); or
3. NAD V (Master); or

(8) Currently holds an advanced or master certification awarded by the Board for Evaluation of Interpreters (BEI).

961.2(2) Licensees who were issued their licenses within six months prior to the renewal will not be required to renew their licenses until the renewal cycle two years later.

a. An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

b. An applicant who has been licensed in another state will provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification directly from the jurisdiction's board office if the verification provides:

(1) Licensee's name;
(2) Date of initial licensure;
(3) Current licensure status; and
(4) Any disciplinary action taken against the license.

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—961.3(154E) Requirements for temporary license.

961.3(1) An applicant who has not successfully completed one of the board-approved examinations or does not hold an approved certification set forth in paragraph 961.2(1)*"d"* will provide verification the applicant has passed one of the following:

a. The written portion of the Registry of Interpreters for the Deaf (RID) examination;
b. The written portion of the Board for Evaluation of Interpreters (BEI) examination;
c. The written portion of the Educational Interpreter Performance Assessment (EIPA) examination;
d. The EIPA prehire examination at the highest recommended level;
e. An associate degree or higher from a formal interpreter training program (ITP) with a regionally accredited college or university;
f. The American Sign Language Proficiency Interview (ASLPI) at the 2+ level or higher; or
g. The Sign Language Proficiency Interview (SLPI) at the intermediate level or higher.

961.3(2) An applicant will submit a written supervisory agreement that complies with the requirements stated in subrule 961.3(4). The temporary license will be valid for two years from the initial issue date and may be renewed once for the immediately following two-year period.

961.3(3) A temporary license holder is only authorized to practice if the following direct supervision requirements are fulfilled:

a. Enter into a written agreement with a supervisor in which the temporary license holder and the supervisor agree to the minimum requirements provided in paragraphs 961.3(4)*"b"* and *"c."* The supervisor will possess a full, unrestricted sign language interpreter and transliterator license. The agreement will be signed and dated by the temporary license holder and the supervisor; will include

the temporary license holder's and supervisor's names, addresses and contact information; and will be provided to the board with the application for a temporary license.

b. Have a supervisor observe the temporary license holder in active practice for no fewer than six bimonthly observation sessions per year for at least 30 minutes each, if the temporary license holder is working alone, or at least 60 minutes each, if the temporary license holder is working in a team interpreting situation.

c. Attend at least six bimonthly advisory sessions with the supervisor per year for the purpose of discussing the supervisor's suggestions for the temporary license holder's professional skill development based on the observation sessions.

d. Maintain an event log documenting the date, time, length and setting of each observation session and advisory session. This event log will be submitted with the temporary license holder's renewal application.

e. Ensure that the supervisor attends each of the observation sessions and advisory sessions or reschedules the sessions as necessary to ensure compliance.

f. If the replacement of a supervisor becomes necessary, develop a new written agreement with the new supervisor.

g. Obtain permission from clients as necessary to allow the supervisor to be in attendance during the observation sessions.

961.3(4) As an Iowa-licensed practitioner in accordance with this chapter, a supervisor providing direct supervision of a temporary license holder as provided in subrule 961.3(4) is obligated to report to the board an interpreter or transliterator temporary license holder who is not complying with direct supervision requirements or who is not practicing in compliance with Iowa law and rules, including but not limited to Iowa Code chapter 154E and 481—Chapters 961 through 964.

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—961.4(154E) Licensure by endorsement.

961.4(1) An applicant who has been a licensed sign language interpreter or transliterator under the laws of another jurisdiction will file an application for licensure by endorsement with the board office. The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

a. Meets the requirements of rule 481—961.2(154E);

b. Shows evidence of licensure requirements that are similar to those required in Iowa; and

c. Provides an equivalency evaluation of foreign educational credentials sent directly from the equivalency service to the board.

961.4(2) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—961.5(154E) License renewal.

961.5(1) The biennial license renewal period for a license to practice as a sign language interpreter or transliterator will begin on July 1 of an odd-numbered year and end on June 30 of the next odd-numbered year. The licensee is responsible for renewing the license prior to its expiration.

961.5(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

961.5(3) A licensee applying for renewal will:

a. Meet the continuing education requirements as provided in 481—subrules 962.2(1) and 962.2(2) or, in lieu of meeting such requirements, provide proof of a current national interpreter certification issued by an organization recognized by the board (e.g., Registry of Interpreters for the Deaf (RID); National Association of the Deaf (NAD); NAD-RID National Interpreter Certification (NIC)) as evidence of meeting continuing education requirements. A licensee whose license was reactivated during the current biennial license period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee, and attach verification of completion of continuing education hours on the website before the license expiration date.

961.5(4) A two-year license will be issued after the requirements of the rule are met. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

961.5(5) The license certificate and proof of active licensure will be displayed in a conspicuous public place at the primary site of practice.

961.5(6) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.18(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

961.5(7) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice until the license is reactivated.

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—961.6(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee needs to:

961.6(1) Submit a completed online reactivation application and pay the nonrefundable fee.

961.6(2) If licensed in another jurisdiction, submit a license verification from the jurisdiction in which the applicant has been most recently licensed and has been practicing during the time period in which the Iowa license was inactive sent directly from the jurisdiction to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

a. The licensee's name;

b. The date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

961.6(3) Provide verification of current competence to practice sign language interpreting or transliterating by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, or the licensee is actively practicing in another jurisdiction:

(1) Verification of a current certification as identified in subrule 961.2(1) or of passing an examination identified in subrule 961.2(1) after the license became inactive; or

(2) Verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation; and

(3) Verification of completing 40 hours of continuing education within two years of the application for reactivation.

b. If the license has been on inactive status for more than five years and the licensee is not currently practicing in another jurisdiction:

(1) Verification of completing 40 hours of continuing education within two years of the application for reactivation; and

(2) Verification of passing an examination identified in subrule 961.2(1) after the license became inactive.

[**ARC 9720C**, IAB 11/26/25, effective 12/31/25]

481—961.7(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to practicing sign language interpreting or transliterating in this state.

[**ARC 7829C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 154E and 272C.

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CHAPTER 962
CONTINUING EDUCATION FOR SIGN LANGUAGE INTERPRETERS AND TRANSLITERATORS

[Prior to 9/18/24, see Professional Licensure Division[645] Ch 362]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—962.1(154E,272C) Definitions. For the purpose of these rules, the following definitions apply:

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Board" means the board of sign language interpreters and transliterators.

"Continuing education" means planned, organized learning acts acquired during licensure designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a sign language interpreter or transliterator in the state of Iowa.

[**ARC 7830C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—962.2(154E,272C) Continuing education requirements.

962.2(1) Requirements for permanent licensees. The continuing education compliance period runs concurrently with each two-year renewal period beginning on July 1 of each odd-numbered year and ending on June 30 of the next odd-numbered year. Each person who is licensed to practice as a sign language interpreter or transliterator in this state will be required to complete a minimum of 40 hours of continuing education as specified in rule 481—962.3(154E,272C).

962.2(2) Exception for new permanent licensees. A person licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of the license. Thereafter, the new licensee will complete the continuing education requirements as set forth in rule 481—962.3(154E,272C). The licensee may use continuing education hours acquired anytime from the initial licensing until the second license renewal to meet the requirements.

962.2(3) National Interpreters Certification (NIC) or Registry of Interpreters for the Deaf (RID) Certification. A licensee who provides proof of a current NIC or current RID Certification meets continuing education requirements for that biennium renewal cycle.

962.2(4) Requirements for temporary license holders. The continuing education compliance period runs concurrently with each two-year renewal period beginning on the date of initial licensure. Temporary license holders will be required to obtain 40 hours of continuing education as set forth in rule 481—962.3(154E,272C). The temporary license holder may use only continuing education hours acquired during the current renewal period. Proof of continuing education hours acquired will be submitted with a temporary license renewal application.

962.2(5) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity.

962.2(6) Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 20 hours from the previous renewal period.

962.2(7) The licensee is responsible for the cost of continuing education.

[**ARC 7830C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24; **ARC 9317C**, IAB 5/28/25, effective 7/2/25]

481—962.3(154E,272C) Standards.

962.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Is an organized program of learning fundamental to the practice of the profession that contributes directly to the professional competency of the licensee;

b. Is conducted by individuals who have specialized education and training in the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

c. Fulfills stated program goals, objectives, or both; and

d. Provides proof of attendance, including:

(1) Date, location, course title, and presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

962.3(2) *Specific criteria.*

a. Continuing education will be obtained by attending programs relating to the practice of interpreting or transliterating for the deaf or hard of hearing and that are:

(1) Educational activities, including lectures, conferences, focused seminars, clinical and practical workshops, simultaneous live satellite broadcasts and teleconferences;

(2) Obtained in content areas that conform to the content areas specified in the RID Certification Maintenance Program Standards and Criteria for Approved Sponsors, revised edition, June 2004, with the exception of the number of continuing education units (CEUs) required, which is defined in paragraph 962.3(2)*"b."* RID activity categories of independent study or teaching an academic class are not professional study categories that can be claimed for credit by temporary license holders.

b. Each renewal period, licensees will obtain 40 hours (4 CEUs) of continuing education, including no less than 30 hours (3 CEUs) of professional studies. The remaining 10 hours (1 CEU) may be in either professional or general studies. The board will accept proof of a current NIC or current RID Certification in lieu of proof of the 40 hours of continuing education.

c. Continuing education hours of credit equivalents for academic coursework per biennium are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

1 CEU = 10 continuing education hours

[**ARC 7830C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 154E.

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CHAPTER 963
DISCIPLINE FOR SIGN LANGUAGE INTERPRETERS AND TRANSLITERATORS
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 363]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—963.1(154E) Definition.

"Consumer" means an individual utilizing interpreting services who uses spoken English, American Sign Language, or a manual form of English, and in an interpreting situation or setting, the term "consumer" includes both the deaf or hard-of-hearing individual or individuals and the hearing individual or individuals present in such situation or setting.

[**ARC 7831C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

481—963.2(154E,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in rule 481—363.2(154E,272C) when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

963.2(1) Unethical conduct. In accordance with Iowa Code section 147.55(3), behavior (e.g., acts, knowledge, and practices) that constitutes unethical conduct includes but is not limited to the following:

a. Engaging in sexual activities or sexual contact with a consumer when there is a risk of exploitation or potential harm to the consumer or when the relationship could reasonably be expected to interfere with the interpreter's or transliterator's objectivity, competence, or effectiveness.

b. Failure to decline or to withdraw from an interpreting or transliterating assignment when the interpreter or transliterator does not possess the professional skills and knowledge required for the specific interpreting or transliterating situation or setting.

c. Failure to refrain from providing advice or personal opinions or aligning with one person over another in the course of one's professional duties.

d. Discriminating against a consumer on the basis of age, sex, race, creed, illness, marital status, political belief, religion, mental or physical disability or diagnosis, sexual orientation, or economic or social status.

e. Failure to inform a consumer when federal or state laws require disclosure of confidential information.

f. Failure to avoid a conflict of interest when there is a risk of exploitation or potential harm to the consumer or when the relationship could reasonably be expected to interfere with the interpreter's objectivity, competence, or effectiveness; or failure to disclose to a consumer an actual or perceived conflict of interest.

g. Failure to present a professional appearance that is not visually distracting and is appropriate to the setting.

h. Failure by a temporary license holder to comply with the requirements of 481—subrule 961.2(6).

963.2(2) Reserved.

[**ARC 7831C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 147, 154E and 272C.

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[Editorial change: IAC Supplement 9/18/24]

CHAPTER 964
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 364]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—964.1(17A,272C) Board of sign language interpreters and transliterators adoption of uniform and model rules. The board hereby adopts by reference the following:

964.1(1) to **964.1(9)** Reserved.

964.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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[Editorial change: IAC Supplement 9/18/24]

CHAPTER 965
LICENSURE OF EMPLOYERS FOR SIGN LANGUAGE INTERPRETERS AND TRANSLITERATORS

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/2/30

481—965.1(154E) Definition. For the purpose of these rules, the following definition will apply:

"Employer" means an employer that employs a person to provide interpreting or transliterating services to the employer's employees.

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

481—965.2(154E) Requirements for licensure.

965.2(1) A person employed by an employer licensed pursuant to this chapter to provide interpreting or transliterating services to the employer's employees is not required to be licensed pursuant to this chapter, but shall meet the requirements for licensure under Iowa Code section 154E.3. The interpreter will not interpret or transliterate prior to providing evidence of meeting licensure requirements to the employer.

965.2(2) The following criteria apply to licensure:

a. Employers will submit a completed online licensure application and pay the nonrefundable fee.

b. Employers will submit the following information pertaining to their employed interpreters or transliterators:

(1) First and last name.

(2) Address and telephone number.

(3) Proof of passing one of the examinations or proof of certification as outlined in 481—paragraph 961.2(1)*"b."*

c. Employers will submit required information for new interpreters or transliterators to the board office within 30 days of hire.

d. Consumers will be provided information to file a complaint with the department of inspections, appeals, and licensing to address any concerns with sign language interpretation or transliteration provided.

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

481—965.3(154E) License renewal.

965.3(1) The biennial license renewal period for a license will begin on July 1 of an odd-numbered year and end on June 30 of the next odd-numbered year. The licensee is responsible for renewing the license prior to its expiration.

965.3(2) A licensee who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

965.3(3) A licensee applying for renewal will:

a. Provide attestation that the licensee's employees providing interpreting or transliterating services meet the continuing education requirements as provided in 481—Chapter 962, and

b. Submit the completed renewal application and renewal fee.

965.3(4) A two-year license will be issued after the requirements of this rule are met. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

965.3(5) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.18(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

965.3(6) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but cannot practice until the license is reactivated.

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

481—965.4(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee needs to:

965.4(1) Submit a completed online licensure application and pay the nonrefundable fee, and

965.4(2) Submit the following information pertaining to the licensee's employed interpreters or transliterators:

a. First and last name.

b. Address and phone number.

c. Proof of passing one of the examinations or proof of certification as outlined in 481—paragraph 961.2(1)*"b."*

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

481—965.5(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to employing sign language interpreters or transliterators in this state.

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

481—965.6(154E,272C) License discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the acts or offenses listed in 481—Chapter 504 or 481—Chapter 963.

[**ARC 9318C**, IAB 5/28/25, effective 7/2/25]

These rules are intended to implement Iowa Code chapter 154E.

[Filed ARC 9318C (Notice ARC 8955C, IAB 2/19/25), IAB 5/28/25, effective 7/2/25]

CHAPTERS 966 to 979
Reserved

BOARD OF NURSING HOME ADMINISTRATORS

CHAPTER 980
LICENSURE OF NURSING HOME ADMINISTRATORS

[Prior to 8/24/88, see Nursing Home Administrators Board of Examiners[600], Ch 2]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 141]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—980.1(155) Definitions. For purposes of these rules, the following definitions shall apply:

"Active license" means a license that is current and has not expired.

"Administrator" means a licensed nursing home administrator.

"Board" means the board of nursing home administrators.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"HSE" means a Health Services Executive as designated by the National Association of Boards of Examiners of Long Term Care Administrators.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Licensee" means any person licensed to practice as a nursing home administrator in the state of Iowa.

"License expiration date" means December 31 of odd-numbered years.

"Licensure by endorsement" means the issuance of an Iowa license to practice nursing home administration to an applicant who is or has been licensed in another state.

"NAB" means National Association of Boards of Examiners of Long Term Care Administrators.

"Preceptor" means a person who is currently licensed as a nursing home administrator and is approved by the department to supervise a person in a mentoring or administrator training program.

"Provisional license" means a license issued to an administrator appointed on a temporary basis to perform the duties of a nursing home administrator.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—980.15(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—980.2(155) Requirements for licensure. The following criteria shall apply to licensure:

980.2(1) Submit a completed online application and pay the nonrefundable licensure fee specified in rule 481—507.10(147,155);

980.2(2) Provide verification of certification as an HSE through NAB; or

980.2(3) Provide verification of the following:

a. Transcripts verifying a baccalaureate or postbaccalaureate degree sent directly from an accredited college or university;

b. Passing score on all required national NAB examinations and meeting all other licensure requirements to be approved to take all required national NAB examinations;

c. Completion of one of the following:

(1) Administrator training program supervised by a preceptor who meets the requirements outlined in rule 481—980.4(155);

(2) Practicum in long-term health care completed through an accredited college or university; or

(3) 2,080 hours of long-term health care administration or health-care-related experience in a nursing home may be approved by board staff.

980.2(4) An applicant who has been licensed in another state will provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against

the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if it provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the licensee.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9469C**, IAB 8/6/25, effective 9/10/25; see Delay note at end of chapter; Editorial change: IAC Supplement 8/5/26]

481—980.3(147,155) Foreign-trained applicants. Foreign-trained nursing home administrators will:

980.3(1) Provide an equivalency evaluation of their educational credentials by International Educational Research Foundation, Inc., Credentials Evaluation Service. A candidate will be responsible for the expense of the curriculum evaluation.

980.3(2) Provide a copy of the certificate or diploma awarded to the applicant from a nursing home administration program in the country in which the applicant was educated.

980.3(3) Provide satisfactory evidence of completion of administrator training program, practicum or 2,080 hours of work experience in long-term health care administration.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—980.4(155) Preceptor qualifications. Preceptor qualifications are as follows:

980.4(1) Current licensure and at least two years of experience as a nursing home administrator.

980.4(2) Completion of NAB's preceptor training course or another board-approved training course prior to the preceptorship.

980.4(3) Preceptor has not had the preceptor's nursing home administrator license disciplined, limited, suspended, or placed on probation during the one year immediately prior to the preceptorship.

980.4(4) Is not related to the training administrator.

980.4(5) Is approved by board staff prior to preceptorship.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9469C**, IAB 8/6/25, effective 9/10/25; see Delay note at end of chapter]

481—980.5(155) Provisional license. A provisional license may be issued to an administrator appointed on a temporary basis to perform the duties of a nursing home administrator. A provisional license is considered a temporary appointment, and the person appointed may serve as an administrator for a period of time not to exceed 24 months in an entire career. The 24 months in service are not required to be consecutive; however, a new application is required for each appointment period. It is the responsibility of the approved provisional administrator to maintain documentation of the actual dates the administrator serves in that capacity.

980.5(1) The limited circumstances under which the request for a provisional appointment will be granted include the inability of the licensed administrator to perform the administrator's duties, the death of the licensed administrator, or circumstances that prevent the immediate transfer of the licensed administrator's duties to another licensed administrator. A provisional license will not be issued to a licensed nursing home administrator.

980.5(2) Application for a provisional license shall be in writing on forms prescribed by the board. Applicants will meet the following minimum qualifications:

a. Be at least 20 years of age.

b. Be employed on a full-time basis of no less than 40 hours per week to perform the duties of the nursing home administrator.

c. Be knowledgeable about the nursing home administrator's domains of practice, including resident care, human resources, finance, physical environment, and leadership and management.

d. Be without a history of unprofessional conduct or denial of or disciplinary action against a license to practice nursing home administration or any other profession by any lawful licensing authority for reasons outlined in 481—Chapter 982.

e. Provide evidence to establish that the provisional appointment will not exceed the lifetime maximum period of 24 calendar months in duration. For any period in which the applicant previously

served as a provisional administrator, written employment verification or a written attestation of the facility owner, chief operating officer, or board officer will satisfy this requirement.

f. Provide evidence that the provisional appointment complies with the requirements in 481—subrule 58.8(4). A written attestation of the facility owner, chief operating officer, or board officer will satisfy this requirement.

980.5(3) Applications for an extension of the time period for the provisional appointment within the same facility do not require the payment of an additional fee, as long as all other requirements stated in this rule are met.

980.5(4) The board expressly reserves the right to withdraw approval of a provisional appointment. Withdrawal of approval will be based on information or circumstances warranting such action. The provisional administrator will be notified of the withdrawal of approval in writing by certified mail.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9469C**, IAB 8/6/25, effective 9/10/25; see Delay note at end of chapter]

481—980.6(155) Licensure by endorsement.

980.6(1) An applicant who has been a licensed nursing home administrator under the laws of another jurisdiction will file an application for licensure by endorsement with the board office. The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

a. Meets the requirements of rule 481—980.2(155), and

b. Provides evidence of an active license as a nursing home administrator for at least two years just prior to application, or meets the qualifications outlined in rule 481—980.2(155).

980.6(2) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9469C**, IAB 8/6/25, effective 9/10/25; see Delay note at end of chapter]

481—980.7(147,155) License renewal.

980.7(1) The biennial license renewal period for a license to practice nursing home administration will begin on January 1 of each even-numbered year and end on December 31 of the next odd-numbered year. All licensees will renew on a biennial basis. The licensee is responsible for renewing the license prior to its expiration.

980.7(2) An individual who was issued a license within six months of the license renewal date does not need to renew the license until the subsequent renewal two years later.

980.7(3) A licensee applying for renewal shall:

a. Meet the continuing education requirements of rule 481—981.2(272C) and the mandatory reporting requirements of subrule 980.7(8). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

980.7(4) A two-year license will be issued after the requirements of this rule are met. If the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

980.7(5) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.10(3). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

980.7(6) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a nursing home administrator in Iowa until the license is reactivated.

980.7(7) Licensees will display their license certificate and proof of active licensure will be in a conspicuous public place at the primary site of practice.

980.7(8) Mandatory reporter training requirements.

a. A licensee who examines, attends, counsels, or treats children, dependent adults, or both in the scope of the licensee's professional practice will complete the applicable department of health and human services training relating to the identification and reporting of child abuse, dependent adult abuse, or both. Written documentation of training completion should be maintained for three years. The training is not required if the licensee is engaged in active duty military service or holds a waiver demonstrating a hardship in complying with these training requirements.

b. The board may select licensees for audit of compliance with the requirements in subrule 980.7(8).

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9469C**, IAB 8/6/25, effective 9/10/25; see Delay note at end of chapter]

481—980.8(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee shall:

980.8(1) Submit a completed online reactivation application and pay the nonrefundable application fee.

980.8(2) Provide verification of current competence to practice as a nursing home administrator by satisfying the following criteria:

a. Verification of the license from the jurisdiction in which the applicant has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license; and

b. Verification of completion of 40 hours of continuing education within two years of the application for reactivation or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—980.9(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive board-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to practicing as a nursing home administrator in this state.

[**ARC 7971C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code chapters 17A, 147, 155, and 272C.

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◊ Two or more ARCs

1 Effective date of rule 600—2.7 delayed by the Administrative Rules Review Committee 70 days.

2 Effective date of 645—subrule 141.3(2), delayed until adjournment of the 1996 General Assembly by the Administrative Rules Review Committee at its meeting held October 10, 1995.

3 March 28, 2012, effective date of 141.9(1) delayed 70 days by the Administrative Rules Review Committee at its meeting held March 12, 2012.

4 September 10, 2025, effective date of amendments to ch 980 [**ARC 9469C**] delayed 70 days by the Administrative Rules Review Committee at its meeting held September 8, 2025.

CHAPTER 981
CONTINUING EDUCATION FOR NURSING HOME ADMINISTRATION

[Prior to 8/24/88, see Nursing Home Administrators Board of Examiners [600], Ch 3]
[Prior to 9/13/95, see 645—Chapter 142]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 143]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—981.1(272C) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means the license is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules and includes a posttest.

"License" means license to practice.

"Licensee" means any person licensed to practice as a nursing home administrator in the state of Iowa.

"National Continuing Education Review Service (NCERS)" means the continuing education review service operated by the National Association of Boards of Examiners for Nursing Home Administrators.

[**ARC 7972C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—981.2(272C) Continuing education requirements.

981.2(1) The biennial continuing education compliance period will extend for a two-year period beginning on January 1 of each even-numbered year and ending on December 31 of the next odd-numbered year. Each biennium, each person who is licensed to practice as a licensee in this state will be required to complete a minimum of 40 hours of continuing education. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 20 hours from the previous renewal period.

981.2(2) Requirements of new licensees. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

981.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity.

981.2(4) The licensee is responsible for the cost of continuing education.

[**ARC 7972C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24; **ARC 9284C**, IAB 5/14/25, effective 6/18/25]

481—981.3(155,272C) Standards.

981.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Is an organized program of learning fundamental to the practice of the profession that contributes directly to the professional competency of the licensee;

b. Is conducted by individuals who have specialized education, training and experience in the subject matter of the program;

c. Fulfills stated program goals, objectives, or both; and

d. Provides proof of attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

981.3(2) *Specific criteria.* Licensees may obtain continuing education hours of credit by:

a. Participating in the continuing education programs approved by the National Continuing Education Review Service (NCERS).

b. Academic coursework that meets the criteria set forth in these rules. Continuing education credit equivalents are as follows:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

c. Attendance at or participation in a program or course that meets the requirements in subrule 981.3(1).

d. Making presentations; conducting research; producing publications; preparing new courses; participating in home study courses; attending electronically transmitted courses; and attending workshops, conferences, or symposiums.

e. Self-study coursework that meets the criteria set forth in these rules. Continuing education credit equivalent for self-study is as follows:

180 minutes of self-study work = 1 continuing education hour

The maximum number of hours for self-study, including television viewing, video or sound-recorded programs, correspondence work, or research, or by other similar means that is not directly sponsored by and supervised by an accredited postsecondary college or university or NCERS, is eight hours.

[**ARC 7972C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—981.4(155,272C) Exemptions. A licensee is exempt from the continuing education requirement when that person:

1. Served honorably on active duty in the military service;
2. Resided in another state with continuing education requirements that the applicant met;
3. Was a government employee working in the licensee's specialty and assigned to duty outside the United States; or
4. Has a disability, illness, or primary caregiver status requiring an extension of time or exemption upon approval by the board office.

[**ARC 7972C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

These rules are intended to implement Iowa Code section 272C.2 and chapter 155.

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CHAPTER 982
DISCIPLINE FOR NURSING HOME ADMINISTRATORS
[Prior to 5/30/01, see 645—Chapter 141]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 144]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—982.1(155,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in rule 481—504.3(272C) when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504.

982.1(1) Any falsification or misrepresentation contained in any report or document attesting to the facts, conditions and activities of the internship or work experience and submitted by the applicant, administrator/preceptor or other participants may be grounds for denial of license or for suspension or revocation of the nursing home administrator license in addition to the imposition of fines and any other penalties provided by law.

982.1(2) Any misappropriation of resident funds or facility funds may be grounds for denial of license or for suspension or revocation of the nursing home administrator license in addition to the imposition of fines and any other penalties provided by law.

This rule is intended to implement Iowa Code chapters 147, 155 and 272C.

[**ARC 7973C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTER 983
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 145]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—983.1(17A,272C) Board of nursing home administrators adoption of uniform and model rules. The board hereby adopts by reference the following:

983.1(1) to **983.1(9)** Reserved.

983.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 9/18/24]

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CHAPTERS 984 to 1000
Reserved

INTERIOR DESIGN EXAMINING BOARD

CHAPTER 1001
DESCRIPTION OF ORGANIZATION

[Prior to 6/24/26, see Interior Design Examining Board[193G] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/23/30

481—1001.1(544C,17A) Definitions. As used in these rules, the following definitions of words and terms apply:

"Board" means the same as in Iowa Code section 544C.1(1).

"CIDQ" means the Council for Interior Design Qualification.

"Department" means the same as in Iowa Code section 544C.1(4).

"Registered interior design" means the same as in Iowa Code section 544C.1(9).

"Registered interior designer" means the same as in Iowa Code section 544C.1(10).

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.2(544C) Description.

1001.2(1) The purpose of the board is to administer and enforce the provisions of Iowa Code chapter 544C. The board has promulgated these rules to clarify the board's intent and procedures.

1001.2(2) The primary mission of the board is to protect the public interest. All board rules are construed as fostering the guiding policies and principles described in Iowa Code chapter 544C.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.3(544C,17A) Organization and duties. The board elects annually from its members a chairperson and a vice-chairperson. A quorum of the board is four members, and all final motions and actions must receive a majority vote. The board enforces the provisions of Iowa Code chapter 544C and maintains a roster of all registered interior designers in the state.

1001.3(1) *Chairperson.* The chairperson, when present, presides at the meetings, appoints committees, and exercises all duties and powers of the chairperson.

1001.3(2) *Vice chairperson.* The vice chairperson, in the absence or incapacity of the chairperson, exercises the duties and powers of the chairperson.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.4(544C,17A) Meetings. Calls for meetings are issued in accordance with Iowa Code section 21.4. The first meeting scheduled after April 30 is the annual meeting. The chairperson and vice chairperson are elected at the annual meeting. The chairperson and vice chairperson serve one-year terms. The newly elected officers assume the duties of their respective offices at the conclusion of the meeting at which they are elected.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.5(544C) Other meetings. In addition to the annual meeting and any subsequent meetings, the time and place of which may be fixed by vote of the board, a meeting may be called by the chairperson of the board or by joint call of a majority of its members.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.6(544C) Administrative committees. The board chairperson may appoint administrative committees of members of the board for the purpose of making recommendations on matters specified by the board.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25]

481—1001.7(544C,17A) Waivers. Persons who wish to seek waivers from board rules should consult the uniform rules for the department at 7—Chapter 2504.

[**ARC 9023C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 8/5/26]

These rules are intended to implement Iowa Code chapters 17A, 21, 22, 252J, 261, 272C and 544C.

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CHAPTER 1002
REGISTRATION
[Prior to 6/24/26, see Interior Design Examining Board[193G] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/23/30

481—1002.1(544C) Certificate of registration. All applicants for registration will complete a board-approved application and satisfy the interior design education, practical training, examination, and fee requirements established by this rule.

1002.1(1) *Education and practical training.* An applicant for registration shall meet the education and training requirements set forth in Iowa Code section 544C.5.

1002.1(2) *Examination.* An applicant for registration will verify successful completion of the National Council for Interior Design Qualification examination or its equivalent.

1002.1(3) *Reciprocity.* The board may also grant registration by reciprocity as provided in Iowa Code section 544C.6.

1002.1(4) *Military service and veteran reciprocity.* The board may grant registration for military service applicants, spouses, and veterans as provided for in 481—Chapter 7.

1002.1(5) *Registration by verification.* The board may grant registration via verification as provided for in 481—Chapter 501.

[**ARC 9024C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1002.2(17A,272C,544C) Renewal of certificates of registration. Certificates of registration expire biennially on June 30. Certificates issued to registrants with last names beginning with A through K expire on June 30 of even-numbered years and certificates issued to registrants with last names beginning with L through Z expire on June 30 of odd-numbered years. However, a registration issued on or after May 1 but before June 30 will not expire until June 30 of the next renewal. For example, a license issued on May 17, 2020, would not expire until June 30, 2022. A registrant who fails to renew by the expiration date is not authorized to use the title of registered interior designer in Iowa until the certificate is reinstated as provided in rule 481—1002.3(544C,17A).

1002.2(1) It is the policy of the board to send to each registrant a notice of the pending expiration date. Failure to receive this notice does not relieve the registrant of the responsibility to timely renew the certificate and pay the renewal fee.

1002.2(2) If grounds exist to deny a timely and sufficient application to renew, the board shall send written notification to the applicant by restricted certified mail, return receipt requested. Grounds may exist to deny an application to renew if, for instance, the registrant failed to satisfy the continuing education provisions required as a condition for registration. If the basis for denial is a pending disciplinary action or disciplinary investigation that is reasonably expected to culminate in disciplinary action, the board shall proceed as provided in 481—Chapter 506. If the basis for denial is not related to a pending or imminent disciplinary action, the applicant may contest the board's decision as provided in 481—Chapter 506.

1002.2(3) When a registrant appears to be in violation of mandatory continuing education requirements, the board may, in lieu of proceeding to a contested case hearing on the denial of a renewal application as provided in 481—Chapter 506, and after or in lieu of giving the licensee an opportunity to come into compliance under rule 481—1003.3(17A,544C), offer a registrant the opportunity to sign a consent order. While the terms of the consent order will be tailored to the specific circumstances at issue, the consent order will typically impose a penalty between $50 and $250, depending on the severity of the violation; establish deadlines for compliance; and require that the registrant complete hours equal to double the deficiency in addition to the required hours. The consent order may impose additional educational requirements on the registrant. Any additional hours of continuing education completed in compliance with the consent order cannot again be claimed at the next renewal. The board will address subsequent offenses on a case-by-case basis. A registrant is free to accept or reject the offer. If the offer of settlement is accepted, the registrant will be issued a renewed certificate of registration and will be subject to disciplinary action if the terms of the consent order are not fulfilled. If the offer of settlement is rejected, the matter will be set for hearing if timely requested by the registrant pursuant to 481—Chapter 506.

1002.2(4) A registrant who continues to use the title of registered interior designer in Iowa after the registration has expired may be subject to disciplinary action. Such unauthorized activity may also be grounds to deny a registrant's application for reinstatement.

1002.2(5) Registrants shall notify the board within 30 days of any change of address or business.

[**ARC 9024C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1002.3(544A,17A,272C) Grounds for denial of registration renewal. Failure of a registrant to complete the continuing education requirements as set forth in 481—Chapter 1003, failure to file a report of completed continuing education, or failure to submit a written request for waiver or exemption shall be grounds for the board to deny renewal of the registration.

[**ARC 9024C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1002.4(544A,17A) Reinstatement of certificates of registration. An individual may reinstate a lapsed certificate of registration to active registration by doing the following:

1. Paying the current renewal fee;
2. Paying the reinstatement fee of $100;
3. Providing a written statement outlining the professional activities that the applicant performed in Iowa during the period of nonregistration, including a list of all projects with which the applicant had involvement and explaining the service provided by the applicant; and
4. Submitting documented evidence of completion of 10 continuing education hours, which should have been reported on the June 30 renewal date on which the applicant failed to renew, and 5 continuing education hours for each year or portion of a year of expired registration up to a maximum of 20 continuing education hours. All continuing education hours are to be completed in health, safety, and welfare subjects; be acquired in structured educational activities; and be in compliance with requirements in 481—Chapter 1003. The continuing education hours used for reinstatement may not be used again at the next renewal and may not have been earned more than four years prior to the date of the application to reinstate.

[**ARC 9024C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1002.5(544A) Applications.

1002.5(1) The interior designer is responsible for verifying the accuracy of the information submitted on applications regardless of how the application is submitted or by whom it is submitted. For instance, if the office manager of an interior designer's firm submits an application for renewal on behalf of the interior designer and that information is incorrect, the interior designer will be held responsible for the information and may be subject to disciplinary action.

1002.5(2) Persons applying for initial, renewal, or reciprocal registration will submit an application on a form provided by the board and pay a registration fee of $275. An applicant applying for initial, reciprocal, or reinstatement registration within 12 months from the applicant's renewal date pays half of the required fee. An applicant applying for initial, reciprocal, or reinstatement registration 12 months or more from the applicant's renewal date pays the full registration fee.

1002.5(3) Fee schedule.

Type of fee	Amount
Registration fee	$275
Renewal	$275
Reinstatement of lapsed registration	$100
License predetermination fee	$25
Dishonored check, draft, order or other payment failure	$30

All fees are nonrefundable.

[**ARC 9024C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code chapter 544C.

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CHAPTER 1003
CONTINUING EDUCATION
[Prior to 6/24/26, see Interior Design Examining Board[193G] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/23/30

481—1003.1(17A,272C,544C) Definitions. As used in these rules, the following definitions apply:

"Contact hour" means one 60-minute clock hour of educational activity of which at least 50 minutes are devoted to instructional content. Where other units of credit are stated for an educational experience (e.g., continuing education units (CEUs)), they will be credited in terms of actual contact hours.

"Distance education" means any education process based on the geographical separation of student and instructor.

"Health, safety and welfare subjects" or *"HSW subjects"* means subjects that relate to the planning and designing of spaces and elements to minimize the risk of injury to persons or property. Such subjects include compliance with applicable building and safety codes, the planning and designing of spaces and elements that optimize over time the physically and mentally healthful use of those spaces and elements, and the planning and designing of spaces and elements that are durable, maintainable, cost-effective, environmentally conscientious and conservative of resources; that function properly in all relevant respects; that encourage access, functional independence and use by all relevant populations; that encourage user satisfaction, including aesthetic appeal; that promote a sense of user confidence and peace of mind; that integrate effectively with the surrounding environment; and that, in other similar ways, enhance the health, safety and well-being of the public.

"Structured activity" means a method of interior design-related learning led by a qualified individual and conducted or sponsored by a professional organization, technical organization, industry source or accredited college or university taught in person or through distance education.

[**ARC 9025C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1003.2(17A,272C,544C) Continuing education requirements.

1003.2(1) Hours required. Completion of a minimum of ten contact hours in acceptable health, safety and welfare subjects satisfies the continuing education necessary for biennial registration renewal. All hours shall be in structured activity programs and must be acquired during the renewal period. A registrant may carry over up to five contact hours of continuing education credit obtained in excess of the requirements for a renewal period to the following renewal period.

1003.2(2) Continuing education hours may be acquired in any state, provided that the registrant can demonstrate that the program meets the definition of structured activity as defined in this chapter.

1003.2(3) A registered interior designer who holds a registration in Iowa for less than 12 months from the date of initial registration is not required to report continuing education at the first registration renewal. A registered interior designer who holds a registration in Iowa for 12 months or more, but less than 24 months from the date of initial registration, will report five contact hours of HSW subjects in a structured activity, earned in the preceding 12 months, at the first registration renewal.

1003.2(4) Sources of continuing education. Credit may not be claimed for any activity required as part of a registered interior designer's routine professional responsibilities. Structured activities include the following:

a. Completion of any program or course sponsored by a professional or technical organization or industry source.

b. Instruction of a course, seminar, lecture, presentation, workshop, webinar or similar formal educational program. Credit is allowed at a maximum of three preparation hours for each class hour spent for actual presentation, valid for the initial presentation only. College and university faculty may not claim contact or preparation credit for teaching regular curriculum courses.

c. Research that is formally presented to the profession or public. Credit is allowed at a maximum of four contact hours per reporting period and shall be valid for the initial presentation only.

d. Completion of college or university credit courses dealing with interior-design-related subjects. Each semester hour equals 15 contact hours. A quarter hour equals ten contact hours.

1003.2(5) Approved continuing education. The board does not preapprove continuing education activities or courses; however, acceptable HSW subjects that enhance the health, safety, and well-being of the public include the following topics:

a. Life safety, ADA, and other building and safety codes, standards and administrative regulations governing the practice of interior design.

b. Safety and security.

c. Physical and mental health issues.

d. Topics that relate to human physiology, perception, anthropometrics, ergonomics, psychology, sociology, ecology and cultural factors.

e. Energy efficiency.

f. Environmental issues.

g. Accessibility and universal design.

h. Materials and methods.

i. Building systems.

j. Statutes and rules relating to interior design regulation.

k. Professional ethics.

l. Legal aspects of professional practice.

m. Construction documents and services.

n. Project administration.

[**ARC 9025C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1003.3(17A,272C,544C) Controls and reporting.

1003.3(1) An applicant for registration renewal may be requested to provide, in such manner and at such time as prescribed by the board, a signed statement, under penalty of perjury, on forms provided by the board, setting forth the continuing education in which the registrant has participated.

a. When an applicant is requested to provide a listing of the continuing education completed for structured activities, the information will include the following:

(1) The school, firm or organization conducting the course.

(2) The location of the course.

(3) The title of the course or a description of the course content.

(4) The name of the principal instructor.

(5) The dates attended.

(6) The hours claimed.

b. Reserved.

1003.3(2) The board may verify information submitted by registrants. If an application for renewal is not approved, the applicant will be notified and may be granted a period of time by the board in which to correct the deficiencies noted. Any discrepancy between the number of CEUs reported and the number of CEUs actually supported by documentation may result in a disciplinary review. If, after the disciplinary review, the board disallows any CEUs, or the registrant has failed to complete the required CEUs, the interior designer has 60 days from notification by the board to either provide further evidence of having completed the CEUs disallowed or remedy the discrepancy by completing the required number of CEUs (provided that such CEUs shall not again be used for the next renewal). An extension of time may be granted on an individual basis if requested by the registrant within 30 days of notification by the board. If the registrant fails to comply with the requirements of this subrule, the registrant may be subject to disciplinary action. If the board finds, after proper notice and hearing, that the interior designer willfully disregarded these requirements or falsified documentation of required CEUs, the interior designer may be subject to disciplinary action.

1003.3(3) The registrant is responsible for maintaining verification of claimed credit for a minimum of five years subsequent to submission of the report to the board office. Acceptable verification may be presented with a course completion certificate or a college transcript.

[**ARC 9025C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1003.4(17A,544C) Exemptions.

1003.4(1) As provided in Iowa Code section 272C.2(4), a registered interior designer is deemed to have complied with the continuing education requirements set forth in this chapter if during the continuing education compliance period the registrant:

a. Has served honorably on active duty in the military service; or

b. Is a resident of another state or district having a continuing education requirement for registered interior design and has complied with all requirements of that state or district for practice therein; or

c. Is a government employee working as a registered interior designer outside the United States.

1003.4(2) The board shall have authority to make exceptions for reasons of individual hardship, including health (certified by a medical doctor) or other good cause. See 7—Chapter 2504.

[**ARC 9025C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code chapter 544C.

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CHAPTER 1004
PROFESSIONAL CONDUCT
[Prior to 6/24/26, see Interior Design Examining Board[193G] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/8/29

481—1004.1(544C) Rules of conduct. A registered interior designer shall maintain a high standard of integrity and professional responsibility within the profession of registered interior design to protect the public health, life, safety, and welfare. Failure by a registrant to adhere to the provisions of Iowa Code section 272C.10 and chapter 544C and the following rules of conduct may be grounds for disciplinary action.

1004.1(1) *Competence.*

a. A registered interior designer shall act with reasonable care and competence and apply the technical knowledge and skill ordinarily applied by a registered interior designer of good standing providing interior design services in the same locality.

b. The board may initiate discipline against a registered interior designer or may, when appropriate, refer a registered interior designer to the board's impaired practitioner review committee based on habitual intoxication or addiction to the use of drugs or other impairment that adversely affects the registrant's ability to practice in a safe and competent manner.

1004.1(2) *Conflict of interest.*

a. A registered interior designer shall not accept compensation for services from more than one party on a project unless the circumstances are fully disclosed to and agreed to (such disclosures and agreements are to be in writing) by all interested parties in advance of payment of such compensation.

b. If a registered interior designer has any business association or direct or indirect financial interest that is substantial enough to influence the registered interior designer's judgment in connection with the registered interior designer's performance of professional services, the registered interior designer shall fully disclose, in writing, to the client or employer the nature of the business association or financial interest, and if the client or employer objects to the association or financial interest, the registered interior designer will either terminate such association or interest or offer to give up the commission or employment.

c. A registered interior designer shall not solicit or accept compensation from material or equipment suppliers in return for specifying or endorsing the products.

d. When acting as the interpreter of building contract documents and the judge of contract performance, a registered interior designer shall render decisions impartially, favoring neither party to the contract.

1004.1(3) *Full disclosure.*

a. A registered interior designer shall not deliberately make a materially false statement or deliberately fail to disclose a material fact requested in connection with application for registration or renewal of registration.

b. A registered interior designer shall not assist in the application for registration of a person known by the registered interior designer to be unqualified with respect to education, training, experience or character.

c. A registered interior designer engaged in the practice of interior design must act in the best interest of the client and shall not allow integrity, objectivity or professional judgment to be impaired.

d. A registered interior designer with knowledge of a violation of these rules by another registered interior designer shall report such knowledge to the board.

1004.1(4) *Professional conduct.*

a. A registered interior designer shall respect the confidentiality of sensitive information obtained in the course of the interior designer's professional activities.

b. A registered interior designer shall not engage in conduct involving fraud, deceit, misrepresentation or dishonesty in the practice of interior design.

c. A registered interior designer shall neither attempt to obtain a contract to provide interior design services through any unlawful means nor assist others in such an attempt.

d. A registered interior designer shall neither offer nor make any payment to a governmental official with the intent of influencing the official's judgment in connection with a prospective or existing project in which the interior designer has an interest.

1004.1(5) *Seal and certificate of responsibility.*

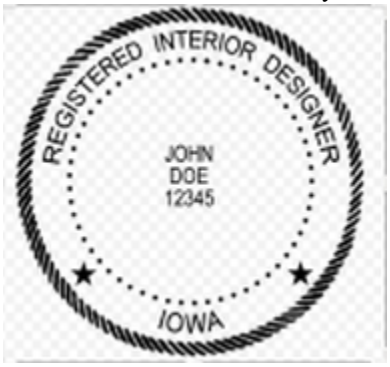
a. The seal under Iowa Code section 544C.14 shall include:

(1) An outside circle with a diameter of approximately 1 ¾ inches.

(2) The name of the registered interior designer and the words "Registered Interior Designer."

(3) The Iowa registration number and the word "Iowa."

b. The seal will substantially conform to the sample shown below:



c. A legible rubber stamp, electronic image or other facsimile of the seal may be used.

d. Each technical submission submitted to a client or any public agency, hereinafter referred to as the official copy, shall contain an information block on its first page or on an attached cover sheet with application of a seal by the registered interior designer in responsible charge and an information block with application of a seal by each professional consultant contributing to the technical submission. The seal and original signature shall be applied only to a final technical submission. Each official copy of a technical submission shall be stapled, bound or otherwise attached together so as to clearly establish the complete extent of the technical submission. Each information block shall display the seal of the individual responsible for that portion of the technical submission. The area of responsibility for each sealing professional shall be designated in the area provided in the information block, so that responsibility for the entire technical submission is clearly established by the combination of the stated seal responsibilities. The information block will substantially conform to the sample shown below:

S E A L	I hereby certify that the portion of this technical submission described below was prepared by me or under my direct supervision and responsible charge. I am a duly registered interior designer under the laws of the state of Iowa. _____ Signature Date Printed or typed name_____ Registration number_____ My registration renewal date is June 30,_____ . Pages or sheets covered by this seal: _____ _____ _____ _____ _____

e. The information requested in each information block must be typed or legibly printed in permanent ink or a secure electronic signature. An electronic signature as defined in or governed by Iowa Code chapter 554D meets the signature requirements of this rule if it is protected by a security procedure, as defined in Iowa Code section 554D.103(14), such as digital signature technology. It is the registrant's responsibility to ensure, prior to affixing an electronic signature to a technical submission, that security procedures are adequate to:

(1) Verify that the signature is that of a specific person, and

(2) Detect any changes that may be made or attempted after the signature of the specific person is affixed. The seal implies responsibility for the entire technical submission unless the area of responsibility is clearly identified in the information accompanying the seal.

f. It is the responsibility of the registered interior designer who signed the original submission to forward copies of all changes and amendments to the technical submission, which becomes a part of the official copy of the technical submission, to the public official charged with the enforcement of the state, county, or municipal building code.

g. A registered interior designer is responsible for the custody and proper use of the seal. Improper use of the seal may be grounds for disciplinary action.

h. The seal appearing on any technical submission establishes prima facie evidence that said technical submission was prepared by or under the responsible charge of the individual named on that seal.

[**ARC 7742C**, IAB 4/3/24, effective 5/8/24; Editorial change: IAC Supplement 6/24/26]

This rule is intended to implement Iowa Code chapter 544C.

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[Editorial change: IAC Supplement 6/24/26]

CHAPTER 1005
GROUNDS FOR DISCIPLINE, DISCIPLINARY INVESTIGATIONS, AND DISCIPLINARY PROCEEDINGS

[Prior to 6/24/26, see Interior Design Examining Board[193G] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/23/30

481—1005.1(17A,272C,544C) Grounds for discipline. The board may initiate disciplinary action against a registered interior designer on any of the following grounds:

1. A violation of any of the rules of professional conduct set forth in 481—Chapter 1004.
2. A violation of Iowa Code section 272C.9(2) or 272C.9(3).
3. Failure to comply with an order of the board imposing discipline.
4. Continuing to practice as a registered interior designer without satisfying the continuing education requirement, absent express waiver granted by the board.
5. Failure to fully cooperate with a registrant disciplinary investigation or investigation against a nonregistrant, including failure to respond to a board inquiry within 30 calendar days of the date of mailing by certified mail of a written communication directed to the registrant's last address on file at the board office.
6. A violation of Iowa Code section 544C.9 or 272C.10.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.2(17A,272C,544C) Initiation of disciplinary investigations. The board may initiate a registrant disciplinary investigation upon the board's receipt of information suggesting that a registrant may have violated a law or rule enforced by the board which violation, if true, would constitute grounds for registrant discipline. The board may also review the publicly available work product of a registrant on a general or random basis to determine whether reasonable grounds exist to initiate disciplinary proceedings or to conduct a more specific investigation.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.3(17A,272C,544C) Conflict of interest. If the subject of a complaint is a member of the board, or if a member of the board has a conflict of interest in any disciplinary matter before the board, that member will abstain from participation in any consideration of the complaint and from participation in any disciplinary hearing that may result from the complaint.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.4(272C,544C) Complaints. Written complaints may be submitted to the board office by mail, email, website portal, or personal delivery.

1005.4(1) *Contents of a written complaint.* Written complaints may be submitted on forms provided by the board that are available from the board's website. Written complaints should include as much of the following information as possible:

a. The full name, address and telephone number of the complainant (person filing the complaint).

b. The full name, address and telephone number of the respondent (registrant against whom the complaint is filed).

c. A statement of the facts and circumstances giving rise to the complaint, including a description of the alleged acts or omissions that the complainant believes demonstrate that the respondent has violated or is violating laws or rules enforced by the board.

d. If known, citations to the laws or rules allegedly violated by the respondent.

e. Evidentiary supporting documentation.

f. Steps, if any, taken by the complainant to resolve the dispute with the respondent prior to filing a complaint.

1005.4(2) *Immunity.* As provided by Iowa Code section 272C.8, a person will not be civilly liable as a result of filing a report or complaint with the board unless such act is done with malice, nor will an

employee be dismissed from employment or discriminated against by an employer for filing such a report or complaint.

1005.4(3) *Role of complainant.* The role of the complainant in the disciplinary process is limited to providing the board with factual information relative to the complaint. A complainant is not party to any disciplinary proceeding that may be initiated by the board based in whole or in part on information provided by the complainant.

1005.4(4) *Role of the board.* The board does not act as an arbiter of disputes between private parties, nor does the board initiate disciplinary proceedings to advance the private interest of any person or party. The role of the board in the disciplinary process is to protect the public by investigating complaints and initiating disciplinary proceedings in appropriate cases. The board possesses sole decision-making authority throughout the disciplinary process, including the authority to determine whether a case will be investigated, the manner of the investigation, whether a disciplinary proceeding will be initiated, and the appropriate registrant discipline to be imposed, if any.

1005.4(5) *Initial complaint screening.* All written complaints received by the board are initially screened to determine whether the allegations of the complaint fall within the board's investigatory jurisdiction and whether the facts presented, if true, would constitute a basis for disciplinary action against a registrant. Complaints that are clearly outside the board's jurisdiction, that clearly do not allege facts upon which disciplinary action would be based, or that are frivolous are referred to the board for closure at the next scheduled board meeting. All other complaints are referred to the board's disciplinary committee for committee review as described in rule 481—1005.6(17A,272C,544C).

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.5(272C,544C) Case numbers. Whether based on a written complaint received by the board or a complaint initiated by the board, all complaint files are tracked by a case numbering system. The board administrator maintains a case file log noting the date each case file was opened, whether disciplinary proceedings were initiated in the case, and the final disposition of the case. Once a case file number is assigned to a complaint, all persons communicating with the board regarding that complaint are encouraged to include the case file number to facilitate accurate recordkeeping and a prompt response.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.6(17A,272C,544C) Investigation procedures.

1005.6(1) *Disciplinary committee.* The board chairperson may annually appoint, as needed, two to three members of the board to serve on the board's disciplinary committee to review and process disciplinary complaints. The disciplinary committee is a purely advisory body that reviews complaint files referred by the board administrator, generally supervises the investigation of complaints, and makes recommendations to the full board on the disposition of complaints. Members of the committee may not personally investigate complaints, but they may review the investigative work product of others in formulating recommendations to the board.

1005.6(2) *Committee screening of complaints.* Upon the referral of a complaint from the board administrator or from the full board, the committee determines whether the complaint presents facts that, if true, suggest that a registrant may have violated a law or rule enforced by the board. If the committee concludes that the complaint does not present facts that suggest such a violation or that the complaint does not otherwise constitute an appropriate basis for disciplinary action, the committee will refer the complaint to the full board with the recommendation that the complaint be closed with no further action. If the committee determines that the complaint does present a credible basis for disciplinary action, the committee may either immediately refer the complaint to the full board recommending that a disciplinary proceeding be commenced or initiate a disciplinary investigation.

1005.6(3) *Committee procedures.* If the committee determines that additional information is necessary or desirable to evaluate the merits of a complaint, the committee may assign an investigator or expert consultant, appoint a peer-review committee, provide the registrant an opportunity to appear before the disciplinary committee for an informal discussion as described in rule 481—503.4(272) or request that board staff conduct further investigation. Upon completion of an investigation, the investigator, expert consultant and peer-review committee or board staff will present a report to the committee. The committee

will review the report and determine what further action is necessary. The committee may do any of the following:

a. Request further investigation.

b. Determine there is not probable cause to believe a disciplinary violation has occurred and refer the case to the full board with the recommendation of closure.

c. Determine there is probable cause to believe that a law or rule enforced by the board has been violated but that disciplinary action is unwarranted on other grounds and refer the case to the full board with the recommendation of closure. The committee may also recommend that the registrant be informally cautioned or educated about matters that could form the basis for disciplinary action in the future.

d. Determine there is probable cause to believe a disciplinary violation has occurred and refer the case to the full board with the recommendation that the board initiate a disciplinary proceeding (contested case).

1005.6(4) *Subpoena authority.* Pursuant to Iowa Code sections 17A.13(1) and 272C.6(3), the board is authorized in connection with a disciplinary investigation to issue subpoenas to compel witnesses to testify or persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, that the board deems necessary as evidence in connection with a disciplinary proceeding or relevant to the decision of whether to initiate a disciplinary proceeding. Board procedures concerning investigatory subpoenas are set forth in rule 481—503.5(17A,272C).

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.7(17A,272C,544C) Informal discussion. If the disciplinary committee considers it advisable, or if requested by the affected registrant, the committee may grant the registrant an opportunity to appear before the committee for a voluntary informal discussion of the facts and circumstances of an alleged violation, subject to the provisions of this rule.

1005.7(1) An informal discussion is intended to provide a registrant an opportunity to share the registrant's account of a complaint in an informal setting before the board determines whether probable cause exists to initiate a disciplinary proceeding. A registrant is not required to attend an informal discussion. Because disciplinary investigations are confidential, the registrant may not bring other persons to an informal discussion, but registrants may be represented by legal counsel.

1005.7(2) Unless disqualification is waived by the registrant, board members or staff who personally investigate a disciplinary complaint are disqualified from making decisions or assisting the decision makers at a later formal hearing. An informal discussion is a form of investigation because it is conducted in a question-and-answer format. In order to preserve the ability of all board members to participate in board decision making and to receive the advice of staff, a registrant who desires to attend an informal discussion must therefore waive the right to seek disqualification of a board member or staff based solely on the board member's or staff's participation in an informal discussion. A registrant would not waive the right to seek disqualification on any other ground. By electing to attend an informal discussion, a registrant accordingly agrees that none of the participating board members or staff is disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision-maker.

1005.7(3) Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence.

1005.7(4) The disciplinary committee, subject to board approval, may propose a consent order at the time of the informal discussion. If the registrant agrees to a consent order, a statement of charges will be filed simultaneously with the consent order, as provided in 481—Chapter 506.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.8(17A,272C,544C) Closing complaint files.

1005.8(1) *Grounds for closing.* Upon the recommendation of the board's executive officer pursuant to subrule 1005.4(5), the recommendation of the disciplinary committee pursuant to rule 481—1005.6(17A,272C,544C), or on its own motion, the board may close a complaint file, with or without prior investigation. The board's decision is final and not eligible for judicial review.

1005.8(2) *Cautionary letters.* The board may issue a confidential letter of caution to a registrant when a complaint file is closed that informally cautions or educates the registrant about matters that could form the basis for disciplinary action in the future if corrective action is not taken by the registrant. Cautionary letters do not constitute disciplinary action, but the board may take such letters into consideration in the future if a registrant continues a practice about which the registrant has been cautioned.

1005.8(3) *Reopening closed complaint files.* The board may reopen a closed complaint file if additional information arises after closure that provides a basis to reassess the merits of the initial complaint.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.9(17A,272C,544C) Initiation of disciplinary proceedings. Disciplinary proceedings may be initiated only by the affirmative vote of a quorum of the board at a public meeting. Board members who are disqualified shall not be included in determining whether a quorum exists. If, for example, two members of the board are disqualified, four members of the board constitute a quorum of the remaining six board members for purposes of voting on the case in which the two members are disqualified. When three or more members of the board are disqualified or otherwise unavailable for any reason, the board's executive officer may request the special appointment of one or more substitute board members pursuant to Iowa Code section 17A.11(5).

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.10(17A,272C,544C) Disciplinary contested case procedures. Unless in conflict with a provision of board rules in this chapter, all of the procedures set forth in 481—Chapter 506 apply to disciplinary contested cases initiated by the board.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.11(272C,544C) Disciplinary sanctions.

1005.11(1) *Types of sanctions.* The board has authority to impose the following disciplinary sanctions:

a. Revoke a registration issued by the board.

b. Suspend a registration issued by the board.

c. Revoke or suspend the privilege to engage in one or more areas of registered interior design.

d. Impose a period of probation, either with or without conditions.

e. Impose requirements regarding continuing education. The board may specify that a designated amount of continuing education be taken in specific subjects and may specify the time period for completing these courses. The board may also specify whether that continuing education be in addition to the continuing education routinely required for registration renewal. The board may also specify that additional continuing education be a condition for the termination of any suspension or reinstatement of a registration. The board may also specify that current reference materials be obtained and maintained.

f. Require reexamination, using one or more parts of the National Council for Interior Design Qualification (NCIDQ) examination given to candidates for the registered interior design registration.

g. Impose civil penalties in an amount set by the board but not to exceed $1,000 per violation. Civil penalties may be imposed for any of the disciplinary violations specified in rule 481—1005.2(17A,272C,544C).

h. Issue a reprimand.

1005.11(2) *Imposing discipline.* Discipline may be imposed against a registrant only by the affirmative vote of a majority of the members of the board who are not disqualified.

1005.11(3) *Voluntary surrender.* The board may accept the voluntary surrender of a registration to resolve a pending disciplinary investigation or contested case. The board shall not accept a voluntary surrender of a registration to resolve a pending disciplinary investigation unless a statement of charges will be filed along with the order accepting the voluntary surrender. Such a voluntary surrender is considered disciplinary action and will be published in the same manner as other disciplinary orders.

1005.11(4) *Notification requirements.* Whenever a registration is revoked, suspended, restricted, or voluntarily surrendered under this chapter, the registrant shall:

a. Within 15 days of receipt of the board's final order, notify in writing all clients of the fact that the registration has been revoked, suspended or voluntarily surrendered or that the practice of the registrant has been restricted. Such notice shall advise the client to obtain alternative professional services unless the restriction at issue would not impact the registered interior design services provided for that client;

b. Within 30 days of receipt of the board's final order, file with the board copies of the notices sent pursuant to paragraph 1005.11(4)*"a."* Compliance with this requirement is a condition for an application for reinstatement.

1005.11(5) *Civil penalties.* Factors the board may consider when determining whether to assess the amount of civil penalties include:

a. Whether other forms of discipline are being imposed for the same violation.

b. Whether the amount imposed will be a substantial deterrent to the violation.

c. The circumstances leading to the violation.

d. The severity of the violation and the risk of harm to the public.

e. The economic benefits gained by the registrant as a result of the violation.

f. The interest of the public.

g. Evidence of reform or remedial action.

h. Time elapsed since the violation occurred.

i. Whether the violation is a repeat offense following a prior cautionary letter, disciplinary order, or other notice of the nature of the infraction.

j. The clarity of the issues involved.

k. Whether the violation was willful and intentional.

l. Whether the registrant acted in bad faith.

m. The extent to which the registrant cooperated with the board.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.12(272C,544C) Publication of decisions.

1005.12(1) The board will publish the name of each registrant disciplined by the board, along with a brief description of the underlying circumstances, regardless of the nature of the violation.

1005.12(2) The board will issue a formal press release in those instances in which a registration has been suspended or revoked.

1005.12(3) The board will notify other state interior design boards that have issued a similar license to an Iowa registrant of disciplinary action taken against the Iowa registrant. The board will also notify the CIDQ of disciplinary action taken against an Iowa registrant.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

481—1005.13(272C,544C) Reinstatement.

1005.13(1) The term "reinstatement," as used in this rule and in rule 481—506.32(272C), includes the reinstatement of a suspended registration, the modification or removal of a practice restriction, the issuance of a registration following the denial of an application to renew a registration, and the issuance of a new registration following the revocation or voluntary surrender of a registration.

1005.13(2) Any person whose registration has been revoked, suspended or restricted by the board or who has voluntarily surrendered a registration to conclude a disciplinary investigation or proceeding or whose application to renew a registration has been denied may apply to the board to modify or terminate the suspension, issue or reissue the registration, or modify or remove the restriction in accordance with the provisions of this rule and the terms of the order of revocation, suspension or restriction, denial of registration renewal, or acceptance of voluntary surrender of a registration.

1005.13(3) If the applicable order did not establish terms upon which the registrant may apply for reinstatement, an initial application for reinstatement may not be made until one year has elapsed from the date of the order that revoked, suspended or restricted the registration, denied registration renewal, or accepted a voluntary surrender.

1005.13(4) All proceedings for reinstatement will be initiated by the respondent and are subject to the procedures set forth in 481—Chapter 506. In addition, the board may grant an applicant's request to appear informally before the board prior to the issuance of a notice of hearing on the application if the applicant

requests an informal appearance in the application and agrees not to seek to disqualify on the grounds of personal investigation the board members or staff before whom the applicant appears.

1005.13(5) An order granting an application for reinstatement may impose such terms and conditions as the board deems desirable, which may include one or more of the types of disciplinary sanctions described in rule 481—1005.11(272C,544C).

1005.13(6) The board will not grant an application for reinstatement when the initial order that revoked, suspended or restricted the registration, denied registration renewal, or accepted a voluntary surrender was based on a criminal conviction and the applicant cannot demonstrate to the board's satisfaction that:

a. All terms of the sentencing or other criminal order have been fully satisfied;

b. The applicant has been released from confinement and any applicable probation or parole; and

c. Restitution has been made or is reasonably in the process of being made to any victims of the crime.

[**ARC 9026C**, IAB 3/19/25, effective 4/23/25; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code chapters 17A, 272C, and 544C.

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CHAPTERS 1006 to 1020
Reserved

ACCOUNTANCY EXAMINING BOARD

CHAPTER 1021
DEFINITIONS

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1021.1(542) Definitions. The following definitions apply to the rules of the board of accountancy.

"Act" means the Accountancy Act of 2001 as amended by 2008 Iowa Acts, chapter 1106.

"AICPA" means the American Institute of Certified Public Accountants.

"AICPA Code of Professional Conduct" means the AICPA code of professional conduct as amended through January 1, 2024.

"Attest" or *"attest service"* means the same as defined in Iowa Code section 542.3(1).

"Attest engagement team" means the team of individuals participating in attest service, including those who perform concurring and second partner reviews. The attest engagement team includes all employees and contractors retained by the firm who participate in attest service, irrespective of their functional classification.

"Audit" means the procedures performed in accordance with applicable auditing standards for the purpose of expressing or disclaiming an opinion on the fairness with which the historical financial or other information is presented in conformity with generally accepted accounting principles, another comprehensive basis of accounting, or a basis of accounting described in the report.

"Board" means the same as defined in Iowa Code section 542.3(2).

"Certificate" means the same as defined in Iowa Code section 542.3(3).

"Client" means the same as defined in Iowa Code section 542.3(6).

"Commission" means the same as defined in Iowa Code section 542.3(7) and includes any form of compensation in a fixed or variable amount or percentage received for selling, recommending or referring any product or service of another, including a referral fee.

"Compensation" means anything of value received by a CPA or LPA while practicing public accounting for selling, recommending or referring a product or service of another.

"Compilation" means the same as defined in Iowa Code section 542.3(8).

"Contingent fee" means the same as defined in Iowa Code section 542.3(9).

"Certified public accountant" or *"CPA"* means the same as defined in Iowa Code section 542.3(4).

"Examination of prospective financial information" means an evaluation by a CPA of a forecast or projection, the support underlying the assumptions in the forecast or projection, whether the presentation of the forecast or projection is in conformity with AICPA presentation guidelines, and whether the assumptions in the forecast or projection provide a reasonable basis for the projection or forecast.

"FASB" means the Financial Accounting Standards Board.

"Financial statement" means a presentation of financial data, including accompanying notes derived from accounting records and intended to communicate an entity's economic resources or obligations at a point in time or the changes therein for a period of time in conformity with a comprehensive basis of accounting, but does not include incidental financial data included in management advisory services reports to support recommendations to a client, nor does it include tax returns and supporting documents.

"Firm" means a sole proprietorship, partnership, corporation, professional corporation, professional limited liability company, limited liability partnership or any other form of organization issued a permit to practice as a firm under Iowa Code section 542.7 or 542.8 or the office of the auditor of state, state of Iowa, when the auditor of state is a certified public accountant.

"Forecast" means prospective financial statements that present, to the best of the responsible party's knowledge and belief, an entity's expected financial position, results of operations, and changes in financial position or cash flows that are based on the responsible party's assumptions reflecting conditions it expects to exist and the course of action it expects to take.

"GASB" means the Governmental Accounting Standards Board.

"Home office" means the same as defined in Iowa Code section 542.3(10).

"IASB" means International Accounting Standards Board.

"IFRS" means International Financial Reporting Standards.

"IRS" means the Internal Revenue Service, United States Department of the Treasury.

"License" means the same as defined in Iowa Code section 542.3(11).

"Licensed public accountant" or *"LPA"* means the same as defined in Iowa Code section 542.3(12).

"Licensed public accounting firm" means the same as defined in Iowa Code section 542.3(13).

"Licensee" means the same as defined in Iowa Code section 542.3(14).

"Managing partner," "managing shareholder," or *"managing member"* means the designated individual with ultimate responsibility for the operation of a firm's practice.

"NASBA" means the same as defined in Iowa Code section 542.3(17).

"NSA" means the National Society of Accountants.

"Office" means the same as defined in Iowa Code section 542.3(18).

"Owner" means any person who has equity ownership interest in a CPA or LPA firm.

"PCAOB" means the Public Company Accounting Oversight Board created by the Sarbanes-Oxley Act of 2002.

"Peer review," as used in 193A—Chapters 11 and 12, means the same as defined in Iowa Code section 542.3(19).

"Person," unless the context indicates otherwise, means individuals, sole proprietorships, partnerships, corporations, limited liability companies, limited liability partnerships or other forms of entities.

"Person associated with a CPA or LPA" means any owner, partner, shareholder, member, employee, assistant, or independent contractor of a CPA or LPA firm.

"Practice of public accounting" means the same as defined in Iowa Code section 542.3(24).

"Practice privilege" means the same as defined in Iowa Code section 542.3(25).

"Principal place of business" means the same as defined in Iowa Code section 542.3(26).

"Projection" means prospective financial statements that present, to the best of the responsible party's knowledge and belief given one or more hypothetical assumptions, an entity's expected financial position, results of operations, and changes in financial position or cash flows that are based on the responsible party's assumptions reflecting conditions it expects would exist and the course of action it expects would be taken given such hypothetical assumptions.

"Report" means the same as defined in Iowa Code section 542.3(27).

"Respondent" means any person against whom a formal statement of charges has been filed.

"Review" means the same as Iowa Code section 542.3(1)*"a"*(2).

"SAS" means statements on auditing standards.

"SEC" means the United States Securities and Exchange Commission.

"SSARS" means the statements on standards for accounting and review services.

"State" means the same as defined in Iowa Code section 542.3(28).

"Substantial equivalency" means the same as defined in Iowa Code section 542.3(29).

"Year," when used in the context as a time measurement of experience in accounting work, means a period of 365 days.

[**ARC 7677C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

This rule is intended to implement Iowa Code chapter 542.

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CHAPTER 1022
ORGANIZATION AND ADMINISTRATION

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1022.1(542) Description.

1022.1(1) The accountancy examining board administers and enforces the provisions of Iowa Code chapter 542 with regard to the practice of accountancy in the state.

1022.1(2) The primary mission of the board is to protect the public interest.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.2(542) Advisory committees. The board chair may appoint advisory committees composed of board members to make recommendations on matters within the board's jurisdiction.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.3(542) Annual meeting. At the first board meeting scheduled after April 30 of each year (the annual meeting), the board will elect a chair and vice-chair to serve until their successors are elected.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.4(542) Other meetings. Other meetings throughout the year may be established by the chairperson, by board resolution, or by a request of a majority of board members.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.5(542) Board administrator's duties. The board administrator's duties include the following:

1022.5(1) Ensuring that complete records are kept of all applications for examination and registration; all certificates, licenses and permits granted; and all necessary information in regard thereto. The board administrator is the lawful custodian of the board records.

1022.5(2) Determining when the prerequisites for licensure have been satisfied with regard to issuance of certificates, licenses or registrations.

1022.5(3) Submitting to the board any questionable application.

1022.5(4) Keeping accurate minutes of board meetings.

1022.5(5) Keeping a list of persons issued certificates as certified public accountants, persons issued licenses as licensed public accountants, and all firms issued permits to practice.

1022.5(6) Performing such additional administrative duties as assigned.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.6(542) Disclosure of confidential information.

1022.6(1) Persons who take the examination may consent to the publication of their names on a list of passing candidates.

1022.6(2) Information relating to the examination results, including the specific grades by subject matter, may only be given to the person who took the examination, except that the board may:

a. Disclose the specific grades by subject matter to the regulatory authority of any other state or foreign country in connection with the candidate's application for a reciprocal certificate or license from the other state or foreign country, but only if requested by the applicant.

b. Disclose the specific grades by subject matter to educational institutions, professional organizations, or others, provided the names of the persons taking the examination are not provided in conjunction with the scores.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1022.7(17A,21,22,272C,542) Uniform rules. Administrative and procedural rules can be found in rules of the model rules governing professional licensing division programs 481—Chapters 500 through 507.

[**ARC 7678C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 21, 22, 272C and 542.

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CHAPTER 1023
CERTIFICATION OF CPAs

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1023.1(542) Qualifications for a certificate as a certified public accountant.

1023.1(1) A person who meets the qualifications of Iowa Code section 542.5 and this chapter and applies pursuant to Iowa Code section 542.6 may be granted a certificate as a certified public accountant.

1023.1(2) An application may be denied if the applicant is in violation of any of the requirements of Iowa Code chapter 542, prior enforcement proceedings under 481—Chapter 1037, or Iowa Code section 272C.15.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.2(542) Colleges or universities recognized by the board. Pursuant to Iowa Code section 542.5(7), the board recognizes educational institutions accredited by the Association to Advance Collegiate Schools of Business and the regional accrediting bodies listed in the Accredited Institutions of Postsecondary Education as published on January 1, 2024.

This rule is intended to implement Iowa Code section 542.5.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.3(542) Accounting concentration.

1023.3(1) A candidate will be deemed to have met the educational requirement if, as part of the 150 semester hours of education as outlined in Iowa Code section 542.5, the candidate has met one of the following four conditions:

a. Earned a graduate degree with a concentration in accounting from a program that is accredited in accounting by an accrediting agency recognized by the board.

b. Earned a graduate degree in business from a program that is accredited in business by an accrediting agency recognized by the board and completed at least 24 semester hours in accounting, including courses covering the subjects of financial accounting, auditing, taxation, and management accounting. Such accounting hours exclude elementary accounting or principles of accounting, internships or life experience.

c. Earned a baccalaureate degree in business or accounting from a program that is accredited in business by an accrediting agency recognized by the board and completed at least 24 semester hours in accounting courses covering the subjects of financial accounting, auditing, taxation, and management accounting. Such accounting hours exclude elementary accounting or principles of accounting, internships or life experience.

d. Earned a baccalaureate or higher degree and completed the following hours from an accredited institution recognized by the board:

(1) At least 24 semester hours in accounting courses above elementary accounting or principles of accounting covering the subjects of financial accounting, auditing, taxation, and management accounting, not including internships or life experience; and

(2) At least 24 additional semester hours in business-related courses, not including internships or life experience. Elementary accounting hours that do not qualify under subparagraph 1023.3(1)*"d"*(1) may apply toward business-related courses.

Quarter hours will be accepted in lieu of semester hours at a 3:2 ratio; that is, three quarter hours are equivalent to two semester hours. Internships and life experience hours may apply toward the total required 150 hours.

1023.3(2) The board will consider correspondence study and study in other schools not meeting the above requirements on an individual basis if the candidate can provide evidence that such study would be acceptable for credit by a college or university recognized by the board; provided, however, that at least

18 of the required hours in accounting and at least 16 of the required hours in business-related subjects are obtained from a college or university recognized by the board.

1023.3(3) The applicant needs to have an official transcript of credit issued by a recognized institution sent by the institution to the board's test administrator at the time of application in order for the applicant's claimed college or university credits to be confirmed.

1023.3(4) Graduates of foreign colleges or universities will have their education evaluated by a foreign credentials evaluation advisory service specified by the board.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.4(542) Examination applications.

1023.4(1) An individual desiring to take the certified public accountant examination as an initial candidate should apply to the board's test administrator. Only a complete application will be considered. A complete application includes a completed application form, the designated fee, and all applicable college transcripts.

1023.4(2) To be eligible to apply for the examination, a candidate needs to fulfill the requirements of rule 481—1023.3(542). A candidate may apply for the examination before the educational requirements are met pursuant to Iowa Code section 542.5(9).

1023.4(3) A candidate whose application is denied under subrule 1023.1(2) may be denied admittance to the examination by the board.

1023.4(4) A candidate may be considered as a reexamination applicant regardless of whether or not the candidate sat for the examination once initially approved. Reexamination applicants may apply to the board's test administrator.

1023.4(5) A nonrefundable proctoring fee will be collected from a candidate who wishes to be proctored in Iowa.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.5(542) Content and grading of the examination.

1023.5(1) The board may use the Uniform Certified Public Accountant Examination prepared by the American Institute of Certified Public Accountants or another nationally recognized organization under a plan of cooperation with the boards of all states and territories of the United States.

1023.5(2) The board may also make use of the advisory grading service provided by the American Institute of Certified Public Accountants or another nationally recognized organization under a plan of cooperation with the boards of all states and territories of the United States.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.6(542) Conditional requirements.

1023.6(1) Effective with the implementation of the computer-based examination, a candidate may take the test subjects individually and in any order. Except as provided in rule 481—1023.7(542), credit for any subjects passed will be valid for 30 months from the actual date initial credit is earned, without the candidate having to attain a minimum score on any failed subject(s) and without regard to whether the candidate sat for any other subjects. The candidate needs to pass all four subjects of the examination within a rolling 30-month period that begins on the date initial credit is earned, which is calculated on the date the examination administrator provides scores to the boards, the candidate, or both. If all four subjects are not passed within the 30-month period, credit for any subject taken outside the 30-month period will expire.

1023.6(2) A candidate will be deemed to have passed the examination once the candidate holds, at the same time, valid credit for passing each of the four subjects of the examination. For purposes of this rule, credit for passing a subject of the examination is valid from the actual date of the testing event for that subject, regardless of the date the candidate actually received notice of the passing score.

This rule is intended to implement Iowa Code section 542.5.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.7(542) Extension of conditional status.

1023.7(1) The time limit within which a candidate needs to pass all subjects under these rules will not include any period during which the candidate was serving in the armed forces of the United States. This

exception does not apply if the candidate takes an examination while so serving. The board may extend the time limit in particular instances on a case-by-case basis.

1023.7(2) The time limit within which a candidate needs to pass all subjects under these rules may be extended for hardship cases, such as when the applicant for the examination is prevented from attending for such reasons as unexpected illness, verified by a medical doctor, or a death in the family, verified in writing.

1023.7(3) The time limit within which a candidate needs to pass all subjects under these rules may be extended if circumstances occur that prevent the score from an examination from reaching the candidate in a reasonable period of time. Such circumstances would allow the candidate the opportunity to retake a failed subject.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.8(542) Transfer of credit from another jurisdiction. A candidate requesting transfer of grades from any other jurisdiction will be subject to the same provisions of these rules as an Iowa candidate, provided that the examination given by the licensing authority in the other state was an examination approved by the Iowa board.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.9(542) Examination procedures. At the examination, a candidate needs to provide evidence of identification and comply with the requirements of the examination administrator.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.10(542) Conduct of the examination.

1023.10(1) Any individual who subverts or attempts to subvert the examination process may, at the discretion of the board, have the individual's examination scores declared invalid for the purpose of certification in Iowa, be barred from accountancy licensing and certification examinations in Iowa, or be subject to the imposition of other sanctions the board deems appropriate.

1023.10(2) Individuals are subject to the conduct rules and regulations of the examination administrator.

1023.10(3) Any examination candidate who wishes to appeal a decision of the board under this rule may request a contested case hearing. The request for hearing needs to be in writing, briefly describe the basis for the appeal, and be filed in the board's office within 30 days of the date of the board decision being appealed. Any hearing requested under this subrule will be governed by the rules applicable to contested case hearings under 481—Chapter 506.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.11(542) Refunding of examination fees. Examination fees will not be refunded except in hardship cases, such as when the candidate for the examination is prevented from attending for such reasons as unexpected illness, verified by a medical doctor, a death in the family, or a call to active military service, in which case 50 percent of the fee may be returned. Written documentation including evidence of the hardship will be provided to the board's test administrator.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.12(542) Experience for certificate.

1023.12(1) One year of experience will consist of full- or part-time employment that extends over a period of no less than one year and no more than three years and includes no fewer than 2,000 hours of performance of services outlined in Iowa Code section 542.5(12). Experience may be gained in more than one employment situation, including an internship.

1023.12(2) An applicant seeking qualification as an attest CPA will have, at a minimum, two years of experience, as described in 481—subrule 1026.2(1).

1023.12(3) All experience will be verified by a licensee with direct supervisory control over the applicant or by a licensee who can attest that the experience gained by the applicant meets the requirements of Iowa Code section 542.5(12) if the applicant is not supervised by a licensee.

1023.12(4) Teaching experience will be in the employment of an institution of higher education and will include teaching a minimum of 24 semester hours of accounting courses for which the course participants receive credit on an official transcript. Teaching of noncredit continuing education courses will not qualify under this rule.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.13(542) Ethics course and examination. A successful candidate will need to pass an examination covering the code of ethical conduct prior to issuance of the certificate.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.14(542) Obtaining the certificate.

1023.14(1) A candidate who successfully passes the examination, completes the ethics course and examination and meets the obligations of rule 481—1023.1(542) needs to apply for the certificate on the board's website. An applicant for a certificate may be denied the certificate for reasons outlined in subrule 1023.4(3) regardless of when the incident occurred.

1023.14(2) If the candidate does not file an application for a certificate within three years of passing the examination, the candidate needs to comply with the basic continuing education obligations outlined in rule 481—1030.5(542) prior to filing an application. The continuing education hours need to include a minimum of eight hours of continuing education every three years devoted to financial statement presentation, such as courses covering the statements on standards for accounting and review services (SSARS) and accounting and auditing updates.

[**ARC 7679C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1023.15(542) Use of title.

1023.15(1) Only a person who holds an active, unexpired certificate and who complies with the requirements of 481—Chapters 1025 and 1030 or a person lawfully exercising a practice privilege under Iowa Code section 542.20 may use or assume the title "certified public accountant" or the abbreviation "CPA" or any other title, designation, words, letters, abbreviation, sign, card, or device tending to indicate that such person is a certified public accountant.

1023.15(2) Rules regarding the use of the title "CPA" in a firm name are found in the AICPA Code of Professional Conduct as adopted by reference in 481—Chapter 1033.

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These rules are intended to implement Iowa Code chapter 542 and section 10A.506.

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CHAPTER 1024
LICENSURE OF LPAs

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1024.1(542) Qualifications for a license as a licensed public accountant.

1024.1(1) A person who meets the qualifications and applies subject to Iowa Code section 542.8 may be granted a license as a licensed public accountant.

1024.1(2) An application may be denied if the applicant is in violation of any of the requirements of Iowa Code chapter 542, prior enforcement proceedings under 481—Chapter 1037, or Iowa Code section 272C.15.

[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.2(542) Examination application.

1024.2(1) An individual desiring to take the examination to qualify for a license as a licensed public accountant should apply to the board's test administrator.

1024.2(2) To be eligible to take the examination, the applicant needs to meet the conditions of Iowa Code section 542.8(1)*"b"* at the time of filing the application.

1024.2(3) A candidate whose application is denied under subrule 1024.1(2) may be denied admittance to the examination by the board.

[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.3(542) Major in accounting. In determining whether the conditions in Iowa Code section 542.8(1)*"b"*(2) as to a major in accounting have been met, the board will follow the provisions associated with a concentration in accounting outlined in rule 481—1023.3(542).

[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.4(542) Transcripts needed. In order for an applicant's claim to college or university credits to be confirmed, the applicant needs to have an official transcript of credit issued by a recognized institution sent by the institution to the board's test administrator at the time of application.

[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.5 Reserved.

481—1024.6(542) Content and grading of the examination.

1024.6(1) The board may use the examination prepared by the Accreditation Council for Accountancy and Taxation, without questions regarding auditing or attest functions.

1024.6(2) The board may use the grading services provided by the Accreditation Council for Accountancy and Taxation.

1024.6(3) Absent a showing of good cause, the board will accept the passing grade established by the Accreditation Council for Accountancy and Taxation.

1024.6(4) Alternatively, an applicant may satisfy the examination obligations of this rule by passing the Financial Accounting and Reporting and Regulation sections of the CPA examination provided by the AICPA.

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481—1024.7(542) Conditional requirements. Effective with the implementation of the computer-based examination, a candidate may take the required test subjects individually and in any order. Except as provided in rule 481—1023.7(542), credit for any subjects passed will be valid for 18 months from the actual date the candidate sat for the subject, without the candidate having to attain a minimum score on any failed subject(s) and without regard to whether the candidate sat for any other subjects. The candidate needs to pass both subjects of the examination within a rolling 18-month period that begins on the date that

the first subject is passed. If both subjects are not passed within the 18-month period, credit for any subject taken outside the 18-month period will expire.
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.8(542) Examination procedures. The examination procedures to be followed by a candidate for the certified public accountants' examination as outlined in rule 481—1023.8(542) apply to a licensed public accountant examination candidate.
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481—1024.9(542) Refunding of examination fees. Examination fees will not be refunded except as provided by the rules concerning the refunding of examination fees to an examination candidate for a certified public accountant certificate outlined in rule 481—1023.10(542).
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.10(542) Credit for an examination taken in another state. A candidate who has partially passed an examination in another state will be given credit for the part or parts passed, provided the candidate meets the conditioning requirements of the board and further provided the examination given by the licensing authority in the other state was an examination that complies with rule 481—1024.7(542).
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.11(542) Experience for license.

1024.11(1) One year of experience will consist of full- or part-time employment that extends over a period of no less than one year and no more than three years and includes no fewer than 2,000 hours of performance of services outlined in Iowa Code section 542.8(8). Experience may be gained in more than one employment situation, including an internship.

1024.11(2) All experience will be verified by a licensee with direct supervisory control over the applicant or by a licensee who can attest that the experience gained by the applicant meets the conditions of subrule 1024.12(1) if the applicant is not supervised by a licensee.

1024.11(3) Teaching experience needs to be in the employment of an institution of higher education and needs to include teaching a minimum of 24 semester hours of accounting courses for which the course participants will receive credit on an official transcript. Teaching of noncredit continuing education courses will not qualify under this rule.
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.12(542) Ethics course and examination. A successful candidate will need to pass an examination covering the code of ethical conduct prior to issuance of the license.
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.13(542) Statements on standards for accounting and review services (SSARS) education. An LPA license applicant needs to complete a minimum of eight hours of continuing education devoted to statements on standards for accounting and review services (SSARS) prior to issuance of the license.
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.14(542) Obtaining the license. A candidate who successfully passes the examination and completes conditions outlined in rules 481—1024.12(542), 481—1024.13(542), and 481—1024.14(542) may apply for licensure on the board's website. An applicant is obligated to list on the application all states in which the applicant has applied for or holds a certificate, license or permit and will also list any past denial, revocation, suspension, refusal to renew, or voluntary surrender to avoid disciplinary action of a certificate, license or permit. An applicant will notify the board in writing within 30 days after the occurrence of any issuance, denial, revocation, suspension, refusal to renew, or voluntary surrender to avoid disciplinary action of a certificate, license or permit by another state. An applicant for licensure may be denied the license for reasons outlined in subrule 1024.1(2) regardless of when the incident occurred.
[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.15(542) Licensure by reciprocity.

1024.15(1) Iowa Code section 542.8 examination obligations will be waived for an applicant who has passed a comparable examination administered by another state if the examination was prepared and graded by the Board of Examiners of the American Institute of Certified Public Accountants or the Accreditation Council for Accountancy and Taxation.

1024.15(2) A person desiring a license as a licensed public accountant in this state on the basis of a licensed public accountant license issued by another state needs to apply on the board's website. The burden is on the applicant to obtain information satisfactory to the board that the applicant's license in such other state is in full force and effect and that the conditions for obtaining such license were substantially equivalent to those of this state to obtain a license as a licensed public accountant.

1024.15(3) An applicant needs to list on the application all states in which the applicant has applied for or holds a certificate, license or permit and needs to also list any past denial, revocation, suspension, refusal to renew or voluntary surrender to avoid disciplinary action of a certificate, license, or permit. An applicant needs to notify the board in writing within 30 days after the occurrence of any issuance, denial, revocation, suspension, refusal to renew or voluntary surrender to avoid disciplinary action of a certificate, license or permit by another state.

1024.15(4) An applicant needs to affirm that all information provided on the form is accurate. Providing false information will be considered prima facie evidence of a violation of Iowa Code chapter 542. A nonrefundable application fee will be charged to each applicant.

[**ARC 7680C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1024.16(542) Use of title. Only a person holding a license as a licensed public accountant may use or assume the title "licensed public accountant" or the abbreviation "LPA" or any other title, designation, words, letters, abbreviation, sign, card, or device tending to indicate that such person is a licensed public accountant.

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CHAPTER 1025
LICENSURE STATUS AND RENEWAL OF CERTIFICATES AND LICENSES

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 5/1/02, see 193A—Chapter 6]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 5]

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481—1025.1(542) Licensure status and practice privilege.

1025.1(1) Licenses issued by the board pursuant to Iowa Code section 542.6, 542.8, or 542.19, or any other applicable law or rule, may be in active, inactive, or lapsed status, as follows:

a. An initial license is issued in active status with an expiration date. Maintaining active status is conditioned on periodic renewal as provided in rule 481—1025.3(542). Completion of sufficient continuing education as provided in 481—Chapter 1030 is a prerequisite to renewal in active status.

b. A license may be renewed in inactive status as provided in rule 481—1025.7(272C,542) if the licensee does not satisfy the continuing education obligations for renewal in active status. A renewal license issued in inactive status lapses if not timely renewed pursuant to rule 481—1025.3(542). An inactive license may be reinstated to active status at any time pursuant to subrule 1025.7(7).

c. An active or inactive license that is not timely renewed lapses. A lapsed license may be reinstated to active or inactive status at any time pursuant to subrule 1025.4(3).

1025.1(2) Practicing public accounting in Iowa or for a client with a home office in Iowa while holding an inactive or lapsed license is a ground for discipline under Iowa Code section 542.10 and may also or alternatively provide grounds for the regulatory actions described in Iowa Code section 542.14.

1025.1(3) Out-of-state individuals holding an inactive or lapsed Iowa CPA certificate and out-of-state individuals to whom an Iowa CPA certificate has never been issued under Iowa Code chapter 542 or prior law may exercise a practice privilege under Iowa Code section 542.20 if they hold an active CPA certificate in the jurisdiction in which they maintain their principal place of business and otherwise satisfy all of the conditions described in Iowa Code section 542.20 and 481—Chapter 1039.

1025.1(4) Exercising a practice privilege in Iowa or for a client with a home office in Iowa while holding an inactive or lapsed Iowa CPA certificate places a special burden on the individual to ensure that the public is informed about the individual's licensure status in Iowa and in the jurisdiction of active licensure, as provided in 481—paragraphs 1039.8(2)*"b"* and 1039.8(3)*"b."* As a practical matter, an individual's failure to clarify licensure status in Iowa and in the jurisdiction of the individual's principal place of business may confuse the public. However, the public may consult CPAverify, a comprehensive national data bank, to verify an individual's licensure in another jurisdiction. CPAverify may be accessed at www.cpaverify.org. A client contacting the board or consulting the board's website will be informed of the individual's licensure status in Iowa.

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.2(542) Notices.

1025.2(1) The board typically sends, by electronic means, a notice to licensees in the May preceding license expiration, but neither the failure of the board to send nor a licensee's failure to receive a renewal notice excuses the obligation to timely renew a license.

1025.2(2) A licensee needs to notify the board within 30 days of any change of address or firm affiliation.

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.3(542) Renewal procedures.

1025.3(1) Licenses expire on June 30 of each year. Licensees will submit electronic online renewal application by the deadline in the renewal year. An application is deemed filed on the date of electronic renewal. An annual renewal fee will be charged.

1025.3(2) Applicants for renewal are obligated to disclose on the application all background and character information requested by the board including, but not limited to:

a. All states or foreign jurisdictions in which the applicant has applied for or holds a CPA certificate or license, an LPA license, or a substantially equivalent designation from a foreign country;

b. Any past denial, revocation, suspension, or refusal to renew a CPA certificate, license or permit to practice or LPA license; voluntary surrender of a CPA certificate, license or permit or LPA license to resolve or avoid disciplinary action; or similar actions concerning a substantially equivalent foreign designation;

c. Any other form of discipline or other penalty imposed against a CPA certificate, license or permit, LPA license, or a substantially equivalent foreign designation, or a practice privilege;

d. The conviction of any crime; and

e. The revocation of a professional license of any kind in this or any other jurisdiction.

1025.3(3) A licensee who performs compilation services for the public other than through a certified public accounting or licensed public accounting firm needs to submit a certification of completion of a peer review conducted in accordance with 481—Chapter 1031 no less often than once every three years.

1025.3(4) Within the meaning of Iowa Code section 17A.18(2), a timely and sufficient renewal application needs to be:

a. Received by the board in electronic form on or before the date the license is set to expire or lapse;

b. Certified as accurate through the online renewal process;

c. Fully completed, including continuing education, if applicable; and

d. Accompanied with the proper fee. Attempted financial transactions that result in payment of anything less than the proper fee will result in application rejection.

1025.3(5) The administrative processing of an application to renew an existing license does not prevent the board from subsequently commencing a contested case to challenge the licensee's qualifications for continued licensure if grounds exist to do so.

1025.3(6) If grounds exist to deny a timely and sufficient application to renew, the board will send written notification to the applicant by certified mail, return receipt requested. Grounds may exist to deny an application to renew if, for instance, the licensee failed to meet the continuing education obligations. If the basis for denial is pending disciplinary action or disciplinary investigation, which is reasonably expected to culminate in disciplinary action, the board shall proceed as provided in 481—Chapter 506. If the basis for denial is not related to a pending or imminent disciplinary action, the applicant may contest the board's decision as provided in 481—Chapter 506. The board shall proceed as provided in 481—Chapter 506.

1025.3(7) When a licensee appears to be in violation of mandatory continuing education under 481—Chapter 1030, the board may, in lieu of proceeding to a contested case hearing on the denial of a renewal application as provided in rule 481—506.33(17A,272C), offer a licensee the opportunity to renew in inactive status or to sign a consent order. While the terms of the consent order will be tailored to the specific circumstances at issue, the consent order will typically impose a penalty, depending on the severity of the violation; establish deadlines for compliance; and may impose additional educational obligations on the licensee. A licensee is free to accept or reject the offer. If the offer of settlement is accepted, the licensee will be issued a renewed license and will be subject to disciplinary action if the terms of the consent order are not complied with. If the offer of settlement is rejected, the matter will be set for hearing, if timely requested by the applicant pursuant to 481—Chapter 506. A licensee who falsely reports continuing education to the board may be subject to additional sanctions including, when appropriate, suspension or revocation.

1025.3(8) A certificate or license holder who continues to practice public accounting as a CPA or an LPA in Iowa after the certificate or license has expired may be subject to disciplinary action. Such unauthorized activity may also be grounds to deny a licensee's application for reinstatement.

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.4(542) Failure to renew.

1025.4(1) A license or certificate holder who fails to renew the certificate or license by the expiration date, but does so within 30 days following its expiration date, will be assessed a penalty as provided in rule 481—1032.1(542).

1025.4(2) If the holder fails to renew the certificate or license within the 30-day grace period, the certificate or license will lapse. The licensee is not authorized to practice during the period of time that the certificate or license is lapsed, including the 30-day grace period.

1025.4(3) The board may reinstate a lapsed certificate or license upon the applicant's submission of an application to reinstate and completion of all of the following:

a. Paying a penalty as provided in rule 481—1032.1(542);

b. Paying the current renewal fee;

c. Providing evidence of completed continuing education outlined in rule 481—1030.5(542), if the licensee wishes to reinstate to active status; and

d. Providing a written statement outlining the professional activities of the applicant during the period in which the applicant's license was lapsed describing all services performed that constitute the practice of accounting including, but not limited to, those professional practice activities described in subrule 1025.9(2). The applicant will also be obligated to state whether the applicant exercised a practice privilege in the period during which the license was lapsed and, if so, the jurisdiction of the applicant's principal place of business and status of out-of-state licensure.

1025.4(4) A licensee holding a lapsed CPA certificate is not authorized to perform attest or compilation services or to otherwise practice public accounting using the title "CPA" in Iowa or for a client with a home office in Iowa. A licensee holding a lapsed LPA license is not authorized to perform compilation services or to otherwise practice public accounting in Iowa using the title "LPA." A licensee holding a lapsed CPA certificate or LPA license may not use the title "CPA" or "LPA" in any context unless the licensee discloses that the certificate or license has lapsed. Additionally, a person holding a lapsed Iowa CPA certificate and who is actively licensed as a CPA in another jurisdiction in which the person maintains the principal place of business may be eligible to exercise a practice privilege pursuant to Iowa Code section 542.20 and 481—Chapter 1039.

1025.4(5) Practicing public accounting on a lapsed license is a ground for discipline. The board may find probable cause to file charges if the individual continues to offer services defined as the practice of public accounting while using the title "CPA" or "LPA" during the period of lapsed licensure. In addition to the disciplinary sanctions described in rule 481—1036.3(272C,542), individuals found to have practiced public accounting on a lapsed license will be obligated to notify clients upon such terms as the board orders.

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.5(272C,542) Certificates and licenses—property of the board. Every certificate or license granted by the board will, while it remains in the possession of the holder, be preserved by the holder but always remain the property of the board. In the event that the certificate or license is revoked or suspended, or is not renewed in the manner prescribed by Iowa Code chapter 542 or 272C, the licensee will, on demand, deliver the certificate or license by the holder to the board. However, a person is entitled to retain possession of a lapsed certificate or license that has not been revoked, suspended or voluntarily surrendered in a disciplinary action as long as the person complies with all provisions of Iowa Code sections 542.10 and 542.13. A lapsed certificate or license may be reinstated to active or inactive status at any time pursuant to subrule 1025.4(3).

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.6(542) Licensee's continuing duty to report. An active or inactive licensee has a duty to notify the board in writing of the licensee's conviction of a crime within 30 days of the date of conviction. "Conviction" is defined in Iowa Code section 542.5(2). Licensees also have a duty to notify the board in writing within 30 days of the date of any issuance, denial, revocation, or suspension of a certificate, license or permit by another state.

[**ARC 7681C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1025.7(272C,542) Inactive status.

1025.7(1) *General purpose.* This rule establishes a procedure under which a person issued a certificate as a certified public accountant or a license as a licensed public accountant may apply to the

board for licensure in inactive status. Inactive licensure under this rule is available to a certificate or license holder who is not engaged in Iowa or for a client with a home office in Iowa in any practice of public accounting. A person eligible for inactive status may, as an alternative, allow the person's certificate or license to lapse.

1025.7(2) *Eligibility.* A person holding a lapsed or active certificate or license that has not been revoked or suspended may apply to renew in inactive status through the online application process if the person is not engaged in the state of Iowa or for clients with a home office in Iowa in any practice regulated by the board, including:

a. Supervising or performing any attest services, such as audits, reviews or agreed-upon procedures (which may only be performed by a CPA within a CPA firm that holds a permit to practice);

b. Supervising or performing compilation services or otherwise issuing compilation reports (which may only be performed by a CPA or LPA); or

c. Performing any accounting, tax, consulting, or financial or managerial advisory services for any client, business, employer, government body, or other entity while holding oneself out as a CPA or an LPA or otherwise using titles regulated by Iowa Code section 542.13.

1025.7(3) *Affirmation.* The application form will contain a statement in which the applicant affirms that the applicant will not engage in any of the practices in Iowa listed in subrule 1025.7(2) without first complying with all rules governing reinstatement to active status. A person in inactive status may reinstate to active status at any time pursuant to subrule 1025.7(7).

1025.7(4) *Renewal.* A person licensed in inactive status may renew the person's certificate or license on the schedule described in rule 481—1025.1(542). Such person is exempt from the continuing education provisions under 481—Chapter 1030 and will be charged a reduced renewal fee as provided in rule 481—1032.1(542). An inactive certificate or license lapses if not timely renewed.

1025.7(5) *Permitted practices.* A person may, while registered as inactive, perform for a client, business, employer, government body, or other entity those accounting, tax, consulting, or financial or managerial advisory services that may lawfully be performed by a person to whom a certificate or license has never been issued as long as the person does not in connection with such services use the title "CPA" or "LPA," or any other title regulated under Iowa law for use only by CPAs or LPAs in Iowa Code section 542.13 (with or without additional designations such as "inactive"). Regulated titles may only be used by active CPAs or LPAs who are subject to continuing education under 481—Chapter 1030 to ensure that the use of such titles is consistently associated with the maintenance of competency through continuing education. Additionally, individuals who are actively licensed as CPAs in another jurisdiction in which they maintain their principal place of business may be eligible to exercise a practice privilege pursuant to Iowa Code section 542.20 and 481—Chapter 1039.

1025.7(6) *Unauthorized practices.* A person who, while licensed in inactive status, engages in any of the practices described in subrule 1025.7(2) or violates any provision of rule 481—1034.2(17A,272C,542) is subject to disciplinary action. A person in inactive status is not authorized to verify the experience of an applicant for a CPA certificate under Iowa Code section 542.5(12) or an applicant for an LPA license under Iowa Code section 542.8(8).

1025.7(7) *Reinstatement to active status.* A person licensed in inactive status needs to, prior to engaging in any of the practices in Iowa listed in subrule 1025.7(2) or for a client with a home office in Iowa, apply to the board to reinstate to active status. Such person will be obligated to pay the applicable renewal fee for active status, but is given credit for renewal fees previously paid for inactive status if the person applies for reinstatement at a date other than the person's regular renewal date. Such person will be obligated to demonstrate compliance with all applicable continuing education and peer review obligations. A person who has engaged in the practice of public accounting as an active licensee of another jurisdiction while licensed as inactive in Iowa will be deemed to have satisfied the continuing education obligations for reinstatement if the person demonstrates that the person has satisfied substantially equivalent continuing education in the other jurisdiction.

1025.7(8) *Retired status.* A person holding an inactive license who does not reasonably expect to return to the workforce in the practice of public accounting due to bona fide retirement or disability may use the title "CPA, retired" or "LPA, retired," as applicable, in the context of non-income-producing

personal activities. These designations may only be used during a period of bona fide retirement or disability.

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These rules are intended to implement Iowa Code chapters 272C and 542 and section 10A.506.

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CHAPTER 1026
ATTEST AND COMPILATION SERVICES
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1026.1(542) Who may perform attest services.

1026.1(1) Only a CPA may perform audit, review, or other attest services as defined in Iowa Code section 542.3(1).

1026.1(2) Only an actively licensed attest-certified Iowa CPA or an out-of-state licensee exercising a practice privilege under Iowa Code section 542.20 may perform attest services in Iowa or for a client with a home office in Iowa. CPAs are cautioned, however, that a government body or a client may obligate that an individual be licensed in Iowa as a condition of performing attest services in Iowa or for a client with a home office in Iowa, whether or not the individual may otherwise satisfy the conditions for a practice privilege. Iowa licensure as a certified public accountant is a precondition, for example, to perform certain audit services described in Iowa Code chapter 11.

1026.1(3) CPAs performing attest services, whether the CPAs are certified in Iowa or exercising a practice privilege, may only do so in a CPA firm that holds a permit to practice pursuant to Iowa Code section 542.7 or in an out-of-state CPA firm exercising a practice privilege in compliance with Iowa Code section 542.20(5) and 542.20(6) and associated rules and the peer review and ownership provisions of Iowa Code section 542.7.

1026.1(4) CPAs who are responsible for supervising attest services for a CPA firm or who sign or authorize someone to sign the accountant's report on behalf of a CPA firm are obligated to satisfy the experience or competency obligations established by nationally recognized professional standards that are applicable to the attest services performed.

[**ARC 7682C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1026.2(542) Necessary attest experience.

1026.2(1) A CPA who is responsible for supervising attest services or who signs or authorizes someone to sign the accountant's report on behalf of a firm is obligated to have two years of full-time or part-time equivalent experience that extends over a period of no less than two years and includes no fewer than 4,000 hours, including at least 2,000 hours providing attest services under the supervision of one or more CPAs responsible for supervising attest services on behalf of a CPA firm that holds a permit to practice in Iowa or an equivalent form of CPA firm licensure in another jurisdiction.

1026.2(2) Experience needs to include all of the following:

a. Experience in applying a variety of attest procedures and techniques to the usual and customary financial transactions recorded in accounting records.

b. Experience in the preparation of attest working papers covering the examination of the accounts usually found in accounting records.

c. Experience in the planning of the program of attest work, including the selection of the procedures to be followed.

d. Experience in the preparation of written explanations and comments on the findings of the examinations and on the content of the accounting records.

e. Experience in the preparation and analysis of reports and financial statements together with explanations and notes thereon.

1026.2(3) Attest experience is verified by the applicant and by a CPA who supervised the applicant or, if a supervising CPA is unavailable, by a CPA or CPA firm with sufficient factual documentation to verify the applicant's attest qualification.

1026.2(4) Any applicant or CPA who has been requested to submit to the board evidence of an applicant's attest experience and has refused to do so will, upon request by the board, explain in writing or in person the basis for the refusal. The board may obligate any applicant or CPA who furnished the evidence of an applicant's experience to substantiate the information provided. An applicant may be

obligated to appear before the board to supplement or verify evidence of experience. The board may inspect documentation relating to an applicant's claimed experience.
[**ARC 7682C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1026.3(542) Attest qualification.

1026.3(1) Attest qualification is necessary before a CPA may perform attest services in Iowa or for a client with a home office in Iowa. "Attest qualification" or "attest qualified" means that the CPA has satisfied the experience obligations of rule 481—1026.2(542).

1026.3(2) All CPAs who held an individual permit to practice in Iowa at any point prior to July 1, 2002, are deemed to be attest qualified. Under Iowa law prior to July 1, 2002, CPAs were only issued an individual permit to practice if they verified their qualification to perform attest services. Individual permits to practice were discontinued under Iowa law effective July 1, 2002.

1026.3(3) CPAs who did not hold a permit to practice prior to July 1, 2002, may attain or establish attest qualification as follows:

a. Applicants may apply for attest qualification when initially applying for a certificate as an Iowa CPA under Iowa Code section 542.6 or when applying for reciprocal Iowa certification under Iowa Code section 542.19 or any other applicable law or rule.

b. Iowa CPA certificate holders may apply for attest qualification at any time at which they are qualified to do so.

c. Out-of-state CPAs performing attest services while exercising a practice privilege under Iowa Code section 542.20 do not have to individually apply to the board for attest qualification. However, if:

(1) CPAs perform attest services in an Iowa CPA firm, the Iowa CPA firm will affirm when applying for an initial or renewal firm permit to practice that the CPAs who supervise attest services for the firm or who sign or authorize someone to sign the accountant's report on behalf of the firm, as such attest services are or will in the following year be performed in Iowa or for a client with a home office in Iowa, have been qualified to perform attest services in Iowa or another jurisdiction.

(2) CPAs perform attest services through an out-of-state CPA firm exercising a practice privilege, the out-of-state CPA firm will affirm upon request from the board that the CPAs who supervise attest services for the firm or who sign or authorize someone to sign the accountant's report on behalf of the firm, as such attest services are or will in the following year be performed in Iowa or for a client with a home office in Iowa, have been qualified to perform attest services in Iowa or another jurisdiction.
[**ARC 7682C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1026.4(542) Compilation services.

1026.4(1) Only a CPA licensed by the board under Iowa Code section 542.6 or 542.19 or any other applicable law or rule; an LPA licensed by the board under Iowa Code section 542.8 or any other applicable law or rule; or a person exercising a practice privilege under Iowa Code section 542.20 may issue a report in standard form upon a compilation of financial information or otherwise provide compilation services in Iowa or for a client with a home office in Iowa.

1026.4(2) An individual described in subrule 1026.4(1) may perform compilation services through a CPA firm that holds a permit to practice under Iowa Code section 542.7, an LPA firm that holds a permit to practice under Iowa Code section 542.8, a CPA firm exercising a practice privilege under Iowa Code section 542.20, or, if both the individual and business comply with Iowa Code section 542.13(13), through any other form of business.

1026.4(3) All individuals described in subrule 1026.4(1) who are responsible for supervising compilation services or who will sign or authorize someone to sign the accountant's compilation report on financial statements, as such compilation services will be performed in Iowa or for a client with a home office in Iowa, are obligated to comply with the nationally recognized professional standards that are applicable to compilation services, including SSARS.

1026.4(4) All individuals described in subrule 1026.4(1) will satisfy peer review obligations individually or through the peer review of a CPA or LPA firm holding a permit to practice pursuant to Iowa Code section 542.7 or 542.8 or a CPA firm exercising a practice privilege under Iowa Code section 542.20.

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CHAPTER 1027
CERTIFIED PUBLIC ACCOUNTING FIRMS
[Prior to 5/1/02, see 193A—Chapter 8]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 7]

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481—1027.1(542) When licensure is needed.

1027.1(1) Except as provided in 481—Chapter 1040, a sole proprietorship, corporation, partnership, limited liability company, or any other form of organization is obligated to apply for a permit to practice as a firm of certified public accountants pursuant to Iowa Code section 542.7.

1027.1(2) A firm that is not subject to subrule 1027.1(1) may practice public accounting in Iowa in accordance with Iowa Code section 542.7(1)*"b."*

1027.1(3) Unless individual Iowa licensure is needed by a government body or a client, the public accounting services provided by a CPA firm holding an Iowa permit to practice may be performed in Iowa or for a client with a home office in Iowa by Iowa CPAs or wholly by persons exercising a practice privilege under Iowa Code section 542.20.

1027.1(4) A CPA firm issued a permit to practice by the board is accountable to the board and subject to discipline by the board for the acts of its owners or other agents, pursuant to 481—subrule 1034.2(4), whether or not such persons are individually licensed by the board.

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.2(542) Application process.

1027.2(1) All applications are submitted through the board's online application process. The board will only process fully completed applications accompanied by the proper fee. Each application fee is nonrefundable.

1027.2(2) An initial or renewal application for a firm permit to practice may be denied:

a. Pursuant to Iowa Code section 542.7(3)*"f"*;

b. Based on the firm's failure to comply with Iowa Code section 542.7 or a failure to sustain the simple majority of ownership obligations of Iowa Code section 542.7(3); or

c. Based on a regulatory or disciplinary action or, to the extent applicable and subject to the limitations and processes set forth at Iowa Code section 272C.15 and corresponding implementing rules located at 481—Chapter 502, a criminal conviction described in subrules 1027.3(14) and 1027.3(15) against any of the firm's licensed or unlicensed owners.

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.3(542) Application contents. Applicants for a firm permit to practice will provide information requested by the board, including:

1027.3(1) The lawful name of the firm.

1027.3(2) The legal form and jurisdiction of the firm's organization.

1027.3(3) Contact information for the principal place of business of the firm and each Iowa office.

1027.3(4) All jurisdictions in which the firm is licensed or has applied for licensure.

1027.3(5) The names, licensure, and contact information for all persons responsible for supervising attest and compilation service or responsible for the proper licensure of the firm.

1027.3(6) The highest level of public accounting services offered by the firm, such as compilation or attest.

1027.3(7) Evidence of satisfactory completion of the last firm peer review, when applicable.

1027.3(8) Sufficient information from which the board can determine that a simple majority of owners hold a CPA certificate under Iowa Code section 542.6 or 542.19 or hold a CPA certificate in another state and are eligible to exercise a practice privilege under Iowa Code section 542.20. The board reserves the right to request at any time a full list of owners, or a targeted sublist, such as a list of those persons who perform services from an Iowa office or those who perform attest or compilation services in Iowa or for a client with a home office in Iowa.

1027.3(9) The affirmation described in 481—paragraph 1026.3(3)*"c."*

1027.3(10) Affirmation that all CPAs who are responsible for supervising attest services for the CPA firm or who sign or authorize someone to sign the accountant's report on behalf of the CPA firm satisfy the experience or competency standards established by nationally recognized professional standards.

1027.3(11) Affirmation that all CPAs or LPAs who are responsible for supervising compilation services or who sign or authorize someone to sign the accountant's compilation report on behalf of the firm comply with nationally recognized professional standards that are applicable to the compilation services performed in Iowa or for a client with a home office in Iowa.

1027.3(12) Affirmation that all nonlicensee owners are active participants in the firm or affiliated entity.

1027.3(13) Affirmation that the firm and its licensed or unlicensed owners will comply with all applicable Iowa laws and rules, including rules of professional conduct, when practicing in Iowa or for a client with a home office in Iowa.

1027.3(14) Details of any past denial, cancellation, revocation, suspension, refusal to renew, or voluntary surrender of a professional license of any kind, authority to practice, or practice privilege by the board or another state agency in any jurisdiction, a federal agency, or the PCAOB, regarding the firm and the firm's current owners (e.g., partners, shareholders, or members).

1027.3(15) Details of any past felony conviction or the conviction of any crime, any element of which is dishonesty or fraud, as provided in Iowa Code section 542.5(2), under the laws of any state or the United States, regarding the firm and the firm's current owners (e.g., partners, shareholders, or members).

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.4(542) Renewal procedures.

1027.4(1) The permit holder will submit an electronic online renewal by the June 30 deadline each year. Applications are deemed filed on the date of electronic renewal.

1027.4(2) The permit holder will list on the renewal application all states in which the applicant has applied for or holds a permit as a certified public accounting firm and list any past denial, revocation, suspension, refusal to renew or voluntary surrender to avoid disciplinary action of a permit to practice or practice privilege. Renewal applications include such additional information as the board needs, including all of the information described in rule 481—1027.3(542).

1027.4(3) Within the meaning of Iowa Code chapters 17A, 272C and 542, a timely and sufficient renewal application will be:

a. Received by the board in electronic form on or before June 30;

b. Certified as accurate through the online renewal process;

c. Fully completed and accompanied with the proper fee. The fee will be deemed improper if, for instance, the amount is incorrect, the fee was not included with the application, the credit card number provided by the applicant is incorrect, the date of expiration of a credit card is omitted or incorrect, the attempted credit card transaction is rejected, or the applicant's check is returned for insufficient funds or a closed account.

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.5(542) Failure to renew permit.

1027.5(1) A firm that fails to renew the permit by the expiration date, but does so within 30 days following the expiration date, will be assessed a penalty as provided in rule 481—1032.1(542).

1027.5(2) If the firm fails to renew the permit within the 30-day grace period outlined in rule 481—1027.6(542), the permit will lapse and the firm will need to reinstate in accordance with rule 481—1027.7(542). The firm is not authorized to practice during the period of time that the permit is lapsed, including the 30-day grace period.

1027.5(3) The board may reinstate the permit upon payment of the proper renewal fee and a penalty as provided in rule 481—1032.1(542). A written statement outlining the firm's professional activities during the period of lapsed licensure, including a list of Iowa clients and the services performed, is also needed.

1027.5(4) The board may find probable cause to file charges for unlicensed practice if the firm engaged in any activity that obligates licensure pursuant to subrule 1027.1(1) during the period of lapsed licensure. In addition to the disciplinary sanctions described in rule 481—1036.3(272C,542), firms found to have practiced public accounting in violation of subrule 1027.1(1) on a lapsed license will notify clients upon such terms as the board orders.

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.6(542) Notice to the board. A holder of or applicant for a permit shall notify the board in writing within 30 days of an occurrence described in Iowa Code section 542.7(6).

[**ARC 7683C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1027.7(542) Noncompliance. The board may grant a reasonable period of time, usually 90 days, for a firm to take such corrective action pursuant to Iowa Code section 542.7(7).

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CHAPTER 1028
LICENSED PUBLIC ACCOUNTING FIRMS
[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1028.1(542) Initial permit to practice.

1028.1(1) A sole proprietorship, corporation, partnership, limited liability company, or any other form of organization may apply for a permit to practice under Iowa Code section 542.8.

1028.1(2) The application may be completed and submitted through the online application process and provide sufficient information pursuant to Iowa Code section 542.8(12) or certificates issued by the board under Iowa Code section 542.6 or 542.19 or are eligible to practice under practice privilege pursuant to Iowa Code section 542.20, or otherwise hold a license or certificate to practice public accounting in another state. At least one owner has to be licensed under Iowa Code section 542.8.

1028.1(3) The application will list the physical location and contact information for all offices within this state and the licensee in charge of each such office.

1028.1(4) Fraud or deceit, by commission or omission, in obtaining a firm permit to practice is a ground for discipline, including permanent revocation of the firm's permit to practice, the individual certificate of an Iowa LPA or CPA, or an individual's practice privilege, as applicable to the entity or persons responsible.

1028.1(5) An initial or renewal application for a firm permit to practice may be denied pursuant to Iowa Code section 542.8(12)*"e."*

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1028.2(542) Renewal procedures. The permit holder will submit an online renewal with the board by the June 30 deadline each year. Applications are deemed filed on the date of renewal.

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1028.3(542) Failure to renew permit.

1028.3(1) A firm that fails to renew the permit by the expiration date, but does so within 30 days following the expiration date, will be assessed a penalty of 25 percent of the annual renewal fee.

1028.3(2) If the firm fails to renew the permit within the 30-day grace period outlined in subrule 1028.3(1), the permit will lapse and the firm may then apply for reinstatement in accordance with subrule 1028.3(3). The firm is not authorized to practice as an LPA firm during the period of time that the permit is lapsed, including the 30-day grace period.

1028.3(3) The board may reinstate the permit upon payment of the proper renewal fee and a penalty as provided in rule 481—1032.1(542). A written statement outlining the firm's professional activities during the period of lapsed licensure is needed in this context.

1028.3(4) The board may find probable cause to file charges for unlicensed practice if the firm continues to offer services defined as the practice of accounting while using the title "LPAs" or "LPA firm" during the period of lapsed licensure.

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1028.4(542) Notice to the board. A holder of or an applicant for a permit will notify the board in writing within 30 days in compliance with Iowa Code section 542.8(15).

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1028.5(542) Noncompliance. A firm which, after receiving or renewing a permit, is not in compliance with Iowa Code section 542.8 as a result of a change in firm ownership or personnel will take corrective action to bring the firm back into compliance as quickly as possible or apply to modify or amend the permit. The board may grant a reasonable period of time, usually 90 days, for a firm to take such corrective action. Failure to comply within a reasonable period as deemed by the board will result in the suspension or revocation of the firm permit.

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1028.6(542) Peer review obligations. Firm peer review is necessary pursuant to Iowa Code section 542.7(8).

[**ARC 7684C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

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CHAPTER 1029
RECIPROCITY AND SUBSTANTIAL EQUIVALENCY
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 9]

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481—1029.1(542) Iowa CPA certificate necessary. A person who holds a certificate or license to practice as a CPA in another state or a substantially equivalent designation from a foreign jurisdiction may apply to the board for an Iowa CPA certificate and has to do so if the person plans to establish the person's principal place of business as a CPA in Iowa.
[**ARC 7685C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1029.2(542) Application forms. Application forms may only be completed and submitted through the online application process. An applicant will attest that all information provided on the form is true and accurate. An application may be denied based on a false statement of material fact. A nonrefundable fee will be charged to each applicant as provided in 481—Chapter 1032.
[**ARC 7685C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1029.3(542) Background and character.

1029.3(1) An applicant for a CPA certificate under this chapter will disclose on the application all background and character information requested by the board including, but not limited to:

a. All states or foreign jurisdictions in which the applicant has applied for or holds a CPA certificate or license, or a substantially equivalent designation from a foreign country;

b. Any past denial, revocation, suspension, or refusal to renew a CPA certificate, license or permit to practice, or voluntary surrender of a CPA certificate, license or permit to resolve or avoid disciplinary action, or similar actions concerning a substantially equivalent foreign designation;

c. Any other form of discipline imposed against the holder of a CPA certificate, license or permit, or a substantially equivalent foreign designation;

d. The conviction of any felony or any crime described in Iowa Code section 542.5(2);

e. The revocation of a professional license of any kind in this or any other jurisdiction; and

f. Such additional information as the board may request to determine if grounds exist to deny certification under 481—subrule 1023.1(2).

1029.3(2) The board may deny an application based on prior discipline imposed against the holder of a CPA certificate, license or permit, or a substantially equivalent foreign designation, or on any of the grounds listed in 481—subrule 1023.1(2).
[**ARC 7685C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1029.4(542) Verification of state licensure. An applicant holding a CPA certificate or license from another state or states will submit verification that the applicant's CPA certificate or license is valid and in good standing in the state in which the applicant's principal place of business is located. An applicant applying for a CPA certificate under the substantial equivalency provisions of Iowa Code section 542.19(1) *"a"* and paragraph 1029.5(1)*"a"* may attach a letter of good standing to the application. Such letter of good standing will be prepared by the state in which the applicant's principal place of business is located and be dated within six months of the date of the application. To expedite the application process, the board will accept verification from another state's board by facsimile or email. The board reserves the right to request an original verification document directly from another state board.
[**ARC 7685C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1029.5(542) Qualifications for a CPA certificate.

1029.5(1) A person who holds in good standing a valid CPA certificate or license from another state is deemed qualified for an Iowa CPA certificate if the person satisfies one of the following three conditions:

a. Substantially equivalent state. The licensing standards on education, examination and experience of the state that issued the applicant's CPA certificate or license were, at the time of licensure, comparable or superior to the education, examination and experience obligations of Iowa Code chapter 542 in effect at

the time the application is filed in Iowa. The board may accept the determination of substantial equivalency made by the National Association of State Boards of Accountancy or may make an independent determination of substantial equivalency.

b. Individual substantial equivalency. The applicant's individual qualifications on education, examination and experience are comparable or superior to the education, examination and experience obligations of Iowa Code chapter 542 in effect at the time the application is filed in Iowa.

c. "Four-in-ten rule." The applicant satisfies all of the following:

(1) The applicant passed the examination necessary for issuance of the applicant's certificate or license with grades that would have been passing grades at the time in this state.

(2) The applicant has had at least four years of experience within the ten years immediately preceding the application that occurred after the applicant passed the examination upon which the CPA certificate or license was based and that in the board's opinion is substantially equivalent to the obligations set forth in Iowa Code section 542.5(12).

(3) If the applicant's CPA certificate or license was issued more than four years prior to the filing of the application in this state, the applicant has fulfilled the continuing professional education mandates as described in Iowa Code section 542.6(3) and 481—Chapter 1030.

1029.5(2) A person who holds in good standing a certificate, license or designation from a foreign authority that is substantially equivalent to an Iowa CPA certificate is deemed qualified for an Iowa CPA certificate if the person satisfies all of the provisions of Iowa Code section 542.19(3). The burden is on the applicant to demonstrate that such certificate, license or foreign designation is in full force and effect and that the prerequisites for that certificate, license or foreign designation are comparable or superior to those needed for a CPA certificate in this state. Original verification from the foreign authority that issued the certificate, license or designation is needed to demonstrate that such certificate, license or designation is valid and in good standing. If the applicant cannot establish comparable or superior qualifications, the applicant will need to pass the Uniform Certified Public Accountant Examination designed to test the applicant's knowledge of practice in this state and country. If the applicant is a Canadian Chartered Accountant, Australian Chartered Accountant, Ireland Chartered Accountant, Mexico Contador Público Certificado (CPC), New Zealand Chartered Accountant, Scottish Chartered Accountant, or South African Chartered Accountant, the applicant may be obligated to take the International Qualification Examination (IQEX) in lieu of the uniform certified public accountant examination.

1029.5(3) An applicant seeking an Iowa CPA certificate based on the provisions of paragraph 1029.5(1)*"b,"* paragraph 1029.5(1)*"c,"* or subrule 1029.5(2) will submit such supporting information on education, examination or experience as the board deems reasonable to determine whether the applicant qualifies for licensure in Iowa.

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481—1029.6(542) Continuing obligations. A person issued a CPA certificate under this chapter is subject to all laws and rules governing persons holding CPA certificates issued in this state including, without limitation, those concerning continuing education, peer review, and notification of crimes and professional discipline. However, a person issued a CPA certificate under this chapter who maintains the principal place of business in a different state and who maintains in good standing a valid CPA certificate or license in that state is deemed to have satisfied the continuing education and peer review obligations described in 481—Chapters 1030 and 1031 if the person satisfies similar obligations in the state in which the principal place of business is located.

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481—1029.7(542) Expedited application processing. A person applying for a CPA certificate under the substantial equivalency provisions of Iowa Code section 542.19(1)*"a"* often desires expedited application processing to facilitate cross-border practice. Applications by such persons are especially suitable for rapid processing given the substantially equivalent standards previously enforced in another state. Unless such application reveals grounds to deny the application under subrule 1029.3(2), the board is otherwise aware of such grounds, or the application is unaccompanied by the proper fee, the board's administrator will approve an application that qualifies under Iowa Code section 542.19(1)*"a"* as rapidly as feasible and

deem the effective date of approval to practice in Iowa to be the date the board received the completed application with timely letter of good standing in a substantially equivalent state.

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These rules are intended to implement Iowa Code section 542.19.

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CHAPTER 1030
CONTINUING EDUCATION

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1030.1(542) Scope. The right to use the title "Certified Public Accountant" and "Licensed Public Accountant" is regulated in the public interest and imposes a duty on accounting professionals to maintain public confidence and current knowledge, skills, and abilities in all areas of services. CPAs and LPAs have to accept and fulfill their ethical responsibilities to the public and the profession regardless of their fields of employment.

1030.1(1) The development of professional competence involves a continued commitment to learning and professional improvement. A CPA and an LPA performing professional services need to have a broad range of knowledge, skills and abilities. A program that promotes professional competence in the practice of accountancy is defined as one that refers to the process, methods, or principles of accounting or is directly related to the CPA's and LPA's employment and is above the level of the CPA's and LPA's current knowledge.

1030.1(2) Acceptable subjects for continuing professional education include accounting, assurance/auditing, consulting services, specialized knowledge and applications, management, taxation, and ethics. Other subjects, including nontechnical professional skills, may be approved by the board if they maintain or improve CPAs' and LPAs' competence in their current employment.

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481—1030.2(542) Definitions. The following definitions apply to the rules of this chapter.

"Continuing professional education (CPE)" means education that is acquired by a licensee in order to maintain, improve, or expand skills and knowledge present at initial licensure or to develop new and relevant skills and knowledge.

"Firm meeting" means a formally arranged gathering/assembly of staff or management groups or both to inform them of administrative matters.

"Formal program" means a structured learning activity based on clearly defined learning objectives and outcomes that articulate achievable knowledge, skills and abilities.

"In-house or on-site training" means a formally organized professional educational program sponsored by the employer.

"Live instruction" means an educational program delivered in a classroom setting or through videoconferencing whereby the instructor and student carry out essential tasks while together. Examples include distance learning and webcasts.

"Nontechnical professional skills" means formal programs of learning that contribute to the professional competence of a certificate holder or license holder in fields of study that indirectly relate to the holder's field of business. "Nontechnical professional skills" includes, but is not limited to, the following programs or courses:

1. Communication;
2. Interpersonal management;
3. Leadership and personal development;
4. Client and public relations;
5. Practice development;
6. Marketing;
7. Motivational and behavioral; and
8. Speed reading and memory building.

"Qualified instructor" means an individual whose training and experience adequately prepares the individual to carry out specified training assignments.

"Self-study" means a computer-generated program or written materials or exercises intended for self-study that do not include simultaneous interaction with an instructor but do include tests transmitted to the provider for review and grading.

"Technical professional skills" means formal programs of learning that contribute to the professional competence of a certificate holder or license holder in fields of study that directly relate to the holder's field of business. "Technical professional skills" includes, but is not limited to, the following programs or courses:

1. Auditing standards or procedures;
2. Compilation and review of financial statements;
3. Financial statement preparation and disclosures;
4. Attestation standards and procedures;
5. Projection and forecast standards or procedures;
6. Accounting and auditing;
7. Management advisory services;
8. Personal financial planning;
9. Taxation;
10. Management information systems;
11. Budgeting and cost analysis;
12. Asset management;
13. Professional ethics;
14. Specialized areas of industry;
15. Human resource management;
16. Economics;
17. Business law;
18. Mathematics, statistics and quantitative applications in business;
19. Business management and organization;
20. General computer skills, computer software training, information technology planning and management;
21. Operations management, inventory, and production; and
22. Negotiation or dispute resolution.

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481—1030.3(542) Applicability. Completion of continuing professional education is a condition precedent to the renewal of the certificate or license.

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481—1030.4(542) Cost of continuing professional education. All costs of completing continuing professional education are the responsibility of the certificate holder or license holder wishing to maintain registration in this state.

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481—1030.5(542) Basic continuing professional education.

1030.5(1) Except as provided in subrules 1030.5(2) through 1030.5(7), an applicant for renewal will have completed 120 hours of qualifying continuing professional education during the three-year period ending on the December 31 or June 30 preceding the July 1 renewal date of the certificate or license. The following conditions apply:

a. On each renewal, a CPA or LPA self-selects December 31 or June 30 as the date by which continuing education will be completed in order to be eligible to renew the certificate or license.

b. A CPA or LPA applying to renew a certificate or license may declare a continuing education deadline of December 31 in one renewal cycle and a continuing education deadline of June 30 in a subsequent renewal cycle, and vice versa.

c. Licensees need to maintain continuing education records in a manner that corresponds with the self-selected continuing education deadline of December 31 or June 30.

d. When declaring a June 30 continuing education deadline, licensees should be cautious to ensure that the continuing education is fully completed on or prior to the date the renewal application is submitted to the board.

e. Licensees who renew with penalty during the 30-day grace period following June 30 need to declare either December 31 or June 30 as the continuing education deadline. The deadline cannot be extended beyond June 30.

1030.5(2) At the first annual renewal date of July 1 that is less than 12 months from the date of filing of the initial application for the certificate or license, the certificate holder or license holder is not required to report continuing professional education.

1030.5(3) At the annual renewal date of July 1 that is 12 months or more than 12 months, but less than 24 months, from the date of filing of the initial application for the certificate or license, the certificate holder or license holder will report 40 hours of continuing professional education earned in the one-year period ending December 31 or June 30 prior to the July 1 renewal date.

1030.5(4) At the annual renewal date of July 1 that is 24 months or more than 24 months, but less than 36 months, from the date of filing of the initial application for the certificate or license, the certificate holder or license holder will report 80 hours of continuing professional education earned in the two-year period ending December 31 or June 30 prior to the July 1 renewal date.

1030.5(5) A licensee is deemed to have completed continuing education under this rule if, for the period that the licensee is a resident of another state or district having a continuing professional education obligation, the licensee met the resident state's mandatory continuing professional education.

1030.5(6) The board may make exceptions for reasons of individual hardship including health, certified by a medical doctor, military service, foreign residency, retirement, or other good cause. No exceptions may be made solely because of age. Applicants entitled to a full or partial exception under the provisions of Iowa Code section 272C.2(4) for active military service or government service outside of the United States may request an exception by submitting acceptable documentation as applicable to the exception requested. Applicants seeking an exception on other grounds of undue hardship can submit an application for waiver as provided in 7—Chapter 2504.

1030.5(7) Licensees who apply to reinstate a lapsed or inactive certificate or license to active status pursuant to 481—subrule 1025.6(3) or 1025.9(7) need to satisfy 120 hours of continuing professional education earned in the preceding three-year period prior to the date of the application, including all mandatory education described in rule 481—1030.7(542). Once the certificate or license is reinstated, the continuing education obligations apply at each subsequent renewal. The 120-hour obligation described in this subrule is modified as needed to incorporate the phase-in schedule for initial licensees described in subrules 1030.5(2) through 1030.5(4).

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.6(542) Measurement standards. The following standards will be used to measure the hours of credit to be given for qualifying continuing professional education programs completed by individual applicants:

1030.6(1) Credit is measured with one 50-minute period equaling one contact hour of credit. Half-hour credits may be allowed (equal to not less than 25 minutes) after the first hour of credit has been earned.

1030.6(2) Only class hours or the equivalent, and not student hours devoted to preparation, will be counted.

1030.6(3) Credit expressed as continuing education units (CEUs) will be counted as ten contact hours for each continuing professional education unit. (0.1 CEU = 1 CPE)

1030.6(4) Service as lecturer or discussion leader of continuing professional education programs will be counted to the extent that this service contributes to the applicant's professional competence.

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.7(542) Mandatory education.

1030.7(1) Every CPA certificate holder or LPA license holder who is responsible for supervising compilation services or who signs or authorizes someone to sign the accountant's compilation report on

behalf of a firm will complete, as a condition of certificate or license renewal, a minimum of eight hours of continuing professional education devoted to financial statement presentation, such as courses covering the statements on standards for accounting and review services (SSARS) and accounting and auditing updates. The financial statement presentation continuing education has to be completed within the three-year period ending on the December 31 or June 30 preceding the application for certificate or license renewal. For credit to be claimed for a course covering multiple topics, a minimum of one hour as outlined in subrule 1030.6(1) has to be devoted to financial statement presentation. For example, if a seminar or presentation is conducted for a total of four hours and only one hour is devoted to financial statement presentation, then only one hour may be claimed toward satisfaction of this subrule.

1030.7(2) Every CPA certificate holder or LPA license holder needs to complete a minimum of four hours of continuing education devoted to ethics and rules of professional conduct during the three-year period ending December 31 or June 30, prior to the July 1 annual renewal date. For a course to qualify to satisfy this subrule, the course description will clearly outline the subject matter covered as professional or business ethics. If credit is to be claimed for a course covering multiple topics, a minimum of one hour as outlined in rule 481—1030.6(542), measurement standards, specifically in subrule 1030.6(1), needs to be devoted to business or professional ethics. For example, if a seminar or presentation is conducted for a total of four hours and only one hour is devoted to business or professional ethics, then only one hour may be claimed toward satisfaction of this subrule. Ethics courses, which are defined as courses dealing with regulatory and behavioral ethics, are limited to courses on the following:

a. Professional standards;
b. Licenses and renewals;
c. SEC oversight;
d. Competence;
e. Acts discreditable;
f. Advertising and other forms of solicitation;
g. Independence;
h. Integrity and objectivity;
i. Confidential client information;
j. Contingent fees;
k. Commissions;
l. Conflicts of interest;
m. Full disclosure;
n. Malpractice;
o. Record retention;
p. Professional conduct;
q. Ethical practice in business;
r. Personal ethics;
s. Ethical decision making; and
t. Corporate ethics and risk management as these topics relate to malpractice and relate solely to the practice of certified public accounting.

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.8(542) Programs that qualify and CPE limitations.

1030.8(1) The overriding consideration in determining whether a specific program qualifies as acceptable continuing education is that it be a formal program of learning that contributes directly to the professional competence of an individual certified or licensed in this state. It will be left to each individual certificate holder or license holder to determine the technical or nontechnical professional skills courses of study to be pursued. Thus, the auditor may study accounting and auditing, the tax practitioner may study taxes, and the management advisory services practitioner may study subjects related to such practice. Job-related continuing professional education qualifies as acceptable provided the courses selected from nontechnical professional skills contribute to the professional competence of the certificate holder or license holder.

1030.8(2) Program standards have to include the following:

a. Learning activities based on clearly defined, relevant learning objectives and outcomes that clearly articulate the knowledge, skills, and abilities that can be achieved by participants.

b. Learning activities developed in a manner consistent with the prerequisite education, experience, and advanced preparation of the participants.

c. Activities, materials, and delivery systems that are current, technically accurate, and effectively designed. Providers, sponsors, or contractors that are competent in the subject matter. Competence may be demonstrated through practical experience or education.

d. Learning programs that are reviewed by qualified persons other than those who develop the program to ensure that the program is technically accurate and current and addresses the stated learning objectives. This standard is waived for single presentations such as lectures that are given once.

1030.8(3) Continuing professional education programs will qualify only if:

a. An outline of the program is prepared in advance and preserved.

b. The program is at least one hour (50-minute period) in length.

c. The program is conducted by a qualified instructor, discussion leader or lecturer. A qualified instructor, discussion leader or lecturer is anyone whose background, training, education or experience makes it appropriate for that person to lead a discussion on the subject matter of the particular program.

d. A record of attendance or certification of completion or transcript is maintained.

1030.8(4) The following programs are deemed to qualify provided all other criteria of this rule are met:

a. Professional development programs of recognized national and state accounting organizations.

b. Technical sessions at meetings of recognized national and state accounting organizations and their chapters.

c. Formally organized in-house or on-site educational programs provided by the certificate holder's or license holder's employer.

d. Distance learning programs or group study webcast programs.

e. University or college courses meet the continuing professional education obligations of those attending. Each semester hour is equal to 15 contact hours of credit. Each quarter hour is equal to 10 contact hours of credit.

f. Technical or nontechnical sessions offered by employers in business and industry, as well as firms of certified public accountants.

1030.8(5) Formal correspondence and formal self-study programs contributing directly to the professional competence of an individual that obligate the licensee to register and provide evidence of satisfactory completion will be considered for credit. The amount of credit to be allowed for correspondence and formal self-study programs (including tested study programs) will be recommended by the program sponsor and based upon appropriate "field tests" and will not exceed 50 percent of the renewal obligation. A licensee claiming credit for correspondence or formal self-study courses will obtain evidence of satisfactory completion of the course from the program sponsor. Credit will be allowed in the renewal period in which the course is completed.

1030.8(6) Credit may be allowed for self-study programs on the basis of one hour of credit for each 50 minutes spent on the self-study program if the developer of such programs is approved by either the national continuing professional education registry or by the NASBA continuing education registry and the program sponsor has not designated the amount of credit to be claimed for completing the course of study. The licensee has to estimate the equivalent number of hours and justify the amount of hours claimed. The maximum credit will not exceed 50 percent of the renewal obligation. Credit will be allowed in the renewal period in which the course is completed.

1030.8(7) The credit allowed an instructor, discussion leader, or speaker will be on the basis of two hours for subject preparation for each hour of teaching. Credit for teaching college or university coursework may be claimed for courses taught above the elementary accounting or principles of accounting level. Repetitious presentations will not be considered. The maximum credit for such preparation and teaching will not exceed 50 percent of the renewal period obligation.

1030.8(8) Credit may be awarded for published articles and books. The amount of credit so awarded will be determined by the board. Credit may be allowed for published articles and books provided they

contribute to the professional competence of the licensee. Credit for preparation of such publications may be given on a self-declaration basis up to 25 percent of the renewal period obligation. In exceptional circumstances, a licensee may request additional credit by submitting the article(s) or book(s) to the board with an explanation of the circumstances that the licensee believes justify additional credit.

1030.8(9) Credit may be allowed for the successful completion of professional examinations as detailed below. Credit is calculated at the rate of five times the length of each examination, which is presumed to include all preparation time, claimed in the calendar year of the examination, and limited to 50 percent of the total renewal obligation.

a. Certified Management Accountant/CMA.
b. Certified Information Systems Auditor/CISA.
c. Certified Information Technology Professional/CITP.
d. Certified Financial Planner/CFP.
e. Enrolled Agent/EA.
f. Certified Governmental Financial Manager/CGFM.
g. Certified Government Auditing Professional/CGAP.
h. Certified Internal Auditor/CIA.
i. Accredited Business Valuation/ABV.
j. Certified Financial Forensics/CFF.
k. Certified Valuation Analyst/CVA.
l. Certified Insolvency & Restructuring Advisor/CIRA.
m. Forensic Certified Public Accountant/FCPA.
n. Certified Fraud Examiner/CFE.
o. Certified Business Analyst/CBA.
p. Certified Trust and Financial Advisor/CTFA.
q. Chartered Financial Analyst/CFA.
r. Registered Representative, Series 6 and 7 and other examinations.
s. Registered Investment Advisor/RIA.
t. Certified Forensic Accountant/CrFA.
u. Personal Financial Specialist/PFS.
v. Chartered Life Underwriter/CLU.
w. Fellow of the Society of Actuaries/FSA.
x. Chartered Property & Casualty Underwriter/CPCU.
y. Fellow Life Management Institute/FLMI.
z. Other similar examinations approved by the board.

1030.8(10) Firm meetings for staff or management groups for the purpose of administrative and firm matters do not meet the standards set forth in subrule 1030.8(1).

1030.8(11) Dinner, luncheon and breakfast meetings of recognized organizations may qualify if they meet the appropriate provisions and are limited to 25 percent of the total renewal criteria if the individual meeting is no more than two hours long.

1030.8(12) Continuing professional education taken in nontechnical skills area as defined in rule 481—1030.2(542) is limited to 50 percent of the total renewal obligation.

1030.8(13) The board may look to recognized state or national accounting organizations for assistance in interpreting the acceptability of and credit to be allowed for individual courses.

1030.8(14) The right is specifically reserved to the board to approve or deny credit for continuing professional education claimed under these rules.

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.9(542) Controls and reporting.

1030.9(1) An applicant for renewal may be requested to provide, in such manner, including but not limited to the online renewal process, and at such time as set forth by the board, verification and documentation setting forth the continuing professional education in which the licensee has participated. The board may allow for attestation that the licensee has completed continuing education in lieu of

providing a listing. If the applicant for renewal is requested to provide a listing of the continuing professional education completed, the documentation will include:

a. School, firm or organization conducting the course and contact information.
b. Location of course.
c. Title of course or description of content.
d. Principal instructor.
e. Dates attended.
f. Hours claimed.
g. Certificate of completion.
h. Name of participant.
i. Course field of study.
j. Type of instruction or delivery method.
k. Amount of CPE recommended.
l. Verification by CPE program sponsor representative.

Canceled checks and registration forms are not proof of attendance.

1030.9(2) The board may request sponsors of courses to furnish an attendance record, a certification of completion or any other information the board deems essential for administration of these continuing professional education rules.

1030.9(3) The board will verify, on a test basis, information submitted by licensees. If an application for renewal is not approved, the applicant will be so notified and may be granted a period of time by the board in which to correct the deficiencies noted.

1030.9(4) Primary responsibilities for documenting the continuing education compliance is with the licensee, and such documentation has to be retained for a period of three years subsequent to submission of the report claiming the credit. (More information can be found in 481—subrule 1034.3(1) and Iowa Code section 542.10(1)*"a,"* which provides for permanent revocation based on fraud or deceit in procuring a license.) Satisfaction of the obligations, including retention of attendance records, certification of completion records, and written outlines, may be accomplished as follows:

a. For courses taken for scholastic credit in accredited universities and colleges (state, community, or private) or high school districts, evidence of satisfactory completion of the course will be sufficient; for noncredit courses taken, a statement of the hours of attendance, signed by the instructor, will be obtained by the licensee.

b. For correspondence and formal independent self-study courses, written evidence or a certificate of completion from the sponsor or course provider will be obtained by the licensee.

c. In all other instances, the licensee will maintain a record of the information as listed in subrule 1030.8(3).

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.10(542) Grounds for discipline. A licensee or an applicant is subject to discipline, including permanent revocation, if the licensee or applicant provides false information to the board in connection with an application to renew or reinstate a certificate or license. A licensee or an applicant is also subject to discipline if the licensee or applicant is unable to document the continuing professional education hours reported to the board in connection with an audit or other request for documentation. False information of this nature will subject the licensee or applicant to discipline whether the false information was supplied intentionally or with reckless disregard for the truth or accuracy of the number of hours claimed. Licensees and applicants are accordingly cautioned to supply the board with accurate continuing professional education information.

[**ARC 7686C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1030.11(272C,542) Alternative continuing education cycles authorized.

1030.11(1) *Purpose.* For a variety of reasons, some CPAs and LPAs may wish to complete their continuing education on a three-year cycle ending on a date other than December 31. By way of illustration, some licensees may prefer to take courses on particular substantive topics that are not always offered at the same time each year. Some licensees may wish to schedule continuing education

to comply with the differing obligations of multiple jurisdictions. This rule is intended to authorize a more flexible time frame within which continuing education may be satisfied. This rule does not alter any other requirement of this chapter.

1030.11(2) *Declaration may vary by renewal cycle.* A CPA or LPA applying to renew a certificate or license may declare a continuing education deadline of December 31 in one renewal cycle and a continuing education deadline of June 30 in a subsequent renewal cycle, and vice versa. Licensees are expected to maintain continuing education records in a manner that complies with the self-selected declaration in any particular renewal cycle.

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CHAPTER 1031
PEER REVIEW

[Prior to 5/1/02, see 193A—Chapter 17]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1031.1(542) Peer review obligations. As a condition of renewal for a CPA or an LPA who issues compilation reports other than through a CPA or an LPA firm that holds a permit to practice, and as a condition of permit renewal for LPA firms that issue compilation reports or CPA firms that provide attest services or issue compilation reports, the applicant shall submit certification of completion of a peer review issued pursuant to this chapter. Such review needs to be completed at the highest level of service provided by the firm or licensee. The performance of preparation services under SSARS 21 does not alone subject a firm or individual to peer review, although if a firm or individual is otherwise subject to peer review, the reviewer may include preparation services in the scope of practices reviewed.
[**ARC 7687C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1031.2(542) Three-year cycle. During the three-year period ending December 31 preceding the application for renewal of a certificate, license, or permit to practice, the individual licensee or firm shall have completed a peer review in accordance with this chapter. A peer review shall be completed no less often than once every three years.
[**ARC 7687C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1031.3(542) System of internal quality control. If the firm has not performed any attest or compilation services prior to the application for renewal, the firm will have in place a system of internal quality control prior to the commencement of an engagement including attest or compilation services and come into compliance with the peer review obligations within 18 months of completion of an engagement including attest or compilation services.
[**ARC 7687C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1031.4(542) Peer review programs that qualify. A firm's completion of a peer review program endorsed or supported by the AICPA, the National Society of Accountants or other substantially similar review programs in Iowa or other states approved by the board satisfies this chapter.
[**ARC 7687C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1031.5(542) Waiver of peer review. At the time of renewal, a licensee or firm may request a waiver from this chapter, as provided in Iowa Code sections 542.7(9) and 542.8(18).
[**ARC 7687C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1031.6(542) Submission of peer review reports. Unless the subject of a peer review timely objects in writing to the administering entity of the peer review program, the administering entity will make available to the board, within 30 days of the issuance of the peer review acceptance letter, the final peer review report or such peer review records as are designated by the peer review program in which the administering entity participates. The subject of a peer review may voluntarily submit the final peer review report directly to the board.
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CHAPTER 1032
FEES

[Prior to 7/13/88, see Accountancy, Board of[10]]
[Prior to 5/1/02, see 193A—Chapter 14]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 12]

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481—1032.1(542) Fees. The following is a schedule of the fees for examinations, certificates, licenses, permits and renewals adopted by the board:

Initial CPA examination application:	
Paid directly to CPA examination services	not to exceed $1,500
Reexamination:	
Paid directly to CPA examination services	not to exceed $1,500
Original issuance of CPA certificate or LPA license by examination (fee includes wall certificate)	$100
Original issuance of CPA certificate by reciprocity or substantial equivalency	$100
CPA wall certificate or LPA license issued by reciprocity or substantial equivalency	$50
Replacement of lost or destroyed wall CPA certificate or LPA license	$50
Original issuance of attest qualification	$100
Annual renewal of CPA certificate or LPA license—active status	$100
Late renewal of CPA certificate or LPA license within 30-day grace period (July 1 to July 30)—active status	$25
Annual renewal of CPA certificate or LPA license—inactive status	$50
Late renewal of CPA certificate or LPA license within 30-day grace period (July 1 to July 30)—inactive status	$10
Original issuance of firm permit to practice	$100
Annual renewal of firm permit to practice	$100
Reinstatement of lapsed CPA certificate or LPA license	$100 + renewal fee + $25 per month of expired registration
Reinstatement of lapsed firm permit to practice	$100 + renewal fee + $25 per month of expired registration
Interstate Transfer Form	$25
License predetermination fee	$25

[**ARC 7688C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1032.2(542) Reinstatement.

1032.2(1) *Reinstatement of a lapsed CPA certificate or LPA license.* The fee for the reinstatement of a lapsed CPA certificate or LPA license is $100 plus the renewal fee plus $25 per month of expired registration up to a maximum of $1,000.

1032.2(2) *Reinstatement of lapsed firm permit to practice.* The fee for the reinstatement of a lapsed CPA or LPA firm permit to practice for applications is $100 plus the renewal fee plus $25 per month of expired registration up to a maximum of $1,000.

1032.2(3) *Applicants for reinstatement.* All applicants for reinstatement will be assessed the $100 reinstatement fee. The $25 per month penalty fee described in subrules 1032.2(1) and 1032.2(2) will not be assessed if the applicant for reinstatement did not, during the period of lapse, engage in any acts or practices for which an active CPA certificate, LPA license, or firm permit to practice as a CPA or LPA firm is necessary in Iowa. Falsely claiming an exemption from the monthly penalty fee is a ground for discipline; in addition, other grounds for discipline may arise from practicing on a lapsed certificate, license or permit to practice.

[**ARC 7688C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1032.3(542) Prorating of certain fees. Fees for the issuance of an original CPA certificate or LPA license, pursuant to rule 481—1025.3(542), or the issuance of an initial permit to practice to a CPA or LPA firm, pursuant to rule 481—1027.1(542), will not be prorated.

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CHAPTER 1033
RULES OF PROFESSIONAL ETHICS AND CONDUCT

[Prior to 5/1/02, see 193A—Chapter 11]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 13]

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481—1033.1(542) Applicability.

1033.1(1) The AICPA Code of Professional Conduct is based upon the premise that the reliance of the public in general and of the business community in particular on sound financial reporting and on the implication of professional competence inherent in the authorized use of a board-regulated title relating to the practice of public accountancy imposes on persons engaged in such practice certain obligations both to their clients and to the public. These obligations, which the rules of professional ethics and conduct are intended to enforce where necessary, include the obligation to maintain independence of thought and action and a continued commitment to learning and professional improvement, to observe applicable generally accepted accounting principles and generally accepted auditing standards, to promote the public interest through sound and informative financial reporting, to hold the affairs of clients in confidence, and to maintain high standards of personal conduct in all professional activities in whatever capacity performed.

1033.1(2) In addition to the rules specifically enumerated herein, and only to the extent applicable to certificate holders' and licensees' respective scope of practice, all certificate holders and licensees are obligated to comply with the AICPA Code of Professional Conduct. In the event of a conflict or inconsistency between the AICPA Code of Professional Conduct and rules specifically enumerated herein, the rules specifically enumerated herein prevail.

1033.1(3) The rules of professional ethics and conduct apply to all professional services performed by all CPAs and LPAs, whether or not they are engaged in the practice of public accountancy, except where the wording of a rule clearly indicates that the applicability is specifically limited to the practice of public accountancy.

1033.1(4) A CPA or an LPA engaged in the practice of public accountancy outside the United States will not be subject to discipline by the board for departing, with respect to such foreign practice, from any of the board's rules of professional ethics and conduct, so long as the CPA's or LPA's conduct is in accordance with the standards of professional conduct applicable to the practice of public accountancy in the country in which the CPA or LPA is practicing. However, even in such a case, if a CPA's or an LPA's name is associated with financial statements in such manner as to imply that the CPA or LPA is acting as an independent public accountant and under circumstances that would entitle the reader of the financial statement to assume that United States practices are followed, the CPA or LPA will comply with applicable generally accepted engagement standards and applicable generally accepted accounting principles.

1033.1(5) A CPA or an LPA may be held responsible for compliance with the rules of professional ethics and conduct by all persons associated with the accountant in the practice of public accounting who are either under the accountant's supervision or are licensees, partners or shareholders in the accountant's practice.

1033.1(6) CPAs and CPA firms exercising a practice privilege in Iowa or for a client with a home office in Iowa are subject to the professional standards set forth in this chapter.

1033.1(7) These rules complement the grounds for discipline set out in 481—Chapter 1034.

[**ARC 7689C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1033.2(542) Rules applicable to all CPAs and LPAs.

1033.2(1) *Cooperation with board inquiry.* A CPA or an LPA will, when requested, respond to communications from the board within 30 days.

1033.2(2) *Reporting convictions, judgments, and disciplinary actions.* In addition to any other reporting obligations in Iowa Code chapter 542 or these rules, a CPA or an LPA needs to notify the board within 30 days of:

a. Imposition upon the CPA or LPA of discipline including, but not limited to, censure, reprimand, sanction, probation, civil penalty, fine, consent decree or order, or suspension, revocation or modification of a license, certificate, permit or practice rights by:

(1) The SEC, PCAOB, or IRS (by the Director of Practice); or

(2) Another state board of accountancy for cause other than failure to pay a professional fee by the due date or failure to complete continuing education obligations by another state board of accountancy; or

(3) Any other federal or state agency regarding the CPA's or LPA's conduct while rendering professional services; or

(4) Any foreign authority or credentialing body that regulates the practice of accountancy;

b. Occurrence of any matter reportable by the CPA or LPA to the PCAOB pursuant to the Sarbanes-Oxley Act, Section 102(b)(2)(f) as amended to December 29, 2022, and PCAOB rules and forms adopted pursuant thereto;

c. Any judgment, award or settlement of a civil action or arbitration proceeding in which the CPA or LPA was a party if the matter included allegations of gross negligence, violation of specific standards of practice, fraud, or misappropriation of funds in the practice of accounting; provided, however, licensed firms will notify the board regarding civil judgments, settlements or arbitration awards directly involving the firm's practice of public accounting in this state; or

d. Criminal charges, deferred prosecution or conviction or plea of no contest to which the CPA or LPA is a defendant if the crime is:

(1) Any felony under the laws of the United States or any state of the United States or any foreign jurisdiction; or

(2) Any crime, including a misdemeanor, if an essential element of the offense is dishonesty, deceit or fraud, as more fully described in Iowa Code section 542.5(2).

1033.2(3) *Firm's duty to report.* Each firm will designate a CPA or an LPA as responsible for firm licensure or office registration and responsible for reporting any matter reportable under this rule.

1033.2(4) *Solicitation or disclosure of CPA examination questions and answers.* A CPA or an LPA who solicits or knowingly discloses a Uniform Certified Public Accountant Examination question(s) or answer(s) without the written authorization of the AICPA has committed an act discreditable to the profession.

1033.2(5) *Falsely reporting continuing professional education (CPE).* A CPA or an LPA has committed an act discreditable to the profession when the CPA or LPA falsely reports CPE credits to the board.

[**ARC 7689C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1033.3(542) Rules applicable to CPAs and LPAs who use the titles in offering or rendering products or services to clients.

1033.3(1) *Use of title.*

a. Certified public accountant. Only a person who holds an active, unexpired certificate and who complies with 481—Chapter 1025, Licensure Status and Renewal of Certificates and Licenses, and 481—Chapter 1030, Continuing Education, or a person lawfully exercising a practice privilege under Iowa Code section 542.20 may use or assume the title "certified public accountant" or the abbreviation "CPA" or any other title, designation, word(s), letter(s), abbreviation(s), sign, card, or device indicating that such person is a certified public accountant.

b. Licensed public accountant. Only a person holding a license as a licensed public accountant may use or assume the title "licensed public accountant" or the abbreviation "LPA" or any other title, designation, word(s), letter(s), abbreviation(s), sign, card, or device indicating that such person is a licensed public accountant.

1033.3(2) *Forms of practice.*

a. Certified public accountant firms. A sole proprietorship, corporation, partnership, limited liability company, or any other form of organization has to apply for a permit to practice under Iowa Code section 542.7 and these rules as a firm of certified public accountants in order to use the title "CPAs" or "CPA firm," as more fully described in 481—Chapter 1027.

b. Licensed public accounting firms. A sole proprietorship, corporation, partnership, limited liability company, or any other form of organization has to apply for a permit to practice under Iowa Code section 542.8 and these rules as a firm of licensed public accountants in order to use the title "LPAs" or "LPA firm," as more fully described in 481—Chapter 1028.

1033.3(3) *Acting through others.* A CPA or an LPA is obligated to not allow others to carry out on the CPA's or LPA's behalf, either with or without compensation, acts which, if carried out by the CPA or LPA, would violate the rules of professional ethics and conduct.

[**ARC 7689C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1033.4(542) Audit, review and other attest services.

1033.4(1) *Practice privilege.* All audit, review, and other attest services performed in Iowa or for a client with a home office in Iowa has to be performed through a CPA firm that holds an active Iowa firm permit to practice or through an out-of-state CPA firm exercising a practice privilege in compliance with Iowa Code section 542.20(5) and 542.20(6) and associated rules and the peer review and ownership provisions of Iowa Code section 542.7. Unless Iowa certification is specifically mandated by a governmental body or client, the individual CPAs performing such attest services may either hold an active Iowa CPA certificate or exercise a practice privilege as more fully described in Iowa Code section 542.20. LPAs and LPA firms are not authorized to perform attest services.

1033.4(2) Reserved.

[**ARC 7689C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1033.5(542) Compilation.

1033.5(1) *Who can perform.* Only a CPA licensed under Iowa Code section 542.6 or 542.19, or any other applicable law or rule; an LPA licensed under Iowa Code section 542.8, or any other applicable law or rule; or a CPA exercising a practice privilege under Iowa Code section 542.20 may issue a report in standard form upon a compilation of financial information or otherwise provide compilation services in Iowa or for a client with a home office in Iowa. (More information can be found in rule 481—1026.4(542).)

1033.5(2) *Peer review.* All individuals described in 481—subrule 1026.4(1) will satisfy peer review obligations, individually or through a peer review of a CPA or an LPA firm holding a permit to practice pursuant to Iowa Code section 542.7 or 542.8 or a CPA firm exercising a practice privilege under Iowa Code section 542.20.

[**ARC 7689C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1033.6(542) Rules applicable to tax practice. CPAs, LPAs, and persons who are not CPAs or LPAs may perform tax services in Iowa. The rules of professional ethics and conduct in this chapter apply to any CPA or LPA who is licensed in Iowa and to any CPA exercising a practice privilege in Iowa whenever such person informs the client or prospective client that the person is a CPA or an LPA. Clients may be so informed in a number of ways, including oral or written representations, the display of a CPA certificate or LPA license, or use of the CPA or LPA title in advertising, telephone or Internet directories, letterhead, business cards or email.

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CHAPTER 1034
DISCIPLINARY AUTHORITY AND GROUNDS FOR DISCIPLINE
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 14]

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481—1034.1(17A,272C,542) Disciplinary authority. The board exercises disciplinary authority for the protection and well-being of those persons who rely on licensed individuals and firms for the performance of public accounting services within this state or for clients in this state. To perform these functions, the board is broadly vested with authority to review and investigate alleged acts or omissions of licensees, determine whether disciplinary proceedings are warranted, initiate and prosecute disciplinary proceedings, establish standards of professional conduct, and impose discipline, as authorized under Iowa law.
[**ARC 7690C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1034.2(17A,272C,542) Disciplinary policy.

1034.2(1) The board's disciplinary policy rests upon the premise that the reliance of the public in general and of the business community in particular on sound financial reporting, and on the implication of professional competence inherent in the authorized use of a licensee's regulated title relating to the practice of public accountancy, imposes on persons and firms engaged in such practice certain obligations both to their clients and to the public. These obligations include the obligation to maintain independence of thought and action; to strive continuously to improve one's professional skills; to observe, where applicable, generally accepted accounting principles, generally accepted auditing standards, and similar principles and standards; to promote sound and informative financial reporting; to hold the affairs of clients in confidence; and to maintain high standards of personal conduct in all matters affecting one's fitness to practice public accountancy.

1034.2(2) The public interest dictates that persons professing special competence in accountancy have demonstrated their qualifications to do so, and that persons who have not demonstrated and maintained such qualifications not be permitted to represent themselves as having such special competence; that the conduct of persons licensed as having special competence in accountancy be regulated in all aspects of their professional work; and that the use of titles that have a capacity or tendency to deceive the public as to the status or competence of the persons using such titles not be permitted.

1034.2(3) A CPA or LPA firm is subject to discipline for its own violations of Iowa Code chapter 542 and administrative rules and the violations of the firm's CPAs, LPAs, nonlicensee owners, persons acting or purporting to act under a practice privilege, and others performing professional services on the firm's behalf. Whether a CPA or LPA firm will be charged based on the acts of such individuals will depend on the circumstances. Among the factors the board will consider are whether the firm took reasonable steps to prevent the violation, whether the violation was or could have been discovered by the firm upon reasonable inquiry, what steps the firm took upon discovering the violation, whether the acts or omissions involved licensees of the board or were committed by persons who are not individually licensed by the board, the nature of the services at issue, and whether the violations are isolated matters or more systemic to the firm's performance.
[**ARC 7690C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1034.3(17A,272C,542) Grounds for discipline. The board may initiate disciplinary action against a CPA, an LPA, or a firm of CPAs or LPAs that holds an active, inactive or lapsed certificate, license or permit to practice on any of the following grounds:

1034.3(1) *Fraud or deceit in procuring a license.* Fraud or deceit in procuring or attempting to procure an initial, reciprocal, renewal, or reinstated certificate, license, or permit to practice includes any intentional perversion of the truth when submitting an application to the board, or when submitting information in support of another's application to the board, including:

a. False representation of a material fact, whether by word or by conduct, by false or misleading allegation, or by concealment of that which should have been disclosed.

b. Attempting to file or filing with the board any false or forged record or document, such as a college transcript, diploma or degree, examination report, verification of licensure, continuing education certificate, or verification of peer review.

c. Failing or refusing to provide complete information in response to a question on an application.

d. Reporting information, such as satisfaction of continuing education, peer review, or attest qualification, in a false manner through overt deceit or with reckless disregard for the truth or accuracy of the information asserted.

e. Otherwise participating in any form of fraud or misrepresentation by act or omission.

1034.3(2) *Professional incompetence.* Professional incompetence includes, but is not limited to:

a. A substantial lack of knowledge or ability to discharge professional obligations within the practice of public accounting.

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other practitioners in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care ordinarily exercised by the average practitioner acting in the same or similar circumstances.

d. Failure to conform to the minimum standards of acceptable and prevailing practice of public accounting in this state.

e. A willful, repeated, or material deviation from generally accepted engagement standards, generally accepted accounting standards, generally accepted auditing standards, or any other nationally recognized standard applicable to the public accounting services at issue.

f. Any other act or omission that demonstrates an inability to safely practice in a manner protective of the public's interest.

1034.3(3) *Deceptive practices.* Deceptive practices are grounds for discipline, whether or not actual injury is established, and include:

a. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of public accounting.

b. Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes, but is not limited to, an action by a licensee in making information or intention known to the public that is false, deceptive, misleading or promoted through fraud or misrepresentation.

c. Acceptance of any fee by fraud or misrepresentation.

d. Falsification of business or client records.

e. Submission of false or misleading reports or information to the board including information supplied in an audit of continuing education, reports submitted as a condition of probation, or any reports identified in this rule or 481—Chapter 1038.

f. Knowingly presenting as one's own a certificate or certificate number, license or license number, permit or permit number, or signature, when the above belongs to another or a fictitious licensee; or otherwise falsely impersonating a person holding a CPA certificate, an LPA license, or a permit to practice as a firm of CPAs or LPAs.

g. Representing oneself as a CPA, LPA, CPA firm, or LPA firm when the certificate, license, or permit to practice has been suspended, revoked, surrendered, or placed on inactive status, or has lapsed, except as allowed under Iowa Code section 542.20.

h. Fraud in representations as to skill or ability.

1034.3(4) *Unethical, harmful or detrimental conduct.* Licensees engaging in unethical conduct or practices harmful or detrimental to the public may be disciplined whether or not injury is established. Behaviors and conduct that are unethical, harmful or detrimental to the public may include, but are not limited to, the following actions:

a. Verbal or physical abuse, or improper sexual contact, if such behavior occurs within the practice of public accounting or if such behavior otherwise provides a reasonable basis for the board to conclude that such behavior within the practice of public accounting would place the public at risk.

b. A violation of a rule of professional conduct relating to improper conflicts of interest, or lack of integrity, objectivity or independence, as provided in the AICPA Code of Professional Conduct.

c. A violation of a provision of Iowa Code section 542.13, or aiding or abetting any unlawful activity for which a civil penalty can be imposed under Iowa Code sections 542.13 and 542.14.

1034.3(5) *Lack of proper qualifications.* Lack of proper qualifications includes, but is not limited to:

a. Continuing to practice as a CPA or LPA without satisfying the continuing education necessary for certificate or license renewal.

b. Continuing to perform attest services or compilation services without timely completion of peer review.

c. Performing attest services as an individual without proper certification or attest qualification, or without acting through a CPA firm holding a permit to practice pursuant to Iowa Code section 542.7 or exercising a practice privilege pursuant to Iowa Code section 542.20.

d. Performing attest services as a firm without holding a permit to practice pursuant to Iowa Code section 542.7 or exercising a practice privilege pursuant to Iowa Code section 542.20, or without ensuring that the individuals responsible for supervising attest services or signing or authorizing someone to sign the accountant's report are attest-qualified, hold the necessary certification or are eligible to exercise a practice privilege, or otherwise performing attest services in a manner inconsistent with Iowa Code chapter 542 or the rules of the board.

e. Habitual intoxication or addiction to the use of drugs, or impairment that adversely affects the CPA's or LPA's ability to practice in a safe and competent manner.

f. Any act, conduct, or condition, including lack of education or experience and careless or intentional acts or omissions, that demonstrates a lack of qualifications that are necessary to ensure a high standard of professional care as provided in Iowa Code section 272C.3(2)*"b,"* or that impairs a practitioner's ability to safely and skillfully practice the profession.

1034.3(6) *Negligence in the practice of public accounting.* Negligence in the practice of public accounting includes the following acts, practices, or omissions, whether or not injury results:

a. Failure or refusal without good cause to exercise reasonable diligence in the practice of public accounting.

b. Failure to exercise due care including negligent delegation of duties in the practice of public accounting.

c. Neglect of contractual or other duties to a client.

1034.3(7) *Professional misconduct.* Professional misconduct includes, but is not limited to, the following:

a. Violation of a generally accepted engagement standard, generally accepted accounting standard, generally accepted auditing standard, or any other nationally recognized standard applicable to the public accounting services at issue, as provided in rule 481—1033.4(542), or any other violation of a provision of the AICPA Code of Professional Conduct.

b. Violation of a regulation or law of this state, another state, the United States, or the PCAOB in the practice of public accounting.

c. Engaging in any conduct that subverts or attempts to subvert a board investigation of a licensed or unlicensed firm, individual, or other entity, or failure to fully cooperate with a disciplinary investigation of a licensee or with an investigation of firms, individuals or other entities that are not licensed by the board, including, without limitation, failure to comply with a subpoena issued by the board or to respond to a board inquiry within 30 days.

d. Revocation, suspension, or other disciplinary action taken against a licensee or person or firm exercising a practice privilege by a licensing authority of this state or another state, territory, or country. A stay by an appellate court does not negate the obligation to report such incidents to the board; however, if such disciplinary action is overturned or reversed by a court of last resort, discipline by the board based solely on such action will be vacated.

e. Suspension or revocation of the right to practice before any state or federal agency, or the PCAOB.

f. Violating Iowa Code section 542.17.

g. Violating Iowa Code section 542.18.

h. Violating or aiding and abetting another's violation of Iowa Code section 542.13 or 542.20.

i. Violating the terms of an initial agreement with the Iowa professionals review committee or violation of the terms of an impaired practitioner recovery contract with the Iowa professionals review committee.

j. Violating a practice privilege afforded to an Iowa licensee in another state.

k. Engaging in the practice of public accounting on a lapsed or inactive certificate, license or permit when the acts or practices obligate active Iowa licensure and, in the case of a firm, allowing such acts or practices by firm CPAs or LPAs.

1034.3(8) *Willful or repeated violations.* The willful or repeated violation or disregard of any provision of Iowa Code chapter 272C or 542 or any administrative rule adopted by the board in the administration or enforcement of such chapters.

1034.3(9) *Failure to report.*

a. Failure by a CPA firm to timely report as provided in rule 481—1027.7(542).

b. Failure of an LPA firm to timely report as provided in rule 481—1028.5(542).

c. Failure to timely report judgments and settlements and reportable violations by others as provided in 481—Chapter 1038.

d. Failure to report in writing to the board any issuance, denial, revocation, or suspension of a license by another state, or the voluntary surrender of a license to resolve a pending disciplinary investigation or action, within 30 calendar days of the licensing authority's final action.

e. Failure to report the conviction of any felony, or a crime described in Iowa Code section 542.5(2), within 30 calendar days of the conviction.

f. Failure to report to the board a change in the licensee's physical or mailing address within 30 calendar days of the change.

g. Failure to report as provided in 481—subrule 1033.4(3) or as otherwise required in the AICPA Code of Professional Conduct.

1034.3(10) *Failure to comply with board order.* Failure to comply with the terms of a board order or the terms of a settlement agreement or consent order, or other decision imposing discipline.

1034.3(11) *Conviction of a crime.* Conviction of any crime described in Iowa Code section 542.5(2) and as limited by Iowa Code section 272C.10(5) is grounds for denial, revocation, or suspension of a license. "Conviction" includes any plea of guilty or nolo contendere, including Alford pleas, or finding of guilt whether or not judgment or sentence is deferred, withheld, not entered, or suspended, and whether or not the conviction is on appeal. If such conviction is overturned or reversed by a court of last resort, discipline by the board based solely on the conviction is vacated.

1034.3(12) *Conduct discreditable to the accounting profession.* Conduct discreditable to the accounting profession includes any act or practice that diminishes the public's confidence in the profession, impairs the credibility of the profession, or otherwise compromises the public's trust. While it is not possible to list all conduct that is discreditable to the accounting profession, the following list provides an illustrative range of acts or practices that are implicated:

a. Dishonesty in business or financial affairs, or a pattern of fiscal irresponsibility.

b. Placement on the sex offender registry.

c. Securities fraud or violation of the Iowa consumer fraud Act.

d. Willful or repeated failure to timely file tax returns or other tax documents.

e. False testimony in a court or administrative proceeding, or affidavit, or otherwise under oath.

f. Providing false or misleading information to a financial institution or governmental body or official.

g. Stating or implying an ability to improperly influence a government agency or official, or attempting to do so through deception, bribery or other unlawful means.

h. Violation of a breach of fiduciary duty when acting in the capacity of a trustee, conservator, or other fiduciary, or as the professional advisor to a fiduciary.

i. Any violation of Iowa Code chapter 542 or administrative rules that involves dishonesty, bad faith, or unethical behavior.

[**ARC 7690C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 542 and section 546.10.

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CHAPTER 1035
DISCIPLINARY INVESTIGATIONS
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 15]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1035.1(17A,272C,542) Initiation of disciplinary investigations. The board may initiate a licensee disciplinary investigation upon the board's receipt of information suggesting that a licensee may have violated a law or rule enforced by the board which, if true, would constitute grounds for licensee discipline. The board may also review the publicly available work product of licensees on a general or random basis to determine whether reasonable grounds exist to initiate disciplinary proceedings or to conduct a more specific investigation.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.2(17A,272C,542) Conflict of interest. If the subject of a complaint is a member of the board, or if a member of the board has a conflict of interest in any disciplinary matter before the board, that member will abstain from participation in any consideration of the complaint and from participation in any disciplinary hearing that may result from the complaint.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.3(272C,542) Complaints. Written complaints may be submitted by any means and by anyone.

1035.3(1) *Contents of a written complaint.* Written complaints may be submitted through the online complaint process. Written complaints, whether submitted on a board complaint form or in other written medium, will contain the following information:

a. The full name, address, and telephone number of the complainant (person complaining).

b. The full name, address, and telephone number of the respondent (licensee against whom the complaint is filed).

c. A statement of the facts and circumstances giving rise to the complaint, including a description of the alleged acts or omissions that the complainant believes demonstrate that the respondent has violated or is violating laws or rules enforced by the board.

d. If known, citations to the laws or rules allegedly violated by the respondent.

e. Evidentiary supporting documentation.

f. Steps, if any, taken by the complainant to resolve the dispute with the respondent prior to filing a complaint.

1035.3(2) *Immunity.* As provided by Iowa Code section 272C.8, a person is not civilly liable as a result of filing a report or complaint with the board unless such act is done with malice, nor may an employee be dismissed from employment or discriminated against by an employer for filing such a report or complaint.

1035.3(3) *Role of complainant.* The role of the complainant in the disciplinary process is limited to providing the board with factual information relative to the complaint. A complainant is not party to any disciplinary proceeding that may be initiated by the board.

1035.3(4) *Role of the board.* The board does not act as an arbiter of disputes between private parties, nor does the board initiate disciplinary proceedings to advance the private interest of any person or party. The role of the board in the disciplinary process is to protect the public by investigating complaints and initiating disciplinary proceedings in appropriate cases. The board possesses sole decision-making authority throughout the disciplinary process, including the authority to determine whether a case will be investigated, the manner of the investigation, whether a disciplinary proceeding will be initiated, and the appropriate licensee discipline to be imposed, if any.

1035.3(5) *Initial complaint review.* All written complaints received by the board are initially reviewed by the board's administrator to determine whether the complaint allegations fall within the board's investigatory jurisdiction and whether the facts presented, if true, would constitute a basis for licensee disciplinary action. Complaints that are clearly outside the board's jurisdiction, which clearly do not allege

facts upon which disciplinary action would be based, or which are frivolous, will be referred by the board administrator to the board for closure at the next scheduled board meeting.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.4(272C,542) Case numbers. Complaint files are tracked by a case numbering system. Once a case file number is assigned to a complaint, all persons communicating with the board regarding that complaint are encouraged to include the case file number to facilitate accurate records and prompt response.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.5(272C,542) Confidentiality of complaint and investigative information.

1035.5(1) *General provisions.* All complaint and investigative information received or created by the board is privileged and confidential pursuant to Iowa Code section 272C.6(4). Such information will not be released to any person except as provided in that section and this rule.

1035.5(2) *Confidentiality of PCAOB information and records.*

a. The PCAOB was created by the Sarbanes-Oxley Act of 2002 (the Act) as a nonprofit corporation under the laws of the District of Columbia. The duties of the PCAOB include the registration of public accounting firms that prepare audit reports for public companies; the promulgation of rules (as approved by the SEC) for auditing, quality control, ethics, independence and other standards relating to the preparation of audit reports; the inspection of registered public accounting firms; the investigation of alleged standards violations; and the imposition of appropriate sanctions following disciplinary proceedings.

b. Pursuant to Section 105(b)(5)(A) of the Act and PCAOB rules, PCAOB investigatory information and records are confidential and privileged and are exempt from disclosure under the federal Freedom of Information Act. PCAOB, in its discretion, may share such information and records, along with the nonpublic sections of inspection reports, with state regulatory authorities as necessary to accomplish the purposes of the Act or to protect investors. As provided in Section 105(b)(5)(B) of the Act, state regulatory authorities also maintain such information and records as confidential and privileged, and the board will maintain that information as confidential.

1035.5(3) *Disclosure to the subject of the investigation.*

a. Legal authority. Pursuant to Iowa Code section 10A.506, the board may supply to a licensee who is the subject of a disciplinary complaint or investigation, prior to the initiation of a disciplinary proceeding, all or such parts of a disciplinary complaint, disciplinary or investigatory file, report, or other information as the board in its sole discretion believes would aid the investigation or resolution of the matter.

b. General rule. As a matter of general policy, the board will not disclose confidential complaint and investigative information to a licensee except as permitted by Iowa Code section 272C.6(4). Disclosure of a complainant's identity in advance of the filing of formal disciplinary charges, for instance, may adversely affect a complainant's willingness to file a complaint with the board.

c. Exceptions to general rule. The board may exercise its discretion to release information to a licensee that would otherwise be confidential under Iowa Code section 272C.6(4) under narrow circumstances, including but not limited to the following:

(1) Following a board determination that probable cause exists to file disciplinary charges against a licensee and prior to the issuance of the notice of hearing, the board may provide the licensee with a peer review or investigative report or expert opinions, as reasonably needed for the licensee to assess the merits of a settlement proposal.

(2) The board may release to a licensee who is the subject of a board-initiated investigation, including investigations initiated following the board's receipt of an anonymous complaint, such records or information as may aid the investigation or resolution of the matter.

(3) The board may release information from a peer review or consultant's report when the soliciting of the licensee's position will aid in making the probable cause determination and such disclosure can be made to the licensee without revealing identifying information regarding the complainant, peer reviewer or consultant.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.6(17A,272C,542) Subpoena authority. Pursuant to Iowa Code sections 17A.13(1), 272C.6(3) and 542.11(1), the board is authorized in connection with a disciplinary investigation to issue subpoenas to compel witnesses to testify or persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, which the board deems necessary as evidence in connection with a disciplinary proceeding or relevant to the decision of whether to initiate a disciplinary proceeding. Board procedures concerning investigative subpoenas are set forth in 7—Chapter 2504.
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.7(17A,272C,542) Informal discussion. If the board considers it advisable, or if requested by the affected licensee, the board may grant the licensee an opportunity to appear for a voluntary informal discussion of the facts and circumstances of an alleged violation, subject to the provisions of this rule.

1035.7(1) An informal discussion is intended to provide a licensee an opportunity to share the licensee's side of a complaint in an informal setting before the board determines whether probable cause exists to initiate a disciplinary proceeding. A licensee may attend an informal discussion but is not compelled to do so. Because disciplinary investigations are confidential, a licensee is not permitted to bring persons other than legal counsel to an informal discussion. Where an allegation is made against a firm, the firm may be represented by a managing partner, member or other firm representative.

1035.7(2) Unless disqualification is waived by the licensee, board members or staff who personally investigate a disciplinary complaint are disqualified from making decisions or assisting the decision makers at a later formal hearing. Because board members generally rely upon investigators, peer review committees, or expert consultants to conduct investigations, the issue rarely arises. An informal discussion, however, is a form of investigation because it is conducted in a question and answer format. In order to preserve the ability of all board members to participate in board decision making and to receive the advice of staff, a licensee who desires to attend an informal discussion waives the right to seek disqualification of a board member or staff based solely on the board member's or staff's participation in an informal discussion. A licensee would not be waiving the right to seek disqualification on any other ground. By electing to attend an informal discussion, a licensee accordingly agrees that participating board members or staff are not disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision maker.

1035.7(3) Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence.

1035.7(4) The board may propose a consent order at the time of the informal discussion. If the licensee agrees to a consent order, a statement of charges is filed simultaneously with the consent order as provided in rule 481—506.35(17A,272C).
[**ARC 7691C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1035.8(17A,272C,542) Closing complaint files.

1035.8(1) *Grounds for closing.* The board may close a complaint file, with or without prior investigation. Given the broad scope of matters about which members of the public may have complaints, it is not possible to catalog all possible reasons why the board may close a complaint file.

1035.8(2) *Closing orders.* The board's administrator may enter an order stating the basis for the board's decision to close a complaint file. If entered, the order will not contain the identity of the complainant or the respondent and will not disclose confidential complaint or investigative information.

If entered, a closing order will be indexed by case number and is a public record pursuant to Iowa Code section 17A.3(1)*"d."* A copy of the order may be mailed to the complainant, if any, and to the respondent. The board's decision whether or not to pursue an investigation, to institute disciplinary proceedings, or to close a file is not subject to judicial review.

1035.8(3) *Cautionary letters.* The board may issue a confidential letter of caution to a licensee when a complaint file is closed that informally cautions or educates the licensee about matters that could form the basis for disciplinary action in the future if corrective action is not taken by the licensee. Informal cautionary letters do not constitute disciplinary action, but the board may take such letters into consideration in the future if a licensee continues a practice about which the licensee has been cautioned.

1035.8(4) *Reopening closed complaint files.* The board may reopen a closed complaint file if additional information arises after closure that provides a basis to reassess the merits of the initial complaint.

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CHAPTER 1036
DISCIPLINARY PROCEEDINGS
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 16]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1036.1(17A,272C,542) Initiation of disciplinary proceedings. Disciplinary proceedings may be initiated only by the affirmative vote of a majority of a quorum of the board at a public meeting. Board members who are disqualified will be excluded in determining whether a quorum exists. If, for example, two members of the board are disqualified, four members of the board constitutes a quorum of the remaining six board members for purposes of voting on the case in which the two members are disqualified. When three or more members of the board are disqualified or otherwise unavailable for any reason, the administrator may request the special appointment of one or more substitute board members pursuant to Iowa Code section 17A.11(5).

[**ARC 7692C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1036.2(17A,272C,542) Disciplinary contested case procedures. Unless in conflict with a provision of Iowa Code chapter 542 or board rules in this chapter, all of the procedures set forth in 481—Chapter 506 apply to disciplinary contested cases initiated by the board.

[**ARC 7692C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1036.3(272C,542) Disciplinary sanctions.

1036.3(1) *Type of sanctions.* The board has the authority to impose the following disciplinary sanctions:

a. Revoke a license issued by the board. In the event of a revocation, the licensee is not allowed to remain a member, partner or shareholder of a business entity if the law dictates that all members, partners or shareholders of such an entity be actively involved.

b. Suspend a license issued by the board. A CPA or LPA who is under suspension will refrain, during the period of the suspension, from all facets of the ordinary practice of public accounting.

c. Revoke or suspend the privilege to engage in one or more areas of the practice of public accounting.

d. Impose a period of probation. As a condition to a period of probation, the board may impose terms and conditions deemed appropriate by the board, which may include, but are not limited to, the following:

(1) The board may order the licensee to undergo a quality review or desk review under the board's supervision. The licensee will select, subject to approval by the board, a CPA, an LPA, or a firm of CPAs or LPAs. The review cost will be paid by the licensee. The board will be furnished a copy of the report issued by the reviewing party and may order remedial actions or education as a result of the report findings.

(2) The board may order the licensee to enter into an agreement with a CPA, an LPA, or a firm of CPAs or LPAs to obtain a preissuance review of any audits, compilations, or reviews issued by the licensee or other public accounting services performed during the probationary period. The agreement will be preapproved by the board. The board may order the licensee to report regularly concerning the preissuance reviews conducted pursuant to the agreement. Any cost incurred in obtaining preissuance review will be paid by the licensee.

(3) The board may order the licensee to undergo a substance abuse evaluation and such care and treatment appropriate under the circumstances.

e. Specify that a designated amount of continuing education be taken in specific subjects and may specify the time period for completing these courses. The board may also specify whether that continuing education be in addition to the continuing education routinely necessary for license renewal. The board may also specify that additional continuing education be a condition for the termination of any suspension or reinstatement of a certificate, permit, license, or registration. The board may also specify that current reference materials be obtained and maintained.

f. Obligate the licensee to undergo reexamination, using one or more parts of the CPA or LPA examination given to candidates for the CPA certificate or the LPA license.

g. Impose civil penalties pursuant to Iowa Code section 542.14(2).

h. Issue a reprimand.

i. Order the licensee to alter a professional practice or refrain from engaging in a particular act or practice in the future, notify clients of unlicensed or unprofessional conduct, or take such other remedial measures that are appropriate under the public interest and circumstances of the infraction.

j. Order such alternative discipline as is allowed by law.

1036.3(2) *Imposing discipline.* Discipline may be imposed against a licensee only by the affirmative vote of a majority of the members of the board who are not disqualified.

1036.3(3) *Voluntary surrender.* The board may accept the voluntary surrender of a license to resolve a pending disciplinary contested case or pending disciplinary investigation. The board will not accept a voluntary surrender of a license to resolve a pending disciplinary investigation unless a statement of charges is filed along with the order accepting the voluntary surrender. Such a voluntary surrender is considered disciplinary action and will be published in the same manner as is applicable to any other form of disciplinary order.

1036.3(4) *Client notification.* Whenever a license is revoked, suspended, under probation, or voluntarily surrendered under this chapter, the licensee will:

a. Within 30 days of receipt of the board's final order, notify in writing all clients of the fact that the license has been revoked, suspended or voluntarily surrendered or that the licensee is under probation and the subject of compliance terms imposed by the board; for example, the licensee may agree to discontinue governmental audits while the licensee's license is under probation. Such notice will advise the client to obtain alternative professional services, unless probationary compliance terms at issue would not impact the public accounting services provided for that client;

b. Within 30 days of receipt of the board's final order, file with the board copies of the notices sent pursuant to paragraph 1036.3(4)*"a."* Compliance with this paragraph is a condition precedent for an application for reinstatement.

[**ARC 7692C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1036.4(272C,542) Notification of decisions. The board will notify NASBA of disciplinary action taken against an Iowa licensee.

[**ARC 7692C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1036.5(272C,542) Reinstatement.

1036.5(1) The term "reinstatement" as used in this rule and in rule 481—506.32(17A,272C) includes the reinstatement of a suspended license, the modification or removal of a probationary limitation on a licensee's practice, the issuance of a license following the denial of an application to renew a license, and the issuance of a new license following the revocation or voluntary surrender of a license.

1036.5(2) Any person whose license has been revoked, suspended or placed under probation by the board, or who has voluntarily surrendered a license to conclude a disciplinary investigation or proceeding, or whose application to renew a license has been denied may apply to the board to modify or terminate the suspension, issue or reissue the license, or modify or remove the probationary limitations of practice in accordance with Iowa Code section 542.12, rule 481—506.32(17A,272C), the provisions of this rule, and the terms of the order of revocation, suspension or probation, denial of license renewal, or acceptance of voluntary license surrender.

1036.5(3) If the applicable order did not establish terms upon which the licensee may apply for reinstatement, an initial application for reinstatement may be made after at least one year has elapsed from the date of the order that revoked, suspended or placed under probation the license, denied license renewal, or accepted a voluntary surrender.

1036.5(4) All proceedings for reinstatement are initiated by the respondent and subject to the procedures set forth in rule 481—506.32(17A,272C). In addition, the board may grant an applicant's request to appear informally before the board prior to the issuance of a notice of hearing on the application if the applicant requests an informal appearance in the application and agrees not to seek to disqualify on the ground of personal investigation the board members or staff before whom the applicant appears.

1036.5(5) An order granting an application for reinstatement may impose such terms and conditions as the board deems desirable, which may include one or more of the types of disciplinary sanctions described in rule 481—1036.3(272C,542).

1036.5(6) The board will not grant an application for reinstatement when the initial order that revoked, suspended or placed under probation the license; denied license renewal; or accepted a voluntary surrender was based on a criminal conviction and the applicant cannot demonstrate to the board's satisfaction that:

a. All the terms of the sentencing or other criminal order have been fully satisfied;

b. The applicant has been released from confinement and any applicable probation or parole; and

c. Restitution has been made or is reasonably in the process of being made to any victims of the crime.

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These rules are intended to implement Iowa Code chapters 17A, 272C, and 542.

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CHAPTER 1037
ENFORCEMENT PROCEEDINGS AGAINST NONLICENSEES
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 17]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1037.1(542) Civil penalties against nonlicensees. The board may order compliance with Iowa Code chapter 542 and board rules, revoke a practice privilege, and impose civil penalties by order against a firm, other entity, or individual that is not licensed by the board pursuant to Iowa Code chapter 542 based on the unlawful practices specified in Iowa Code sections 542.13 and 542.20. In addition to the procedures set forth in Iowa Code section 542.14, this chapter applies.
[**ARC 7693C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1037.2(17A,542) Investigations. The board is authorized by Iowa Code section 17A.13(1) and Iowa Code section 542.11 to conduct such investigations as are needed to determine whether grounds exist to impose civil penalties against a nonlicensee. Such investigations will conform to the procedures outlined in 481—Chapter 1035. Complaint and investigatory files concerning nonlicensees are not confidential except as may be provided in Iowa Code chapter 22.
[**ARC 7693C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1037.3(17A,542) Notice of intent to impose civil penalties. The notice of the board's intent to issue an order to enforce compliance with Iowa Code chapter 542 and board rules and to impose a civil penalty will be served upon the nonlicensee by certified mail, return receipt requested, or personal service in accordance with Iowa Rule of Civil Procedure 1.305. Alternatively, the nonlicensee may accept service personally or through authorized counsel. The notice will include the following:

1. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.
2. Reference to the particular sections of the statutes and rules involved.
3. A short, plain statement of the alleged unlawful practices.
4. The dollar amount of the proposed civil penalty, the nature of the intended order to enforce compliance with Iowa Code chapter 542 and board rules, and whether a practice privilege will be revoked.
5. Notice of the nonlicensee's right to a hearing and the time frame in which hearing can be requested.
6. The address to send a written request for hearing.

[**ARC 7693C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1037.4(17A,542) Request for hearing.

1037.4(1) Nonlicensees have 30 days to request a hearing. The 30-day time frame begins on the date the notice is mailed if served through certified mail to the last-known address, or 30 days from the date of service if service is accepted or made in accordance with Iowa Rule of Civil Procedure 1.305. A request for hearing has to be in writing and is deemed made on the date of the nonmetered United States Postal Service postmark or the date of personal service.

1037.4(2) If a request for hearing is not timely made, the board chairperson or the chairperson's designee may issue an order imposing the civil penalty, revoking the practice privilege, and requiring compliance with Iowa Code chapter 542 and board rules, as described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose civil penalty.

1037.4(3) If a request for hearing is timely made, the board will issue a notice of hearing and conduct a hearing in the same manner as applicable to disciplinary cases against licensees.

1037.4(4) A nonlicensee may waive the right to hearing and all attendant rights and enter into a consent order imposing a civil penalty, revoking the practice privilege, and requiring compliance with Iowa Code chapter 542 and board rules at any stage of the proceeding upon mutual consent of the board.

1037.4(5) The notice of intent to issue an order and the order are public records available for inspection and copying in accordance with Iowa Code chapter 22. Hearings are open to the public.

[**ARC 7693C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1037.5(542) "Safe harbor" language. Persons who do not hold a CPA certificate or LPA license, firms that do not hold a CPA or LPA firm permit to practice, or individuals or firms that are ineligible to exercise a practice privilege cannot use in any statement relating to the financial affairs of a person or entity language that is conventionally used by CPAs or LPAs in reports on financial statements. Pursuant to Iowa Code section 542.13(8), such persons or firms may use the following "safe harbor" language:

"I (we) have prepared the accompanying (financial statements) of (name of entity) as of (time period) for the (period) then ended. This presentation is limited to preparing in the form of financial statements information that is the representation of management (owners). I (we) have not audited, reviewed or compiled the accompanying financial statements and accordingly do not express an opinion or any other form of assurance on them."

[**ARC 7693C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1037.6(542) Enforcement options. The board may also pursue other enforcement as provided in Iowa Code sections 542.14(8), 542.14(9) and 542.15.

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CHAPTER 1038
LICENSEES' DUTY TO REPORT

[Prior to 5/1/02, see 193A—Chapter 15]
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 18]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1038.1(272C,542) Reporting acts or omissions committed by licensees.

1038.1(1) An individual or firm licensed by the board has a duty to report under Iowa Code section 272C.9(2). The failure to perform an engagement for a client in accordance with professional standards may demonstrate a lack of qualifications by a licensee or firm. These professional standards are set forth in 481—Chapter 1033.

1038.1(2) When a licensee observes an act or omission referenced in subrule 1038.1(1), the licensee is obligated to report the violation in writing to the board office, setting forth the name of the licensee alleged to have committed the violation and the rule(s) violated, together with a copy of all material that evidences the violation.

[**ARC 7694C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1038.2(272C,542) Reporting judgments and settlements alleging malpractice.

1038.2(1) Licensees have a duty to report under Iowa Code section 272C.9(3). For the purposes of this rule, malpractice actions brought against a firm licensed by the board will be deemed to have been brought against both the firm and the firm's owners (e.g., partners, shareholders, or members) who performed the services that led to the malpractice action.

1038.2(2) When a licensee is a party to an adverse judgment resulting from a professional malpractice action or is a party to a settlement of a claim resulting from an allegation of malpractice, the licensee has an obligation to file a report in writing forwarded to the board office, setting forth the name and address of the client, the date the claim was originally made, a brief description of the circumstances precipitating the claim and a copy of the judgment or settlement agreement resulting from the claim.

[**ARC 7694C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1038.3(272C,542) Timely reporting. The reports under this chapter are to be forwarded to the board within 30 days from the initial receipt of the information giving rise to the reporting obligation.

[**ARC 7694C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1038.4(272C,542) Failure to make reports. The board may initiate a disciplinary proceeding against any licensee who fails to make a timely report under this chapter.

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CHAPTER 1039
PRACTICE PRIVILEGE FOR OUT-OF-STATE CERTIFIED PUBLIC ACCOUNTANTS
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 20]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1039.1(542) Overview and timing. Out-of-state certified public accountants who maintain their principal place of business in a jurisdiction other than Iowa may practice public accounting in Iowa or for clients with a home office in Iowa without Iowa licensure if all of the conditions of Iowa Code section 542.20 and this chapter are satisfied.
[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.2(542) Out-of-state licensure status. The practice privilege described in Iowa Code section 542.20 applies to individuals who are licensed to practice as certified public accountants in the jurisdiction in which their principal place of business is located for those periods of time in which all of the following conditions are satisfied:

1039.2(1) The out-of-state license is valid, in good standing, and active. The practice privilege ceases if the out-of-state license expires in the jurisdiction of the individual's principal place of business.

1039.2(2) The individual meets the criteria for substantial equivalency reciprocity, as provided in Iowa Code section 542.19(1)*"a," "b,"* or *"c"* and rule 481—1029.5(542).

1039.2(3) The license authorizes in the individual's principal place of business all of the public accounting services the individual performs or offers to perform in Iowa or for clients with a home office in Iowa.
[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.3(542) When Iowa licensure may be necessary.

1039.3(1) The auditor of state, the department of agriculture and land stewardship, another governmental official or body, or a client may mandate that an individual be licensed in Iowa as a condition of performing public accounting services in Iowa or for a client with a home office in Iowa, whether or not the individual may otherwise satisfy the conditions for a practice privilege. Iowa licensure as a certified public accountant is necessary, for example, to perform certain audit services described in Iowa Code chapter 11.

1039.3(2) Iowa licensure is necessary if an individual has an office in Iowa at which the individual uses the title "CPA," unless the individual satisfies the conditions for a practice privilege and one of the following is true:

a. The Iowa office is the office of an Iowa CPA or LPA firm that holds a permit to practice under Iowa Code section 542.7 or 542.8, and the individual provides public accounting services through that firm.

b. The Iowa office is the office of a business entity that is not obligated to hold a firm permit to practice under Iowa Code section 542.7 or 542.8, and the individual provides public accounting services through that business entity.

1039.3(3) Iowa licensure is necessary if an individual moves the individual's principal place of business to Iowa and is otherwise obligated to be licensed under Iowa Code chapter 542. The board's streamlined application process for reciprocal licensure is described in Iowa Code section 542.19 and 481—Chapter 1029.
[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.4(542) Individuals ineligible for a practice privilege.

1039.4(1) The practice privilege described in Iowa Code section 542.20 is not applicable if:

a. The individual has been convicted of a felony under the laws of any jurisdiction.

b. The individual has been convicted of any crime under the laws of any jurisdiction if an element of the crime involves dishonesty or fraud, such as forgery, embezzlement, obtaining money under false pretenses, theft, extortion, conspiracy to defraud, or similar offense, as more fully described in Iowa Code section 542.5(2).

c. The individual's license to practice public accounting has been suspended, revoked, or otherwise disciplined by a licensing authority in this or another state, territory, or country, for any cause other than failure to pay appropriate fees. "Disciplined" includes the voluntary surrender of a license to resolve a pending disciplinary investigation or proceeding in Iowa or another jurisdiction.

d. The individual's right to practice public accounting before any state or federal agency, or the PCAOB, has been suspended or revoked.

e. The individual has applied for licensure as a certified public accountant in Iowa or another jurisdiction and the application has been denied.

f. Civil penalties have been imposed against the individual pursuant to Iowa Code section 542.14.

g. The individual's authority to exercise a practice privilege has been revoked in Iowa or another jurisdiction.

1039.4(2) Individuals precluded from exercising a practice privilege under this rule may apply for licensure in Iowa if otherwise qualified. The board will determine when an application is submitted whether the criminal or disciplinary history or other regulatory action provides a ground to deny licensure.

[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.5(542) Attest and compilation services. Individuals providing compilation services in Iowa or for a client with a home office in Iowa need to comply with the peer review provisions of Iowa Code section 542.6(6) or provide such services through a CPA or LPA firm, or a substantially equivalent firm that holds a valid license in the firm's principal place of business and that complies with the peer review and ownership provisions of Iowa Code section 542.7 or 542.8.

[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.6(542) Rights and duties.

1039.6(1) Individuals who satisfy the conditions for a practice privilege may practice public accounting in Iowa or for a client with a home office in Iowa in person or by telephone, mail, or electronic means without licensure under Iowa Code chapter 542 or notice to the board.

1039.6(2) Individuals lawfully practicing public accounting under a practice privilege may use the title "CPA" as long as they do not have an office in Iowa, except as provided in subrule 1039.3(2).

1039.6(3) Individuals practicing public accounting in Iowa or for a client with a home office in Iowa while exercising a practice privilege are subject to all of the following provisions:

a. Practice privilege practitioners are not allowed to make any representation tending to falsely indicate that the individuals are licensed under Iowa Code chapter 542. Such individuals may truthfully identify themselves as licensed in any jurisdiction in which they hold a valid, active, unexpired license to practice as a certified public accountant. For example, a practice privilege practitioner could not use the title "Iowa CPA" or otherwise state or imply licensure in Iowa, but, if true, the individual could use a title such as "CPA, licensed in Texas" or "Florida CPA." Such individuals could also truthfully state that they are CPAs practicing under a practice privilege.

b. Practice privilege practitioners will provide, upon a client's or prospective client's request, accurate information on the state or states of licensure, principal place of business, contact information, and manner in which licensure status can be verified.

c. Practice privilege practitioners will comply with all professional standards, laws, and rules that apply to licensees performing the same professional services.

1039.6(4) As a condition of exercising the practice privilege provided in Iowa Code section 542.20, the individual:

a. Consents to the personal and subject matter jurisdiction and regulatory authority of the board including, but not limited to, the board's jurisdiction to revoke the practice privilege or otherwise take action under Iowa Code section 542.14 for any violation of Iowa Code chapter 542 or board rules;

b. Appoints the regulatory body of the state that issued the license in the individual's principal place of business as the agent upon whom process may be served in any action or proceeding by the board against the individual;

c. Agrees to supply the board, upon the board's request and without subpoena, such information or records licensees are similarly obligated to provide the board under Iowa Code chapter 542, including but not limited to the information described in Iowa Code section 542.20(7)*"c"*; and

d. Agrees to promptly cease offering or providing public accounting services in Iowa or for a client with a home office in Iowa if the license in the individual's principal place of business expires or is otherwise no longer in good standing, or if any of the conditions for exercising the practice privilege are no longer satisfied, or if the board revokes the practice privilege.

[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.7(542) Penalties.

1039.7(1) Individuals purporting to practice public accounting under a practice privilege who are ineligible to exercise a practice privilege or who fail to satisfy the conditions for exercising a practice privilege are subject to all of the penalties that apply to unlicensed persons, including the criminal, administrative, and civil penalties described in Iowa Code sections 542.14 and 542.15.

1039.7(2) If an individual acting or purporting to act under a practice privilege engages in any act or practice that does or may in the future violate Iowa Code chapter 542 or board rules, the board may take any or all of the following actions, as applicable:

a. Apply to the district court for an injunction, restraining order, or other order, pursuant to Iowa Code section 542.14(1);

b. Issue an order to require compliance with Iowa Code chapter 542 or board rules and impose a civil penalty pursuant to Iowa Code section 542.14;

c. Deny the subsequent license application of the violator or the violator's firm, pursuant to Iowa Code section 542.20(4)*"a"* and *"b"*;

d. Refer the complaint or other relevant information to the jurisdiction that issued a license to the alleged violator; and

e. Take disciplinary action against the individual pursuant to Iowa Code section 542.10 if the individual holds an inactive or lapsed Iowa license.

1039.7(3) Complaints filed with the board alleging violations by individuals who are not licensed by the board, including those acting or purporting to act under a practice privilege, are not confidential under Iowa Code section 272C.6(4) and will not be treated as confidential unless otherwise provided in Iowa Code chapter 22 or other applicable law.

1039.7(4) Persons filing complaints with the board against individuals acting or purporting to act under a practice privilege should provide as much information as possible to assist the board in locating the individual and in determining whether the individual is licensed in any jurisdiction.

[**ARC 7695C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1039.8(542) Relationship between Iowa licensure and the exercise of a practice privilege.

1039.8(1) *Active Iowa licensees.* An Iowa licensee holding an active CPA certificate is treated for all purposes as an Iowa licensee and is not subject to the provisions of Iowa Code section 542.20.

1039.8(2) *Inactive Iowa licensees.* An Iowa licensee holding an inactive CPA certificate is precluded by Iowa Code section 542.6(3) and rule 481—1025.9(272C,542) from performing attest or compilation services or using the title "CPA" while performing public accounting services in Iowa or for a client with a home office in Iowa. The practice of an inactive CPA is restricted because the continuing education necessary to renew in active status does not apply to those renewing in inactive status. Some individuals holding an inactive Iowa CPA certificate may, however, hold an active CPA certificate in another jurisdiction in which they maintain their principal place of business and satisfy continuing education obligations. Such individuals may have maintained an inactive Iowa CPA certificate solely to facilitate reinstatement to active status when active Iowa licensure is necessary in their practice. The following provisions apply to inactive Iowa licensees who may wish to exercise a practice privilege:

a. In a disciplinary investigation or proceeding in which an inactive Iowa licensee is alleged to have improperly used the title "CPA" or otherwise practiced public accounting on an inactive license, the board will consider whether the inactive licensee, at the time of the events at issue, satisfied the conditions for a

practice privilege under Iowa Code section 542.20 and complied with all rules applicable to the exercise of a practice privilege.

b. The individual will take care to avoid public confusion about licensure status as provided in 481—subrule 1025.1(6).

c. Violations of Iowa laws or rules by an individual holding an inactive Iowa CPA certificate will be prosecuted as disciplinary proceedings against a licensee under Iowa Code section 542.10 and, when appropriate under the factual circumstances, may also or alternatively be enforced under the provisions of Iowa Code sections 542.14 and 542.15.

1039.8(3) *Lapsed Iowa licensees.* An Iowa licensee holding a lapsed Iowa CPA certificate is not authorized to perform attest or compilation services or to otherwise practice public accounting using the title "CPA" in Iowa or for a client with a home office in Iowa. A lapsed licensee is subject to discipline for practicing on a lapsed license or representing oneself as a "CPA" in any context unless the licensee truthfully discloses that the certificate has lapsed. Some individuals holding lapsed Iowa CPA certificates may, however, hold active CPA certificates in another jurisdiction in which the individuals maintain their principal place of business. Such individuals may have intentionally allowed their Iowa CPA certificates to lapse because the individuals no longer need an active Iowa license in their practice. The following provisions apply to lapsed Iowa licensees who may wish to exercise a practice privilege:

a. In a disciplinary investigation or proceeding in which a lapsed Iowa licensee is alleged to have improperly used the title "CPA" or otherwise practiced public accounting on a lapsed license, the board will consider whether the lapsed licensee, at the time of the events at issue, satisfied the conditions for a practice privilege under Iowa Code section 542.20 and complied with all rules applicable to the exercise of a practice privilege.

b. The individual will take care to avoid public confusion about licensure status as provided in 481—subrule 1025.1(6).

c. Violations of Iowa laws or rules by an individual holding a lapsed Iowa CPA certificate will be prosecuted as disciplinary proceedings against a licensee under Iowa Code section 542.10 and, when appropriate under the factual circumstances, may also or alternatively be prosecuted under the provisions of Iowa Code sections 542.14 and 542.15.

1039.8(4) *Former Iowa licensees.* An individual who held an Iowa CPA certificate at one time whose Iowa CPA certificate has been revoked or surrendered in connection with a disciplinary investigation or proceeding is barred from performing attest or compilation services or using the title "CPA" whether or not such individual may otherwise qualify for a practice privilege.

a. The former Iowa licensees described in this subrule are ineligible to exercise the practice privilege described in Iowa Code section 542.20.

b. Violations of Iowa Code chapter 542 or board rules by former Iowa licensees are subject to the criminal, civil and administrative remedies described in Iowa Code sections 542.14 and 542.15, and may also be prosecuted as disciplinary proceedings under Iowa Code section 542.10 if the license remains subject to reinstatement under Iowa Code section 542.12.

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CHAPTER 1040
PRACTICE PRIVILEGE FOR OUT-OF-STATE CERTIFIED PUBLIC ACCOUNTING FIRMS
[Prior to 6/10/26, see Accountancy Examining Board[193A] Ch 21]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1040.1(542) Overview and timing. Out-of-state certified public accounting firms that maintain their principal place of business in a jurisdiction other than Iowa may practice public accounting in Iowa or for clients with a home office in Iowa without Iowa licensure if all of the conditions of Iowa Code section 542.20 and this chapter are satisfied.
[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.2(542) Out-of-state licensure status. The practice privilege described in Iowa Code section 542.20 applies to certified public accounting firms that are licensed to practice as certified public accounting firms in the jurisdiction in which their principal place of business is located for those periods of time in which all of the following conditions are satisfied:

1040.2(1) The out-of-state license is valid, in good standing, and active. The practice privilege ceases if the out-of-state license expires in the jurisdiction of the firm's principal place of business.

1040.2(2) The out-of-state license is substantially equivalent to a permit to practice issued under Iowa Code section 542.7.

1040.2(3) The license authorizes in the firm's principal place of business all of the public accounting services the firm performs or offers to perform in Iowa or for clients with a home office in Iowa.

1040.2(4) The public accounting services offered in Iowa or for clients with a home office in Iowa that are obligated under Iowa law to be performed by a CPA are performed by a person holding a certificate issued under Iowa Code section 542.6 or 542.19, or by a person exercising a practice privilege pursuant to Iowa Code section 542.20 and 481—Chapter 1039.
[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.3(542) When Iowa licensure may be necessary.

1040.3(1) The auditor of state, the department of agriculture and land stewardship, another governmental official or body, or a client may mandate that a firm be licensed in Iowa as a condition of performing public accounting services in Iowa or for a client with a home office in Iowa, whether or not the firm may otherwise satisfy the conditions for a practice privilege. Iowa licensure as a certified public accounting firm is necessary, for example, to perform certain audit services described in Iowa Code chapter 11.

1040.3(2) Iowa licensure is necessary if the firm has one or more offices in Iowa at which the firm uses the title "CPAs," "CPA firm," "certified public accountants," or "certified public accounting firm."
[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.4(542) CPA firms, revocation of practice privilege.

1040.4(1) The board may revoke the practice privilege in accordance with Iowa Code section 542.20.

1040.4(2) Firms precluded from exercising a practice privilege under this rule may apply for licensure in Iowa if otherwise qualified. The board will determine when an application is submitted whether the criminal or disciplinary history or other regulatory action against the firm or against any of the firm's owners (e.g., partners, shareholders, or members) provides a ground to deny licensure.
[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.5(542) Attest and compilation services. Unless otherwise obligated by rule 481—1040.3(542), attest and compilation services may be performed by an out-of-state CPA firm exercising a practice privilege as long as the out-of-state firm is validly licensed in the state of its principal place of business, complies with Iowa Code section 542.20(5) and 542.20(6) and associated rules, and complies with the peer review and ownership provisions of Iowa Code section 542.7.
[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.6(542) Rights and duties.

1040.6(1) CPA firms that satisfy the conditions for a practice privilege may practice public accounting in Iowa or for a client with a home office in Iowa in person, or by telephone, mail, or electronic means without licensure under Iowa Code chapter 542 or notice to the board.

1040.6(2) CPA firms lawfully practicing public accounting under a practice privilege may use the title "CPAs," "CPA firm," "certified public accountants," or "certified public accounting firm."

1040.6(3) CPA firms practicing public accounting in Iowa or for a client with a home office in Iowa while exercising a practice privilege are subject to all of the following provisions:

a. Practice privilege firms are not allowed to make any representation tending to falsely indicate that the firm is licensed under Iowa Code chapter 542. Such firms may truthfully identify themselves as licensed in any jurisdiction in which the firm holds a valid, active, unexpired license to practice as a certified public accounting firm. For example, a practice privilege firm could not use the title "Iowa CPAs" or "Iowa CPA firm" or otherwise state or imply licensure in Iowa, but, if true, the firm could use a title such as "CPA firm, licensed in Texas" or "Florida CPAs." Such firm could also truthfully state that the firm is practicing in Iowa under a practice privilege.

b. Practice privilege firms will provide, upon a client's or prospective client's request, accurate information on the state or states of licensure, principal place of business, contact information, and manner in which licensure status can be verified.

c. Practice privilege firms will comply with all professional standards, laws, and rules that apply to licensed firms performing the same professional services.

1040.6(4) As a condition of exercising the practice privilege provided in Iowa Code section 542.20, the firm:

a. Consents to the personal and subject matter jurisdiction and regulatory authority of the board including, but not limited to, the board's jurisdiction to revoke the practice privilege or otherwise take action under Iowa Code section 542.14 for any violation of Iowa Code chapter 542 or board rules;

b. Appoints the regulatory body of the state that issued the license in the firm's principal place of business as the agent upon whom process may be served in any action or proceeding by the board against the firm;

c. Agrees to supply the board, upon the board's request and without subpoena, such information or records that licensed firms are similarly obligated to provide the board under Iowa Code chapter 542, including but not limited to the information described in Iowa Code section 542.20(7)*"c,"* and rule 481—1027.3(542); and

d. Agrees to promptly cease offering or providing public accounting services in Iowa or for a client with a home office in Iowa if the license in the firm's principal place of business expires or is otherwise no longer in good standing, or if any of the conditions for exercising the practice privilege are no longer satisfied, or if the board revokes the practice privilege.

[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.7(542) Penalties.

1040.7(1) Firms purporting to practice public accounting under a practice privilege that are ineligible to exercise a practice privilege or that fail to satisfy the conditions for exercising a practice privilege are subject to all of the penalties that apply to unlicensed firms, including the criminal, administrative, and civil penalties described in Iowa Code sections 542.14 and 542.15.

1040.7(2) If a firm acting or purporting to act under a practice privilege engages in any act or practice that does or may in the future violate Iowa Code chapter 542 or board rules, the board may take any or all of the following actions, as applicable:

a. Apply to the district court for an injunction, restraining order, or other order, pursuant to Iowa Code section 542.14(1);

b. Issue an order mandating compliance with Iowa Code chapter 542 or board rules and impose a civil penalty pursuant to Iowa Code section 542.14;

c. Deny the subsequent license application of the violator or, to the extent responsible for the violation, any of the firm's owners (e.g., partners, shareholders, or members), pursuant to Iowa Code section 542.20(4)*"a"* and *"b"*;

d. Refer the complaint or other relevant information to a jurisdiction that issued a license to the alleged violator; and

e. Take disciplinary action against the firm or, to the extent responsible for the violation, any of the firm's owners (e.g., partners, shareholders, or members), pursuant to Iowa Code section 542.10, if the firm or individual holds an inactive or lapsed Iowa license.

1040.7(3) Complaints filed with the board alleging violations by firms that are not licensed by the board, including those acting or purporting to act under a practice privilege, are not confidential under Iowa Code section 272C.6(4) and will not be treated as confidential unless otherwise provided in Iowa Code chapter 22 or other applicable law.

1040.7(4) Persons filing complaints with the board against firms acting or purporting to act under a practice privilege should provide as much information as possible to assist the board in locating the firm and the individuals allegedly responsible for the acts or omissions causing the complaint, and in determining whether the firm or any responsible individual is licensed in any jurisdiction.

[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

481—1040.8(542) Relationship between Iowa licensure and the exercise of a practice privilege.

1040.8(1) *Active Iowa licensees.* An Iowa CPA firm holding an active permit to practice under Iowa Code section 542.7 will be treated for all purposes as an Iowa licensee and is not subject to the provisions of Iowa Code section 542.20.

1040.8(2) *Lapsed Iowa licensees.* An Iowa CPA firm holding a lapsed permit to practice under Iowa Code section 542.7 is not authorized to perform attest or compilation services or to otherwise practice public accounting using the title "CPAs," "CPA firm," "certified public accountants," or "certified public accounting firm" unless the firm is eligible to exercise a practice privilege under Iowa Code section 542.20. The following provisions apply to firms holding a lapsed Iowa permit to practice when exercising a practice privilege:

a. In a disciplinary investigation or proceeding alleging unlicensed practice or improper use of title, the board will consider whether the lapsed licensee, at the time of the events at issue, satisfied the conditions for a practice privilege under Iowa Code section 542.20 and complied with all rules applicable to the exercise of a practice privilege.

b. The firm will take reasonable steps to avoid public confusion over licensure status.

c. Violations of Iowa laws or rules by a firm holding a lapsed permit to practice will be prosecuted as disciplinary proceedings against a licensee under Iowa Code section 542.10 and, when appropriate under the factual circumstances, may also or alternatively be prosecuted under the provisions of Iowa Code sections 542.14 and 542.15.

1040.8(3) *Former Iowa licensees.* A CPA firm that held an Iowa permit to practice at one time that has been revoked or surrendered in connection with a disciplinary investigation or proceeding is barred from performing any act or practice for which Iowa firm licensure is necessary and is further ineligible to exercise the practice privilege described in Iowa Code section 542.20. Violations of Iowa Code chapter 542 or board rules by such a firm are subject to the criminal, civil and administrative remedies described in Iowa Code sections 542.14 and 542.15, and may also be prosecuted as disciplinary proceedings under Iowa Code section 542.10 if the license remains subject to reinstatement under 481—subrule 1027.6(3).

[**ARC 7696C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code section 542.20.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTERS 1041 to 1044
Reserved

ENGINEERING AND LAND SURVEYING EXAMINING BOARD

CHAPTER 1045
ADMINISTRATION

IAC Supp. 8/14/85

[Rules 1.5 to 1.13 were either rescinded or renumbered and new rules added, see IAB 8/14/85]
[Prior to 6/1/88, see Engineering and Land Surveying Examiners, Board of [390] Ch 1]
[Rules 1.10 to 1.29 were amended and transferred to 193C—Chapter 4, IAC Supplement 11/27/91]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1045.1(542B) General statement. The practices of engineering and land surveying affect the life, health, and property of the people in Iowa. The engineering and land surveying examining board's principal mandate is the protection of the public interest.

1045.1(1) *Administration.* Administration of the board has not been separated into panels, divisions, or departments. While the expertise of a board member may be called upon to frame special examinations and evaluate applications for licensing in a specialized engineering branch, the board functions in a unified capacity on all matters that may come before it. The board maintains an office at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321, and requests or submissions may be directed to the secretary of the board at that location.

1045.1(2) *Meetings.* Regular meetings of the board are held in Des Moines, Iowa. Information concerning the location and dates for meetings may be obtained from the board's office at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321, or by telephoning 515.725.9022.

[**ARC 7664C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1045.2(542B) Definitions. For the purposes of these rules, the following definitions apply:

"Accredited" means a program accredited by the Accreditation Board for Engineering Technology, Inc. (ABET) or the Canadian Engineering Accreditation Board (CEAB) or another accrediting body accepted by the National Council of Examiners for Engineering and Surveying (NCEES).

"Board" means the engineering and land surveying examining board provided by Iowa Code chapter 542B.

"Design coordination" means the same as defined in Iowa Code section 542B.2(2).

"Engineering documents" means the same as defined in Iowa Code section 542B.2(4).

"Engineering survey," as used in the definition of the practice of engineering, includes all survey activities required to support the sound conception, planning, design, construction, maintenance, and operation of engineered projects, but excludes the survey of real property for the establishment of land boundaries, rights-of-way, easements, and the dependent or independent surveys or resurveys of the public land system.

"Engineer intern" means the same as defined in Iowa Code section 542B.2(3).

"In responsible charge" means the same as defined in Iowa Code section 542B.2(6).

"Land surveying documents" means the same as defined in Iowa Code section 542B.2(7).

"Practice of engineering" means the same as defined in Iowa Code section 542B.2(9)*"a"* and *"b."*

1. The practice of engineering includes:

- Environmental engineering activities that may be involved in developing plans, reports, or actions to remediate an environmentally hazardous site;
- Design of fixturing devices for manufacturing machinery that must be performed by a licensed professional engineer or under the responsible charge and direct supervision of a professional engineer unless performed within the industrial exemption by a full-time employee of a corporation that constructs the fixtures.

2. Activities that the board will construe as the practice of engineering for which the board may by order impose a civil penalty upon a person who is not licensed as a professional engineer are set out in Iowa Code section 542B.27.

"Practice of land surveying" means the same as defined in Iowa Code section 542B.2(10) and also includes activities that the board will construe as the practice of land surveying and for which the board may by order impose a civil penalty upon a person who is not licensed as a professional land surveyor as set out in Iowa Code section 542B.27.

"Professional engineer" means the same as defined in Iowa Code section 542B.2(11).

"Professional land surveyor" means a person who engages in the practice of land surveying as defined in this rule.

"Written," when used to describe an examination, means a computer-based format.

[**ARC 7664C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1045.3(542B) Declaratory orders. The board's rules regarding declaratory orders can be found in the uniform rules for the division of professional licensing and regulation at 7—Chapter 2503.

[**ARC 7664C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1045.4(542B) Waivers.

1045.4(1) The board's rules regarding waivers can be found in the uniform rules for the division of professional licensing and regulation at 7—Chapter 2504.

1045.4(2) Interim rulings. The board chairperson, or vice chairperson if the chairperson is not available, may rule on a petition for waiver when it would not be timely to wait for the next regularly scheduled board meeting for a ruling from the board.

a. The executive secretary shall, upon receipt of a petition meeting all applicable criteria established in 7—Chapter 2504, present the request to the board chairperson or vice chairperson along with all pertinent information regarding established precedent for granting or denying such requests.

b. The chairperson or vice chairperson shall reserve the right to hold an electronic meeting of the board when:

(1) Board precedent does not clearly resolve the request and the input of the board is deemed required; and

(2) The practical result of waiting until the next regularly scheduled meeting would be a denial of the request due to timing issues.

c. A waiver report will be placed on the agenda of the next regularly scheduled board meeting and recorded in the minutes of the meeting.

d. This subrule on interim rulings does not apply if the waiver was filed in a contested case.

[**ARC 7664C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1045.5(542B) Licensed professional engineers and building construction.

1045.5(1) *Purpose.* This rule is intended to provide guidance to licensed professional engineers, other design professionals, unlicensed persons engaged in various aspects of building construction, building officials, owners, and others on when the services of a licensed professional engineer are required or not in connection with new building construction and alterations to existing structures.

1045.5(2) *General guidelines.* Given the wide range of buildings covered by this rule and the unique issues that may arise with respect to specific buildings, it is not possible to establish definitive criteria that will universally resolve when building construction or alterations will or will not implicate the practice of professional engineering, as defined in Iowa Code sections 542B.2(8) and 542B.27(1). For example, while the construction of a single-family residence would not generally necessitate the services of a licensed professional engineer, unique or unconventional features of a particular site or design may necessitate complex structural calculations or other services that fall within the definition of professional engineering. As a result, this rule should be interpreted as providing only general guidelines on when a licensed professional engineer is necessary.

1045.5(3) *Applicability.* The board will consider the guidelines provided in this rule when enforcing Iowa Code chapter 542B, including when determining whether an unlicensed person has engaged in the practice of professional engineering. This rule is not intended to constrain building officials or other public officials in their enforcement of other laws, rules, regulations or ordinances. A building code official, for example, may require that certain documents be prepared by a licensed professional engineer or that certain

construction inspections be performed by a licensed professional engineer whether or not the guidelines in this rule would so require. This rule only addresses the practice of professional engineering and does not address the practice of architecture. Similar guidelines with respect to the practice of architecture may be found at 481—Chapter 1065.

1045.5(4) *Definitions.* The definitions set forth in rule 481—1065.1(544A) apply to this rule.

1045.5(5) *Guidelines for new construction.* The following matrix describes by building type and use when the services of a licensed professional engineer are required in connection with new building construction:

BUILDINGS NEW CONSTRUCTION			
Building Use Type	**Description**	**Engineer Required**	**Engineer May Not Be Required**
Agricultural Use	Facilities for private use only and individually owned and operated facilities including grain elevators and feed mills		X
	Corporate-owned facilities or publicly owned facilities including grain elevators and feed mills	X	
Churches and accessory buildings whether attached or separate	One or two stories in height, up to a maximum of 2,000 square feet in gross floor area		X
	Any number of stories in height, greater than 2,000 square feet in gross floor area	X	
	More than two stories in height	X	
Commercial Use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
	One story in height, greater than 10,000 square feet in gross floor area	X	
	Two stories in height, up to a maximum of 6,000 square feet in gross floor area		X
	Two stories in height, greater than 6,000 square feet in gross floor area	X	
	More than two stories in height	X	
Detached Residential Use	One, two or three stories in height, containing 12 or fewer family dwelling units		X
	More than 12 family dwelling units	X	
	More than three stories in height	X	
	Outbuildings in connection with detached residential buildings		X
Educational Use		X	
Governmental Use	When the occupancy is of another building use type listed herein, those provisions shall apply	X	
Industrial Use		X	
Institutional Use		X	
Light Industrial Use			X
Places of assembly		X	
Warehouse Use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
	One story in height, greater than 10,000 square feet in gross floor area	X	
	More than one story in height	X	
Factory-Built Buildings	One or two stories in height, up to a maximum of 20,000 square feet in gross floor area		X
	One or two stories in height, greater than 20,000 square feet in gross floor area	X	
	More than two stories in height	X	

BUILDINGS NEW CONSTRUCTION			
Building Use Type	**Description**	**Engineer Required**	**Engineer May Not Be Required**
	More than 20,000 square feet in gross floor area	X	

1045.5(6) *Guidelines for alterations to existing buildings.* The following matrix describes by alteration type when the services of a licensed professional engineer are required in connection with alterations to existing buildings:

ALTERATIONS TO EXISTING BUILDINGS				
Alteration Type	**Description**		**Engineer Required**	**Engineer May Not Be Required**
Structural alterations to exempt buildings under Iowa Code section 544A.18	Modifications that change the structural members, means of egress, handicap accessible path, fire resistivity or other life safety concerns			X
Structural alterations to buildings that are not exempt	Modifications that change the structural members, means of egress, handicap accessible path, fire resistivity or other life safety concerns		X	
Nonstructural alteration	That does not modify means of egress, handicap accessible path, fire resistivity or other life safety concerns			X
	That maintains the previous type of use			X
Nonstructural alteration that changes the use of the building from any other use to:	A place of assembly of people or public gathering		X	
	Governmental use		X	
	Educational use		X	
	Hazardous use		X	
	A place of residence exempted	and is one, two or three stories in height and contains not more than 12 family dwelling units		X
	A place of residence not exempted otherwise	and is more than three stories in height	X	
		and containing more than 12 family dwelling units	X	
Nonstructural alterations that change the use of the building from industrial or warehouse to:	Commercial or office use	and is one story in height and not greater than a maximum of 10,000 square feet in gross floor area		X
		and is one story in height and greater than 10,000 square feet in gross floor area	X	
		and is two stories in height and not greater than a maximum of 6,000 square feet in gross floor area		X
		and is two stories in height and greater than 6,000 square feet in gross floor area	X	
		and is more than two stories in height	X	
		and is greater than 10,000 square feet of gross floor area	X	
Nonstructural alterations to:	Agricultural Use	Including grain elevators and feed mills		X
	Churches and Accessory Building Uses	One or two stories in height, up to a maximum of 2,000 square feet in gross floor area		X

ALTERATIONS TO EXISTING BUILDINGS				
Alteration Type	**Description**		**Engineer Required**	**Engineer May Not Be Required**
		Any number of stories in height, greater than 2,000 square feet in gross floor area	X	
		More than two stories in height	X	
	Commercial Use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
		One story in height, greater than 10,000 square feet in gross floor area	X	
		Two stories in height, up to a maximum of 6,000 square feet in gross floor area		X
		Two stories in height, greater than 6,000 square feet in gross floor area	X	
		More than two stories in height	X	
	Detached Residential Buildings	One, two or three stories in height, containing 12 or fewer family dwelling units		X
		More than 12 family dwelling units	X	
		More than three stories in height	X	
		Outbuildings in connection with detached residential buildings		X
	Educational Use		X	
	Governmental Use	When the occupancy is of another building use type listed herein, those provisions shall apply	X	
	Industrial Use		X	
	Institutional Use		X	
	Light Industrial Use			X
	Places of Assembly		X	
	Warehouse Use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
		One story in height, greater than 10,000 square feet in gross floor area	X	
		More than one story in height	X	
	Factory-Built Buildings	One or two stories in height, up to a maximum of 20,000 square feet of gross floor area		X
		One or two stories in height, greater than 20,000 square feet in gross floor area	X	
		More than two stories in height	X	
		More than 20,000 square feet in gross floor area	X	

1045.5(7) *Architectural exceptions do not apply.* The statutory exemptions in Iowa Code section 544A.18 do not apply to the practice of engineering. The construction of a building that falls within an exception in Iowa Code section 544A.18 may necessitate the services of an engineer if, for example:

a. There are structural elements that do not fall within building code definitions of conventional light frame construction,

b. The use of certain structural materials, members or components requires special inspections by engineers, or

c. HVAC, plumbing or electrical systems exceed certain building code standards. However, the matrix guidelines in this rule are generally compatible with the exceptions in Iowa Code section 544A.18 because the construction of buildings that fall outside the exceptions in Iowa Code section 544A.18 generally does implicate the practice of professional engineering in such disciplines as structural, electrical or mechanical engineering.

[**ARC 7664C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code sections 17A.9A, 542B.2, and 542B.3.

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CHAPTER 1046
FEES AND CHARGES

[Prior to 11/14/01, see 193C—1.9(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1046.1(542B) General statement. Fees are fixed in such an amount as will defray the expense of administering board responsibilities. Fees are charged in accordance with the following table:

Type of fee	Amount
Renewal	
Active license renewal	$100
Inactive license renewal	$40
Reinstatement of lapsed license (In addition to the reinstatement fee, the applicant for reinstatement must also pay the appropriate prorated reinstated license fee below.)	$100
Reinstatement of inactive to active license	$60
New or reinstated license (In addition to the appropriate prorated reinstated license fee, the applicant for reinstatement must also pay the reinstatement fee above.)	$100 Prorated at six-month intervals
Application for examination	
Principles and Practice of Land Surveying	$100
Examinations	
Fees for National Council of Examiners for Engineering and Surveying (NCEES) examinations are paid directly to the examination service at the rate established by contract based upon cost of the examination materials and processing expenses.	Variable
Iowa State Specific Land Surveying Examination	$30
Application for licensure by comity or verification as a professional engineer or professional land surveyor	$150
Certificates	
Initial professional engineer or professional land surveyor certificate	$15
Additional or duplicate certificate	$25
Engineer or land surveyor intern certificate	No charge
Check returned for insufficient funds	$15
Verification of records for lapsed licensees	$15 per verification
Late renewal fee (for renewals completed after December 31 and before January 31)	$25

[**ARC 7665C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1046.2(542B) Nonrefundable fees. Application fees submitted with applications for the Fundamentals of Engineering examination, the Fundamentals of Land Surveying examination, the Principles and Practice of Engineering examination, the Principles and Practice of Land Surveying examination, comity licensure, or renewal of licensure are not refundable for any reason.

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CHAPTER 1047
APPLICATION AND RENEWAL PROCESS

[Prior to 11/14/01, see 193C—Chapter 1]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1047.1(542B) General statement. A person requesting to be licensed as a professional engineer or professional land surveyor shall submit a completed, standardized application form, which may be obtained electronically from the board's Internet web page.

1047.1(1) *Application expiration.* On the examination and comity applications due date, the applications are considered current if it has been one year or less since the applications were received by the board office.

1047.1(2) *Academic transcripts.*

a. United States institutions. Completion of post-high school education shall be evidenced by the board's receipt of an applicant's transcripts directly from the office of the registrar of each institution conferring a qualifying degree.

b. Institutions outside the United States. Transcripts from institutions located outside the boundaries of the United States of America shall be sent directly from the institution to an evaluation service to be evaluated for authenticity and substantial equivalency with Accreditation Board for Engineering and Technology, Inc. (ABET), or Engineering Accreditation Commission (EAC) accredited engineering programs. To be readily acceptable, such evaluations shall be from the National Council of Examiners for Engineering and Surveying (NCEES). However, the board may accept evaluations from other recognized foreign credential evaluators satisfactory to the board. The expense of the evaluation is the responsibility of the applicant. Each evaluation shall be sent directly to the board from the evaluation service and include a copy of the transcript in the form sent to the evaluation service directly from the educational institution. Each evaluation must address both whether the transcript is authentic and whether the engineering program is equivalent to those accredited by ABET or EAC.

[**ARC 7666C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1047.2(542B) Application components and due dates.

1047.2(1) *Fundamentals of Engineering examination.* Applications for the Fundamentals of Engineering examination are submitted directly to the examination service selected by the board to administer the examinations.

1047.2(2) *Fundamentals of Land Surveying examination application components and due dates.* The components of this application include: the completed application form, references pursuant to 481—paragraph 1049.1(5)*"b"* and transcripts. Fundamentals of Land Surveying examination applications must be submitted to the board office. Applications submitted by the first day of each month will be reviewed by the board at the next regularly scheduled board meeting.

1047.2(3) *Principles and Practice of Engineering examination application.* Principles and Practice of Engineering examination applications are submitted directly to the examination service selected by the board. Documentation of a qualifying degree will be required prior to approval to sit for the examination.

1047.2(4) *Principles and Practice of Land Surveying application components and due dates.* Principles and Practice of Land Surveying examination applications are submitted to the board office. Application files with all components submitted to the board office by the first day of each month will be reviewed at the next regularly scheduled board meeting.

a. The examination application file includes the following components:

(1) The completed online application form.
(2) The required number of references.
(3) The project statement.
(4) The ethics questionnaire.

b. In addition, a complete application file includes verification of examination records and transcripts. Examination applications will not be reviewed by the board until the application file is complete.

1047.2(5) *Professional engineer license application.* Professional engineer license applications are submitted to the board office. Application files with all components submitted to the board office by the first day of each month will be reviewed at the next regularly scheduled board meeting.

a. The professional engineer license application includes the following components:

(1) The completed online application form.

(2) The required number of references.

(3) The project statement.

(4) The ethics questionnaire.

b. In addition, a complete application file includes verification of examination records and transcripts. Professional engineer license applications will not be reviewed until the application file is complete.

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481—1047.3(542B) Comity applications.

1047.3(1) The components of a comity application include the completed application form, the ethics questionnaire, references, transcripts, and verification of examinations, as appropriate. Comity applicants may submit the NCEES record in lieu of providing references, verifications, transcripts, and employment history. Since the verification of examination records must, in most cases, be sent directly from the jurisdiction where the applicant took the Fundamentals of Engineering and Principles and Practice Engineering examinations, the applicant should contact the other jurisdiction in advance of submitting the application to request this verification and make every effort to have the verification sent to the board at the time that the application is submitted. Likewise, for transcripts the applicant should contact the university in advance of submitting the application to make every effort to have the transcripts transmitted to the board at the time that the application is submitted.

1047.3(2) Comity applications will be reviewed as they are completed. Comity applications will not be reviewed until all components have been received.

1047.3(3) Comity applicants will be notified in writing via regular mail or email regarding the results of the review of their applications.

1047.3(4) Temporary license. The board does not issue temporary licenses, except as provided for in rule 481—1049.3(542B,272C).

[**ARC 7666C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1047.4(542B) Renewal applications.

1047.4(1) *Expiration dates.* Certificates of licensure expire biennially on December 31. Certificates that were initially issued in even-numbered years expire in odd-numbered years and certificates that were initially issued in odd-numbered years expire in even-numbered years. In order to maintain authorization to practice engineering or land surveying in Iowa, licensees must renew their certificates of licensure on or prior to the expiration date. A licensee who fails to renew prior to the date the certificate expires is not authorized to practice in Iowa unless the certificate is reinstated as provided in these rules. However, the board will accept an otherwise sufficient renewal application that is untimely if the board receives the application and late fee within 30 days of the date of expiration.

1047.4(2) *Renewal notification.* The board typically mails a renewal notification to a licensee's last-known address at least one month prior to the license expiration date. Neither the board's failure to mail a renewal notification nor the licensee's failure to receive a renewal notification affects in any way the licensee's duty to timely renew if the licensee intends to continue practicing in Iowa. Licensees need to contact the board office if they do not receive a renewal notification prior to the expiration date.

1047.4(3) *Renewal process.* Upon receipt of a timely and sufficient renewal application, with the proper fee, the board's executive secretary will issue a new license reflecting the next expiration date, unless grounds exist for denial of the application.

1047.4(4) *Notification of expiration.* The board will notify licensees whose certificates of licensure have expired. The failure of the board to provide this courtesy notification, or the failure of the licensee to receive the courtesy notification, does not extend the date of expiration.

1047.4(5) *Sanction for practicing after license expiration.* A licensee who continues to practice in Iowa after the license has expired is subject to disciplinary action. Such unauthorized activity may also provide grounds to deny a licensee's application to reinstate.

1047.4(6) *Timely and sufficient renewal application.* Within the meaning of Iowa Code section 17A.18(2), a timely and sufficient renewal application shall be:

a. Received by the board through the online renewal process;

b. Fully completed; and

c. Accompanied by the proper fee. The fee is deemed improper if, for instance, the amount is incorrect, the fee was not included with the application, the credit card number provided by the applicant is incorrect, the date of expiration of a credit card is left off the application or is incorrect, the attempted credit card transaction is rejected, or the applicant's check is returned for insufficient funds.

1047.4(7) *Responsibility for accuracy of renewal application.* The licensee is responsible for verifying the accuracy of the information submitted on the renewal application regardless of how the application is submitted or by whom it is submitted.

1047.4(8) *Denial of renewal application.* If the board, upon receipt of a timely, complete and sufficient application to renew a certificate of licensure, accompanied by the proper fee, denies the application, the executive secretary will send written notice to the applicant by restricted, certified mail, return receipt requested, identifying the basis for denial. The applicant may contest the board's decision as provided in 481—Chapter 506.

1047.4(9) *Continuing education.* A licensee who does not satisfy the continuing education requirements for licensure renewal will be denied renewal of licensure in accordance with subrule 1047.4(8).

1047.4(10) *Consent order option.* When a licensee appears to be in violation of mandatory continuing education under 481—Chapter 1051, the board may, in lieu of proceeding to a contested case hearing on the denial of renewal as provided in uniform division 481—Chapter 506, offer the licensee the opportunity to sign a consent order. While the terms of a consent order will be tailored to the specific circumstances at issue, the consent order will typically impose a penalty between $50 and $250, depending on the severity of the violation, and establish deadlines for compliance, and the consent order may impose additional educational requirements upon the licensee. A licensee is free to accept or reject the offer. If the offer of settlement is accepted, the licensee will be issued a renewed certificate of licensure and, if the terms of the consent order are not complied with, will be subject to disciplinary action. If the offer of settlement is rejected, the matter will be set for hearing, if timely requested by the applicant pursuant to uniform division 481—Chapter 506.

1047.4(11) *Inactive status.* Licensees who are not engaged in engineering or land surveying practices that require licensure in Iowa may be granted inactive status. No inactive licensee may practice in Iowa unless otherwise exempted in Iowa Code chapter 542B.

[**ARC 7666C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1047.5(542B) Reinstatement of licensure.

1047.5(1) To reinstate a license that has lapsed for one year or more, the applicant for reinstatement must pay the fee under rule 481—1046.1(542B) and satisfy one of the following:

a. Provide documentation of 45 professional development hours achieved within the current and previous biennium (dual licensees must provide documentation of 30 professional development hours for each profession); or

b. Successfully complete the principles and practice examination within one year immediately prior to application for reinstatement; or

c. For an applicant for reinstatement who is an out-of-state resident, submit a statement from the resident state's licensing board as documented evidence of compliance with the resident state's mandatory continuing education during the period that the licensee's Iowa license was lapsed. An applicant

for reinstatement whose resident state has no mandatory continuing education shall comply with the documented evidence as outlined in this subrule and at 481—subrule 1051.8(2).

1047.5(2) To reinstate a license that has lapsed for less than one year, the applicant for reinstatement must pay the fee under rule 481—1046.1(542B) and satisfy one of the following:

a. Provide documentation of 30 professional development hours achieved within the current and previous biennium (dual licensees must provide documentation of 20 professional development hours for each profession). Professional development hours used for reinstatement shall not be reused at the next renewal; or

b. Successfully complete the principles and practice examination within one year immediately prior to application for reinstatement; or

c. For an applicant for reinstatement who is an out-of-state resident, submit a statement from the resident state's licensing board as documented evidence of compliance with the resident state's mandatory continuing education requirement during the period that the licensee's Iowa license was lapsed. The statement shall bear the seal of the licensing board. An applicant for reinstatement whose resident state has no mandatory continuing education requirement shall comply with the documented evidence requirement as outlined in this subrule and at 481—subrule 1051.8(2).

1047.5(3) A lapsed license may not be reinstated to inactive status.

1047.5(4) To reinstate from inactive status to active status, the applicant for reinstatement must pay the fee under rule 481—1046.1(542B) and provide documentation of 45 professional development hours achieved within the current and previous biennium (dual licensees must provide documentation of 30 professional development hours for each profession). Professional development hours used for a reinstatement shall not be reused at the next renewal.

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These rules are intended to implement Iowa Code sections 272C.2, 272C.3, 542B.2, 542B.6, 542B.13, 542B.14, 542B.15, 542B.20 and 542B.30.

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CHAPTER 1048
ENGINEERING LICENSURE

[Prior to 11/14/01, see 193C—1.4(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 4]

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481—1048.1(542B) Licensure by examination. The board will issue initial licensure only when an applicant satisfies the provisions of Iowa Code section 542B.14 as follows:

1048.1(1) An applicant is eligible for the Engineer in Training certificate by meeting one of the following educational standards:

a. The applicant graduates from an engineering program of four years or more with an Accreditation Board of Engineering and Technology/Engineering Accreditation Commission (ABET/EAC)- or Canadian Engineering Accreditation Board (CEAB)-accredited curriculum. An engineering technology curriculum does not constitute an engineering program of four years or more.

b. After graduation from a nonaccredited engineering program of four years or more as described above, the applicant will complete one extra year of practical experience satisfactory to the board, verified by a professional engineer (PE) supervisory reference.

c. The applicant graduates with a master's degree in engineering from an institution in the United States of America that offers an accredited bachelor's degree in the same curriculum. The master's degree or a doctor of philosophy degree candidate must fulfill the requirements for the bachelor's degree in the same area of specialization.

d. An applicant with a master's degree or a doctor of philosophy degree in engineering from an institution in the United States of America that does not offer an accredited bachelor's degree in the same curriculum will be required to have an additional year of qualifying experience obtained after receipt of the qualifying degree. Applicants using a master's degree or a doctor of philosophy degree as the qualifying degree may not also use the master's degree or a doctor of philosophy degree for qualifying experience credit or as an exemption for the Fundamentals of Engineering examination (FE exam).

1048.1(2) An applicant successfully completes the FE exam.

a. An applicant may take the FE exam any time after the educational requirements as specified above are completed, but the applicant must successfully complete the FE exam prior to taking the Principles and Practice of Engineering examination.

b. College seniors studying an ABET/EAC- or CEAB-accredited curriculum may take the FE exam during the final academic year. Applicants will be permitted to take the examination during the testing period that most closely precedes anticipated graduation.

c. An applicant who graduated from a satisfactory engineering program and has ten years or more of work experience satisfactory to the board is not required to take the FE exam. This experience is in addition to the four or five years of experience necessary for the PE license.

d. An applicant who has earned a Doctor of Philosophy degree from an institution in the United States of America with an accredited Bachelor of Science engineering degree program in the same discipline, or a similar doctoral degree in a discipline approved by the board, is not required to take the FE exam.

e. FE exam candidates will apply directly to the National Council of Examiners for Engineering and Surveying (NCEES) and will self-attest as to the candidate's eligibility to sit for the FE exam. The board will verify acceptable education and experience at the time an applicant applies for an Engineer in Training (EIT) number. The board shall apply the education and experience standards set forth in this rule but may allow reasonable flexibility in timing in the event an applicant sat for and passed the FE exam at a point earlier than provided in this rule. The board will not, however, issue an EIT number unless all experience required for candidates who hold engineering degrees from nonaccredited programs has been satisfied at the time of the EIT application.

1048.1(3) An applicant successfully completes the Principles and Practice of Engineering examination (PE exam).

a. An applicant may take the PE exam any time after passing the FE exam.

b. PE exam candidates will apply directly to the NCEES. The applicant will document a qualifying education. The board will verify acceptable experience at the time the applicant applies for a professional engineer license.

1048.1(4) An applicant obtains satisfactory practical experience in engineering work as follows:

a. Oversight. An applicant has direct supervision or professional tutelage (instruction, guidance, mentoring, review, and critique) from one or more licensed professional engineers. This experience will be verified by one or more licensed professional engineers who are familiar with the applicant's work and can attest that the experience was of the required quality and was accurately described. Verification of the qualifying experience is provided through the reference forms. It is the responsibility of the applicant to provide reference forms to the licensed professional engineers to complete and return directly to the board.

(1) To be readily acceptable, all of the practical experience is under the direct supervision and tutelage of one or more licensed professional engineers.

(2) To be considered, a portion of the qualifying experience is under the direct supervision or tutelage of one or more licensed professional engineers, and the rest of the practical experience is under the direct supervision or tutelage of an unlicensed graduate engineer.

b. Documentation of experience. An applicant submits references and a work project description. The board reserves the right to contact the employer and the person providing tutelage on the project for information about the project experience acquired by the applicant.

(1) References. An applicant for the professional engineer license shall submit three references from professional engineers or a combination of professional engineers and graduate engineers on forms provided by the board.

1. The practical experience provided under the direct supervision or professional tutelage of the licensed professional engineers in the course of a mentoring relationship must include technical skills; professional development; the exercise of professional judgment, ethics, and standards in the application of engineering principles and in the review of such matters by others; and the professional obligations of assuming responsible charge of professional engineering works and services.

2. If the applicant has had more than one supervisor, at least two of the references shall be from a supervisor of the applicant. An applicant shall submit supervisor references to verify at least four years of qualifying experience.

3. If an applicant has had professional experience under more than one employer, the applicant shall provide references from individuals with knowledge of the work performed under a minimum of two employers.

4. The board reserves the right to contact references, supervisors, or employers for information about the applicant's professional experience and competence or to request additional references.

5. The board uses references partially as a means of verifying an applicant's record of experience. The applicant must distribute a reference form to individuals who are asked to submit references for the applicant. To each reference form, the applicant shall attach a narrative of the applicant's experience record that is being addressed by the referring individual.

6. The board may require the applicant to submit other evidence of suitable tutelage and supervision.

7. The board may conduct interviews with persons providing tutelage or supervision to the applicant.

(2) Work project description. An application for initial licensure includes a work project statement describing a significant project on which the applicant worked during the previous 12 months. The board will review all work project statements and will approve only those that include all of the following components:

1. Description of the applicant's degree of responsibility for the project.

2. The project's owner and location.

3. The name of the supervisor in charge of the project and, if the supervisor is a professional engineer, the license number of the supervisor.

4. The applicant's signature and date of signature.

(3) Criteria the board uses in evaluating the acceptability of the project as qualifying experience for the applicant includes, but is not limited to, the following:

1. The degree to which the project and the experience described have progressed from assignments typical of initial assignments to those more nearly expected of a licensed professional;
2. The scope and quality of the professional tutelage experienced by the applicant;
3. The technical decisions required of the applicant in the project; and
4. The professional decisions required of the applicant.

c. Quality. An applicant has experience that demonstrates that the applicant has developed technical skill and initiative in the correct application of engineering principles. Such experience should demonstrate the applicant's capacity to review the application of these principles by others and to assume responsibility for engineering work of professional character.

d. Scope. The applicant has experience that includes sufficient breadth and scope to ensure that the applicant has attained reasonably well-rounded professional competence in a basic engineering field, rather than highly specialized skill in a narrow and limited field.

e. Progression. The record of experience indicates successive and continued progress from initial, subprofessional work of simpler character to recent, professional work of greater complexity and a higher degree of responsibility, as well as continued interest and effort on the part of the applicant toward further professional development and advancement. In evaluating this progression, the board will consider both subprofessional and professional activity as reported by the applicant. However, only work experience obtained after the applicant's receipt of the qualifying degree will be considered, except as described in paragraph 1048.1(4)*"f."* Subprofessional work includes the time spent as an engineering technician, engineering assistant, inspector, or similar under the direct supervision of a licensed professional engineer. Professional work includes the time during which the applicant was occupied in engineering work of higher grade and responsibility than that defined above as subprofessional work. Time spent in teaching engineering subjects in a college or university at the level of assistant professor or higher may be listed as professional work.

f. Special work experience. Work experience prior to graduation from college may be accepted toward satisfaction of practical experience only as follows: Cooperative work programs and internships administered by engineering colleges and verified on the transcript, with a verifying reference from the internship supervisor, will be considered as half-time credit, with a maximum allowance of 6 months (12 months of cooperative work experience or internship) applicable toward the satisfaction of qualifying experience requirements. An applicant's advanced education, military experience, or both will be reviewed in order to determine if they are applicable toward the statutory requirements for experience.

g. Advanced education. An applicant who has earned a master of science degree that includes research experience, in addition to writing an associated thesis, from an institution in the United States of America with an accredited bachelor of science engineering degree program in the same discipline and who has fulfilled the requirements for a bachelor of science degree may be granted a maximum of one year's experience credit. An applicant who has earned a doctor of philosophy degree from an institution in the United States of America with an accredited bachelor of science engineering degree program in the same discipline may be granted a maximum of two years of experience credit in addition to the one-half year's credit for the master of science degree. An applicant using an advanced degree as experience credit may not also use the advanced degree as the qualifying degree to become licensed.

h. Teaching experience. Teaching of engineering subjects at the level of assistant professor or higher in an accredited engineering program may be considered as experience, provided the applicant's immediate supervisor is a licensed professional engineer in the jurisdiction in which the college or university is located. If the applicant's immediate supervisor is not a licensed professional engineer, a program of mentoring or peer review by a licensed professional engineer acceptable to the board must be demonstrated. Applicants using teaching or research as experience must have a minimum of four years of acceptable experience in research, industry, or consulting. The board will consider the complexity of the project(s) presented, the degree of responsibility of the applicant within the project, and other factors the board deems relevant. Academic experience must demonstrate increasing levels of responsibility for the conduct and management of projects involving engineering research, development, or application. The board reserves the right to contact employers for information about the applicant's professional experience and competence.

i. Joint applications. Applicants requesting licensure both as a professional engineer and a land surveyor must submit a history of professional experience in both fields. Such histories will be considered separately on a case-by-case basis. The board does not grant full credit for concurrent experience in both professions.

j. Corporate exemption. The purpose of the provisions on qualifying experience that authorize the board to consider some experience that was not acquired under the direct supervision and tutelage of a licensed professional engineer is to provide a path toward licensure for those applicants who gain experience in settings where licensure is not required under the corporate exemption set forth in Iowa Code section 542B.26 or under similar statutory provisions in other jurisdictions. Such applicants may lawfully gain professional engineering experience under the supervision or tutelage of graduate engineers who are not licensed. To aid such applicants, the following guidelines are provided:

(1) The board will not consider any of the following experience:

1. Experience gained under circumstances where the applicant could not lawfully have practiced professional engineering.

2. Experience attained in compliance with the law but that was not under the supervision or tutelage of a graduate engineer. The fundamental purpose of qualifying experience is professionally guided training to expand and complement engineering education. Self-guided experience does not qualify.

(2) Unlicensed graduate engineers are not authorized to offer professional engineering services to the public or to be in responsible charge of such services, nor are they subject to the examinations required for licensure, the professional and ethical standards applicable to licensees, or the regulatory oversight of a licensing authority. Qualifying experience is intended to address both technical competence and the obligations to the public of a licensed professional engineer.

(3) Because the circumstances of individual applicants in corporate exemption settings are diverse, it is not possible to identify the minimum period of time during which the applicant must receive supervision or tutelage from one or more licensed professional engineers to be eligible for licensure. The board will evaluate both the quantity and quality of such experience. In general, an applicant's exposure to supervision or tutelage by one or more licensed professional engineers should reflect a sustained period of in-depth interaction from which the licensed engineers are in a position to form credible opinions on the applicant's qualifications to be in responsible charge of engineering services offered to the public as a licensed professional engineer.

(4) The burden is on the applicant to demonstrate to the board's satisfaction that the combination of unlicensed and licensed supervision and tutelage satisfies the requirements of qualifying experience described in this rule.

k. Practical experience. An applicant for a professional engineer license shall have a minimum of one year of practical experience in the United States of America or a territory under its jurisdiction.

1048.1(5) Education and experience requirements. The board will require the minimum number of years set forth on the following chart before an applicant will be eligible for licensure.

Experience Requirements	
If the education is:	Required years of experience
A four-year bachelor's degree in a nonaccredited engineering program	5
A four-year bachelor's degree in an accredited engineering program OR a qualifying master's degree pursuant to paragraph 1048.1(1)*"c"* OR a qualifying PhD pursuant to paragraph 1048.1(1)*"d"*	4
A four-year bachelor's degree in an accredited engineering program AND a qualifying master's degree pursuant to paragraph 1048.1(4)*"g"*	3
A four-year bachelor's degree in an accredited engineering program AND a qualifying PhD pursuant to paragraph 1048.1(4)*"g"*	2

A four-year bachelor's degree in an accredited engineering program AND a qualifying master's degree AND a qualifying PhD pursuant to paragraph 1048.1(4)*"g"*	1

1048.1(6) Required examinations. All examinations are uniform examinations prepared and graded by the NCEES. The board may negotiate an agreement with an examination service to administer the examinations to applicants approved by the board, in which case applicants shall pay examination fees directly to the service.

a. Fundamentals of Engineering examination. The Fundamentals of Engineering examination is a computer-based examination covering general engineering principles and other subjects commonly taught in accredited engineering programs.

b. Principles and Practice of Engineering examination. A separate examination is required for each branch in which licensure is granted. An applicant may obtain a Principles and Practice of Engineering Civil (Structural) branch license by passing either the Structural examination or the Principles and Practice of Engineering Structural examinations.

c. Conduct during the examination. Examinees will comply with the testing rules and regulations of the examination administrator.

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481—1048.2(542B) Requirements for licensure by comity. A person holding a certificate of licensure to engage in the practice of engineering issued by a proper authority of a jurisdiction or possession of the United States, the District of Columbia, or any foreign country, based on requirements that do not conflict with the provisions of Iowa Code section 542B.14 and who has met standards determined by the board to be substantially equivalent to those required of applicants for initial licensure in this state may, upon application, be licensed without further examination. Comity applicants are governed by the same standards as are required of applicants for initial licensure in Iowa.

1048.2(1) *References.* An applicant for licensure by comity shall submit references on forms provided by the board to verify satisfactory engineering experience, as provided in paragraph 1048.1(4)*"a."*

1048.2(2) *Basis for evaluation of applications.* Applications for licensure by comity will be evaluated on the following basis:

a. The applicant's record of education, references, practical experience, and successful completion of approved examinations will be reviewed to determine if it currently satisfies the substantive requirements of Iowa Code section 542B.14. In reviewing the education, references, and practical experience of comity applicants, the board will use the same criteria used by the board to determine the eligibility of a candidate for the Principles and Practice of Engineering examination; or

b. The applicant's licensure in a jurisdiction other than Iowa will be reviewed to determine if it was granted only after satisfaction of requirements substantially equivalent to those that are required of applicants for initial licensure in Iowa under Iowa Code section 542B.14. When determining whether the licensing standards satisfied by a comity applicant are substantially equivalent to those required in Iowa, the board considers each of the four licensing prerequisites in Iowa Code section 542B.14(1) individually. The licensing standards are satisfied by the comity applicant if the standards are equal or superior to those required in Iowa for education, fundamentals examination, experience, and professional examination. Unless expressly stated in this chapter, the board will not consider an applicant's superior satisfaction of one licensing prerequisite, such as a higher level of education than is required in Iowa, as resolving an applicant's lack of compliance with another prerequisite, such as professional examination.

1048.2(3) *Comity application process.*

a. An applicant for licensure by comity from a jurisdiction other than Iowa meets or exceeds the education requirements set forth in Iowa Code section 542B.14 and subrule 1048.1(1).

b. An applicant successfully completes the Fundamentals of Engineering examination. An applicant who graduated from a satisfactory engineering program and who has ten years or more of work experience satisfactory to the board is not required to take the Fundamentals of Engineering examination.

c. The applicant successfully completes the Principles and Practice of Engineering examination.

d. The applicant has satisfactory practical experience under paragraph 1048.1(3)*"a."*

e. While the board will consider evidence presented by a comity applicant on non-NCEES examinations successfully completed in a foreign country, the non-NCEES examination will be compared with the appropriate NCEES examination. A non-NCEES professional examination, for instance, must be designed to determine whether a candidate is minimally competent to practice professional engineering in a specific branch of engineering, such as civil, structural, electrical, or mechanical engineering. The examination must be written, objectively graded, verifiable, and developed and validated in accordance with the testing standards of the American Psychological Association or equivalent testing standards. Free-form essays and oral interviews are not equal or superior to NCEES examinations.

1048.2(4) *Education and experience requirements.*

a. For applicants who were originally licensed in a jurisdiction other than Iowa prior to July 1, 1988, the board will employ the following chart to determine if the applicant's licensure was granted after satisfaction of requirements substantially equivalent to those that were required by Iowa Code section 542B.14 at the time of the applicant's original licensure. Column 1 indicates the years of practical experience that were required prior to the Fundamentals of Engineering examination in addition to the completion of the required educational level. To determine the total years of practical experience that were required prior to taking the Principles and Practice of Engineering examination, column 2 is added to column 1.

EXPERIENCE REQUIREMENTS FOR COMITY APPLICANTS
Who were licensed prior to July 1, 1988

If the applicant's educational level was:	The applicant has had the following additional years of experience prior to taking the Fundamentals of Engineering examination:	The applicant has had the following years of experience after receipt of the qualifying degree and prior to taking the Principles and Practice of Engineering examination:
No post-high school education	8	4
Postsecondary study in mathematics or physical sciences		
One year	7	4
Two years	6	4
Three years	5	4
Four years	3	4
Four-year BS degree in mathematics or physical sciences plus master's degree in engineering	0	4
Postsecondary study in engineering technology programs and architecture		
One year	7	4
Two years	5.5	4
Three years	4	4
Four-year degree in a nonaccredited engineering technology program or BA in architecture	2.5	4
Four-year degree in an accredited engineering technology program	2	4
Bachelor of architecture, four years or more	2	4
Four-year degree in engineering technology or architecture plus master's degree in engineering	0	4
Postsecondary study in a nonaccredited engineering program		
One year	7	4
Two years	5	4
Three years	3	4
Four-year BS degree	1	4

EXPERIENCE REQUIREMENTS FOR COMITY APPLICANTS Who were licensed prior to July 1, 1988		
If the applicant's educational level was:	The applicant has had the following additional years of experience prior to taking the Fundamentals of Engineering examination:	The applicant has had the following years of experience after receipt of the qualifying degree and prior to taking the Principles and Practice of Engineering examination:
Four-year degree in a nonaccredited engineering program plus master's degree in engineering	0	4
Postsecondary study in an accredited engineering program		
Two years	6	4
Three years	3	4
Four-year degree in an accredited engineering program	0	4

b. For applicants who were originally licensed in another jurisdiction and who meet the requirements of Iowa Code section 542B.14(1)*"a"*(1)(c), the board will employ the following chart to determine if the applicant's licensure was granted after satisfaction of requirements substantially equivalent to those that were required by Iowa Code section 542B.14 at the time of the applicant's original licensure. Column 1 indicates the years of practical experience that were required prior to the Fundamentals of Engineering examination in addition to the completion of the required educational level. To determine the total years of practical experience that were required prior to taking the Principles and Practice of Engineering examination, column 2 is added to column 1.

EXPERIENCE REQUIREMENTS FOR COMITY APPLICANTS Who meet the requirements of Iowa Code section 542B.14(1)*"a"*(1)(c)		
If the applicant's educational level was:	The applicant has had the following additional years of experience prior to taking the Fundamentals of Engineering examination:	The applicant has had the following years of experience after receipt of the qualifying degree and prior to taking the Principles and Practice of Engineering examination:
College or junior college (mathematics or physical sciences)		
Two years	6	4
Three years	5	4
Four-year BS degree	3	4
Four-year BS degree plus master's degree in engineering	0	4
All engineering technology programs and architecture		
Two years	6	4
Three years	5	4
Four-year degree, nonaccredited technology or BA in architecture	3	4
Four-year degree, accredited technology	2	4
Four-year degree or more, bachelor of architecture	2	4
Four-year BS degree, technology or architecture plus master's degree in engineering	0	4
Engineering program, nonaccredited		
Two years	6	4
Three years	3	4
Four-year BS degree	1	4

EXPERIENCE REQUIREMENTS FOR COMITY APPLICANTS Who meet the requirements of Iowa Code section 542B.14(1)*"a"*(1)(c)		
If the applicant's educational level was:	The applicant has had the following additional years of experience prior to taking the Fundamentals of Engineering examination:	The applicant has had the following years of experience after receipt of the qualifying degree and prior to taking the Principles and Practice of Engineering examination:
Four-year BS degree plus master's degree in engineering	0	4
Engineering program, accredited		
Two years	6	4
Three years	3	4
Four-year BS degree	0	4

c. For all other applicants who were originally licensed in a jurisdiction other than Iowa on or after July 1, 1988, the board will employ the chart found at subrule 1048.1(5) to determine if the applicant's licensure was granted after satisfaction of requirements substantially equivalent to those that are required by Iowa Code section 542B.14.

d. For purposes of this subrule, an applicant's master's degree in engineering is to be from an institution in the United States of America with an accredited bachelor's degree in the same curriculum, and the master's degree candidate is required to fulfill the requirements for the bachelor's degree in the same area of specialization.

[**ARC 7667C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1048.3(542B) Requirements for a licensee requesting additional examination. A person holding an active certificate of licensure to engage in the practice of engineering issued by the state of Iowa may, upon written request and payment of the application and examination fees, take additional examinations in other branches of engineering without submitting a formal application to the board as described for initial or comity licensure.

[**ARC 7667C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code sections 542B.2, 542B.13, 542B.14, 542B.15, 542B.17 and 542B.20.

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[Editorial change: IAC Supplement 6/24/26]

CHAPTER 1049
LAND SURVEYING LICENSURE

[Prior to 11/14/01, see 193C—1.4(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1049.1(542B) Requirements for licensure by examination. The specific requirements for initial licensing in Iowa are established in Iowa Code section 542B.14, and it is the board's intention to issue initial licensure only when those requirements are satisfied chronologically as set forth in the statute.

1049.1(1) The applicant for initial licensure in Iowa must satisfy the education plus experience requirements stated in Iowa Code section 542B.14*"b"*(1). The chart in subrule 1049.1(8) details education-based experience requirements. If the applicant's degree is not in surveying, surveying technology, engineering, or engineering technology, the applicant must have taken a minimum of nine credit hours in mathematics, of which at least one course must include trigonometry in its coursework, and may include college algebra, trigonometry, analytic geometry, differential and integral calculus, linear algebra, numerical analysis, probability and statistics, and advanced calculus; and a minimum of nine credit hours in basic sciences, which must cover one or more of the following topics: general chemistry, advanced chemistry, biology, geology, ecology, meteorology, astronomy, forestry, general physics, advanced physics, or land surveying, for the applicant's degree to be a qualifying degree.

a. Internet or online degrees will only be considered as qualifying degrees if the institution issuing the degree is accredited by a recognized accreditation board or the degree is evaluated as substantially equivalent to that of an accredited program by the National Council of Examiners for Engineering and Surveying (NCEES). The board may accept evaluations from other recognized foreign credential evaluators satisfactory to the board. Initiating the evaluation and the expense of the evaluation are the responsibilities of the applicant. Each evaluation shall be sent directly to the board from the evaluation service and shall include a copy of the transcript in the form sent to the evaluation service directly from the educational institution.

b. Internet or online degrees will only be considered as qualifying degrees if the institution issuing the degree is accredited by a recognized accreditation board.

1049.1(2) The applicant must successfully complete the Fundamentals of Land Surveying examination. The applicant may take the Fundamentals of Land Surveying examination any time after the education and experience requirements described above are completed.

1049.1(3) The applicant must successfully complete the Principles and Practice of Land Surveying examination. An applicant may take the Principles and Practice of Land Surveying examination after passing the Fundamentals of Land Surveying examination.

1049.1(4) The applicant satisfies the qualifying experience requirements set forth in this chapter.

1049.1(5) The applicant must successfully complete the Iowa-specific land surveying examination administered by the board.

1049.1(6) Work project description. A complete application includes a statement of approximately 200 words describing a significant project on which the applicant worked closely during the last 12 months. The statement describes the applicant's degree of responsibility for the project and identifies the project's owner and its location. The statement is signed and dated. The criteria the board uses in evaluating the acceptability of the project as qualifying experience for the applicant includes, but is not limited to, the following:

a. The degree to which the project and the experience described has progressed from assignments typical of initial assignments to those more nearly expected of a licensed professional;

b. The scope and quality of the professional tutelage experienced by the applicant;

c. The technical decisions required of the applicant in the project; and

d. The professional decisions required of the applicant.

The board reserves the right to contact the employer and the person providing tutelage on the project for information about the project experience presented to the applicant.

1049.1(7) References.

a. An applicant for the Principles and Practice of Land Surveying examination will submit a minimum of three references, on forms provided by the board, in accordance with the following:

(1) The references will be from licensed professional land surveyors.

(2) If the applicant has had more than one supervisor, at least two of the references are from a supervisor of the applicant.

(3) If an applicant has had professional experience under more than one employer, the applicant provides references from individuals with knowledge of the work performed under a minimum of two employers.

(4) The board reserves the right to contact employers for information about the applicant's professional experience and competence or to request additional references.

b. An applicant for the Fundamentals of Land Surveying examination will provide three references on forms provided by the board.

1049.1(8) Education and experience requirements. The board requires the minimum number of years set forth on the following chart before an applicant may take either the Fundamentals of Land Surveying or the Principles and Practice of Land Surveying examination. To determine the total years to become licensed as a land surveyor in Iowa, column 2 is added to column 1.

EXPERIENCE REQUIREMENTS		
If the applicant's educational level was:	The applicant must have the following years of experience prior to taking the Fundamentals of Land Surveying examination and the Principles and Practice examination:	The applicant must have the following additional years of experience before the board will issue a license in land surveying:*
A college program with fewer than nine credit hours of surveying [subrule 5.1(1)]		
Two-year degree	4	4
Four-year degree	2	4
Graduate degree	1	4
A college program with nine or more credit hours of surveying		
Two-year degree	0	4
Four-year degree	0	4
Graduate degree	0	4

*This allows applicants to take the Principles and Practice of Land Surveying examination and Iowa State Specific Land Surveying examination during this time period.

1049.1(9) Practical experience requirements. Practical land surveying experience, of which a minimum of one-half shall be field experience, is required prior to licensing. All practical experience must occur after high school graduation and be under the tutelage of a professional land surveyor.

a. Quality. Experience will demonstrate that the applicant has developed technical skill and initiative in the correct application of surveying principles. For the purposes of this chapter, one year of experience shall consist of 1,872 hours of full- or part-time employment, as attested to by the applicant's references. An applicant may use a maximum of 1,872 hours in any one 12-month period to satisfy the experience requirements. Full-time students, as defined by the student's school, may not, simultaneously, be considered full-time employees for the purposes of this chapter.

b. Scope. Experience will be of sufficient breadth and scope to ensure that the applicant has attained reasonably well-rounded professional competence in land surveying. For purposes of this rule, field experience is considered of sufficient breadth and scope if the applicant conducts research for boundary surveys, conducts boundary monument recovery field work, gathers field information necessary for boundary line recovery, analyzes all collected boundary recovery field data, establishes land surveying monuments in the field, prepares land surveying documents, as defined in this chapter, and writes property descriptions.

c. Progression. The record of experience will indicate successive and continued progress from initial work of simpler character to recent work of greater complexity and higher degree of responsibility.

d. Advanced education and military experience. An applicant's advanced education, military experience, or both will be reviewed to determine if they are applicable toward the statutory requirements for experience.

e. Joint applications. Applicants requesting licensure both as professional engineers and professional land surveyors must submit a history of professional experience in both fields. Such histories will be considered separately on a case-by-case basis. The board does not grant full credit for concurrent experience in both professions.

1049.1(10) Examinations. The board prepares and grades the Iowa State Specific Land Surveying examination administered to professional land surveyor candidates. All other examinations are uniform examinations prepared and graded by the NCEES. The board may negotiate an agreement with an examination service to administer the examinations to applicants approved by the board, in which case applicants pay examination fees directly to the service.

An applicant who has failed two consecutive examinations of the state-specific portion of the professional land surveying examination is not allowed to retake the state-specific portion for one year.

a. Materials permitted in examination room. For security reasons, applicants shall comply with requirements regarding materials permitted in the examination room as issued by the NCEES and provided to candidates prior to the examination.

b. Release of examination results. Results of any examination are only reported as pass or fail, except that the candidate who fails an examination may be provided with the candidate's converted score and a diagnostic report indicating areas of weakness, as available.

[**ARC 7668C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1049.2(542B) Requirements for licensure by comity. A person holding a certificate of licensure to engage in the practice of land surveying issued by a proper authority of a jurisdiction or possession of the United States, the District of Columbia, or any foreign country, based on requirements that do not conflict with the provisions of Iowa Code section 542B.14 and of a standard not lower than that specified in the applicable licensure Act, may, upon application and successful completion of the Iowa State Specific Land Surveying examination, be licensed without further examination. Comity applicants are governed by the same standards as are required of Iowa applicants.

1049.2(1) *References.* An applicant for licensure by comity shall submit one or more professional land surveyor references on forms provided by the board to verify the number of years of satisfactory experience required with the applicant's level of education. The board reserves the right to contact employers for information about the applicant's professional experience and competence.

1049.2(2) *Comity application process.*

a. The applicant will provide proof of active land surveying licensure in another jurisdiction and be in good standing with that jurisdiction's licensing authority.

b. The applicant for licensure by comity from a jurisdiction other than Iowa will satisfy the education and experience requirements as set forth in Iowa Code section 542B.14 and rule 481—1049.1(542B) for licensure by examination.

c. The applicant needs to successfully complete the Fundamentals of Land Surveying examination.

d. The applicant needs to successfully complete the Principles and Practice of Land Surveying examination.

While the board will consider evidence presented by a comity applicant on non-NCEES examinations successfully completed in a foreign country, the non-NCEES examination will be compared with the appropriate NCEES examination. A non-NCEES professional examination, for instance, must be designed to determine whether a candidate is minimally competent to practice professional land surveying. The examination must be written, objectively graded, verifiable, and developed and validated in accordance with the testing standards of the American Psychological Association or equivalent testing standards. Free-form essays and oral interviews are not equal or superior to NCEES examinations for reasons including the subjective nature of such procedures, lack of verifiable grading standards, and heightened risk of inconsistent treatment.

e. The applicant must successfully complete an Iowa State Specific Land Surveying examination administered by the board.

1049.2(3) *Substantial equivalency.* Pursuant to Iowa Code section 546.10(8), the board may grant a comity application for licensure as a professional land surveyor if the board concludes that the applicant has met or exceeded all requirements for licensure applicable to initial applicants in Iowa, other than the sequence in which experience must be attained.

[**ARC 7668C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1049.3(542B,272C) Licensure by verification. In addition to the requirements of rule 481—501.4(272C), professional land surveying candidates applying for an Iowa license by verification must pass the Iowa State Specific Land Surveying examination prior to being issued a license. The board will issue a temporary license that is valid for a period of three months to professional land surveying candidates who have not yet passed the Iowa State Specific Land Surveying examination prior to their application. The professional land surveying candidate may request one renewal of the temporary license for an additional period of three months.

This rule is intended to implement Iowa Code section 272C.12.

[**ARC 7668C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code sections 542B.2, 542B.13, 542B.14, 542B.15 and 542B.20.

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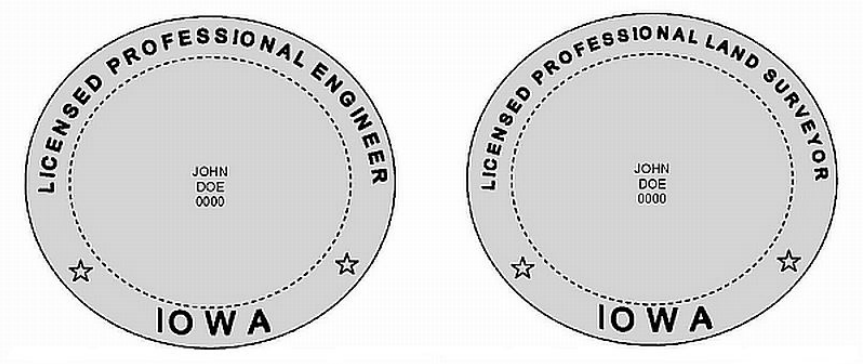
CHAPTER 1050
SEAL AND CERTIFICATE OF RESPONSIBILITY

[Prior to 11/14/01, see 193C—1.30(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1050.1(542B) Seal and certificate of responsibility.

1050.1(1) The seal, under Iowa Code section 542B.16, should substantially conform to the samples shown below:



1050.1(2) The word "licensed" may be added but is not required on the seal. Neither the word "registrant" nor "registered" may be used on the seal.

1050.1(3) The certification block, under Iowa Code section 542B.16(2), on engineering or land surveying documents submitted to a client or any public agency, hereinafter referred to as the official copy (or official copies), appears on the first page or attached cover sheet. A certification block should be provided for the licensee in responsible charge and for each professional consultant contributing to the submission. In lieu of each contributing professional consultant providing a certification block on the front page or attached cover sheet for application of a seal, a table shall be provided that identifies the contributing professionals and where their respective certification blocks can be found within the document. The seal and original signature only need to be applied to a final submission. Each official copy (or official copies) of a submission shall be stapled, bound or otherwise attached together so as to clearly establish the complete extent of the submission. Each certification block shall display the seal of the licensee and designate the portion of the submission for which that licensee is responsible, so that responsibility for the entire submission is clearly established by the combination of the stated seal responsibilities. Any nonfinal submission of an engineering or land surveying document to a client or public agency shall be clearly labeled "preliminary" or "draft."

The engineering certification block shall conform to the wording in the sample shown below:

SEAL	I hereby certify that this engineering document was prepared by me or under my direct personal supervision and that I am a duly licensed Professional Engineer under the laws of the State of Iowa. _____ (signature) (date) Printed or typed name License number _____ My license renewal date is December 31, _____. Pages or sheets covered by this seal: _____ _____ _____

The land surveying certification block shall conform to the wording in the sample shown below. For maps or acquisition plats prepared from public records or previous measurements by others, the following land surveying certification block may be modified by removing the phrase "and the related survey work was performed."

SEAL	I hereby certify that this land surveying document was prepared and the related survey work was performed by me or under my direct personal supervision and that I am a duly licensed Professional Land Surveyor under the laws of the State of Iowa. _____ (signature) (date) Printed or typed name License number _____ My license renewal date is December 31, _____. Pages or sheets covered by this seal: _____ _____ _____

1050.1(4) Except for the original signature and handwritten date in contrasting ink color, the information requested in each certification block must be typed or legibly printed in permanent ink on each official copy. The seal implies responsibility for the entire submission unless the area of responsibility is clearly identified in the information accompanying the seal.

1050.1(5) It is the responsibility of the licensee to forward copies of all revisions to the submission, which then become a part of the official copy of the submission. Such revisions shall be identified as applicable on a certification block or blocks with professional seals applied so as to clearly establish professional responsibility for the revisions.

1050.1(6) The licensee is responsible for the custody and proper use of the seal. Improper use of the seal is grounds for disciplinary action.

1050.1(7) Computer-generated seals may be used on final original documents.

1050.1(8) Secure electronic signature. An electronic signature as defined in or governed by Iowa Code chapter 554D meets the signature requirements of this rule if it is protected by a security procedure, as defined in Iowa Code section 554D.103(14), such as digital signature technology. It is the licensee's responsibility to ensure, prior to affixing an electronic signature to an engineering or land surveying document, that security procedures are adequate to (1) verify the signature is that of a specific person and (2) detect any changes that may be made or attempted after the signature of the specific person is affixed.

This rule is intended to implement Iowa Code sections 542B.13, 542B.15, 542B.20 and 542B.30.

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[Editorial change: IAC Supplement 6/24/26]

CHAPTER 1051
PROFESSIONAL DEVELOPMENT

[Prior to 11/14/01, see 193C—Chapter 3]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1051.1(542B,272C) General statement. Completion of continuing education for professional development is a condition of licensure renewal for each licensee.
[**ARC 7670C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1051.2(542B,272C) Definitions. As used in these rules, the following definitions apply:

"College or unit semester or quarter hour" means the unit of credit given for advanced technical and graduate courses from universities with programs accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology, Inc. or other related college course qualified in accordance with this chapter.

"Continuing education" means education obtained by a licensee in order to maintain, improve, or expand skills and knowledge obtained prior to initial licensure or to develop new and relevant skills and knowledge.

"Continuing education unit (CEU)" means the unit of credit customarily granted for continuing education courses. One continuing education unit is given for ten hours of class in an approved continuing education course.

"Course or activity" means any qualifying course or activity with a clear purpose and objective that will maintain, improve, or expand the skills and knowledge relevant to the licensee's field of practice.

"Independent study" means any course or activity in which there is no real-time interaction between the training provider and the licensee, such as courses offered on the Internet.

"Professional development hour" or *"PDH"* means a contact hour of instruction or presentation and is the common denominator for other units of credit.
[**ARC 7670C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1051.3(542B,272C) Professional development hours.

1051.3(1) *Allowable activities.* Licensees may earn professional development hours by participating in a variety of activities. The following is a list of allowable activities and is not all-inclusive:

a. Successful completion of college courses;

b. Successful completion of continuing education courses;

c. Successful completion of correspondence, televised, videotaped, and other short courses or tutorials;

d. Successful completion of courses online via the Internet;

e. Active participation in seminars, in-house courses, workshops, technical committees of professional engineering organizations, and professional conventions;

f. Teaching or instructing in the activities set forth above if such teaching or instruction is outside of the licensee's regular employment duties and if the licensee can document that such teaching activity or instruction was newly developed and presented for the first time;

g. Authoring published papers, articles or books;

h. Obtaining patents;

i. Attendance at online video courses;

j. Participation on an NCEES examination development committee;

k. Attendance at engineering college graduate research seminars.

All of the allowable activities listed above must adhere to this chapter to be accepted by the board.

1051.3(2) *PDH conversion.* The following chart illustrates the conversion from other units to PDH:

ACTIVITY	PDH
1 College or unit semester hour.	45 PDH per semester hour

ACTIVITY	PDH
Credit for qualifying college or community college courses will be based upon course credit established by the college.	
1 College or unit quarter hour. Credit for qualifying college or community college courses will be based upon course credit established by the college.	30 PDH per quarter hour
1 Continuing education unit as defined in rule 481—1051.2(542B,272C).	10 PDH
1 Contact hour attendance in a class, course, seminar, or professional or technical presentation made at a meeting, in-house training session, convention or conference. Credit for qualifying seminars and workshops will be based on 1 PDH unit for each hour of attendance. Attendance at qualifying programs presented at professional or technical society meetings will earn PDH units for the actual time of each program, excluding time for breaks and meals.	1 PDH per hour
1 Contact hour teaching a class, course, seminar, or a professional or technical presentation. a. Teaching credit is valid for teaching a course or seminar for the first time only. b. Teaching credit does not apply to full-time faculty. c. Teaching credit is limited to 10 PDH per biennial renewal period.	2 PDH per hour
Each published paper, article, or book. Credit for published material is earned in the biennium of publication.	10 PDH per publication
Active participation in a professional or technical society. Credit for active participation in professional and technical societies is limited to 2 PDH per renewal period per organization and requires that a licensee serve as an officer or actively participate in a committee of the organization. PDH credits are earned for a minimum of one year's service.	2 PDH per organization per renewal period
Each patent. Credit for patents is earned in the biennium the patent is issued.	10 PDH per patent
Participation on an NCEES examination development committee or Iowa State Specific Land Surveying examination development committee, including the writing and grading of examination questions, writing reference materials for examinations, and evaluating past examination question performance. Licensees may claim a maximum of 30 PDH per biennial renewal period for participation in this activity.	2 PDH per hour of committee participation

1051.3(3) *Determination of credit.* The board has final authority with respect to approval of courses, credit, PDH value for courses, and other methods of earning credit. No preapproval of offerings will be issued. The board may deny any renewal or reinstatement upon a determination of insufficient or unsatisfactory continuing education.

[**ARC 7670C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1051.4(542B,272C) Professional development guidelines. Continuing education activities that satisfy the professional development criteria are those that relate to engineering or land surveying practice or management. It is recognized that an engineer's specialized skills must have as their foundation a fundamental knowledge of chemistry, physics, mathematics, graphics, computations, communication, and humanities and social sciences. However, continuing education in the fundamentals alone will not be sufficient to maintain, improve, or expand engineering skills and knowledge. For that reason, licensees will be limited in their use of fundamental courses in proportion to ABET criteria for accreditation of engineering curricula. Continuing education activities are classified as:

1051.4(1) *Group 1 activities.* Group 1 activities are intended to maintain, improve, or expand skills and knowledge obtained prior to initial licensure. The following chart illustrates the maximum PDH allowable per renewal period for Group 1 activities:

Type of course/activity	Number of PDH allowed per renewal period
Mathematics and basic sciences Math beyond Trigonometry Basic sciences: Chemistry, Physics, Life sciences, Earth sciences	10 PDH
Engineering sciences	10 PDH

Type of course/activity	Number of PDH allowed per renewal period
Mechanics, Thermodynamics, Electrical and electrical circuits, Materials science, *Computer science *Courses in computer science will generally be considered a part of the Engineering Sciences category in the ABET criterion and, therefore, limited to a maximum of 10 PDH per renewal period.	
Humanities and social sciences Philosophy, Religion, History, Literature, Fine arts, Sociology, Psychology, Political science, Anthropology, Economics, Foreign languages, Professional ethics, Social responsibility	5 PDH
Engineering-related courses Accounting, Industrial management, Finance, Personnel administration, Engineering economy, English, Speech, *Computer applications *The computer is considered a tool available to engineers and land surveyors. Courses related to computer drafting and general computer applications are generally not applicable to either Group 1 or Group 2 activities. Computer courses that relate to engineering or land surveying design applications, such as structural design/analysis software, are considered acceptable.	10 PDH

1051.4(2) *Group 2 activities.* Group 2 activities are intended to develop new and relevant skills and knowledge. Credit for participation in activities in the group is unlimited, subject to maximum carryover. Typical areas include postgraduate level engineering science or design, new technology, environmental regulation and courses in management of engineering or land surveying activity (regular work duties do not qualify).

1051.4(3) *Independent study.* To be readily acceptable by the board, independent study as defined in rule 481—1051.2(542B,272C) meets all of the following criteria:

a. A written evaluation process is completed by the independent study provider; and

b. A certificate of satisfactory completion is issued by the provider; and

c. An evaluation assessment is issued to the licensee by the provider; and

d. Documentation supporting such independent studies is maintained by the licensee and provided to the board as required by subrule 1051.8(2).

A maximum of ten professional development hours of independent study activity will be allowed per biennium per licensee.

1051.4(4) *Exclusions.* Types of continuing education activities that will be excluded from allowable continuing education are those in which it is not evident that the activity relates directly to the licensee's practice of professional engineering or land surveying or the management of the business concerns of the licensee's practice, or that do not comply with the board's administrative rules. Examples of activities that do not qualify as continuing education include the following:

a. Regular employment;

b. Toastmasters club meetings;

c. Service club meetings or activities;

d. Personal estate planning;

e. Banquet speeches unrelated to engineering;

f. Professional society business meeting portions of technical seminars;

g. Financial planning/investment seminars;

h. Foreign travel not related to engineering study abroad;

i. Personal self-improvement courses;

j. Real estate licensing courses;

k. Stress management;

l. Trade shows;

m. Peer review;

n. Accreditation review;

o. Independent study or self-study that does not meet the requirements of subrule 1051.4(3);

p. Basic CAD and fundamental computer application courses;

q. Undergraduate engineering seminars.

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481—1051.5(542B,272C) Biennial requirement. The biennial requirement may only be satisfied during the biennium prior to licensure renewal except for the carryover permitted.

1051.5(1) Completion of 30 professional development hours, including at least 2 professional development hours in the area of professional ethics, satisfies the continuing education necessary for biennial licensure renewal in engineering or land surveying. Completion of 40 professional development hours, including 20 professional development hours in engineering and 20 professional development hours in land surveying and at least 4 professional development hours in the area of professional ethics, satisfies the continuing education necessary for biennial licensure renewal for individuals actively licensed in both engineering and land surveying. Up to 15 professional development hours may be carried forward only into the next biennium. For individuals actively licensed in both engineering and land surveying, up to 10 professional development hours for each profession may be carried forward only into the next biennium.

1051.5(2) Inactive licensees are exempt from the continuing education requirements.

1051.5(3) A licensee who is active in one profession and inactive in another is obligated to meet the continuing education requirements for licensure in the profession in which active licensure is maintained.

1051.5(4) A new licensee is obligated to satisfy one-half of the biennial continuing education requirement at the first renewal following initial licensure. Professional engineers and professional land surveyors licensed by comity are not new licensees and are not eligible for the one-half continuing education requirement.

[**ARC 7670C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1051.6(542B,272C) Exemptions.

1051.6(1) The continuing education requirements may be reduced in proportion to the following:

a. Periods of time that the licensee serves honorably on active duty in the military services;

b. Periods of time that the licensee is licensed in and a resident of another state or district having continuing education requirements for professional engineering or land surveying and meets all requirements of that state or district for practice therein;

c. Periods of time that the licensee is a government employee working as a professional engineer or professional land surveyor and assigned to duty outside the United States; or

d. Documented periods of the licensee's active practice and absence from the United States that are approved by the board.

1051.6(2) No exemption will be granted without a written request from the licensee with documentation of the period of absence.

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481—1051.7(542B,272C) Hardships or extenuating circumstances. Upon a written request to the board, the board may, in individual cases involving hardship or extenuating circumstances, grant waivers of the continuing education requirements for a period of time not to exceed one year.

[**ARC 7670C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1051.8(542B,272C) Reports, records, and compliance review. At the time of application for license renewal, each licensee reports, on a form provided by the board, the number of professional development hours achieved during the preceding biennium.

1051.8(1) *Recordkeeping.* Maintaining records to be used to support professional development hours claimed is the responsibility of the licensee. It is recommended that each licensee keep a log showing the type of activity claimed, sponsoring organization, location, duration, instructor's or speaker's name, and PDH credits earned. The licensee is obligated to maintain documentation of reported PDHs for two years after the period for which the form was submitted.

1051.8(2) *Compliance review.* The board may select licensees for review of compliance with continuing education on a random basis or upon receiving information regarding noncompliance and will review compliance with continuing education for reinstatement of lapsed or inactive licenses. Each licensed

board member is audited for PDH compliance for a biennium that is within each member's respective three-year appointment term. For each PDH claimed, licensees chosen for compliance review will furnish:

a. Proof of attendance. Attendance verification records in the form of completion certificates, or other documents supporting evidence of attendance;

b. Verification of the hours claimed; and

c. Information about the course content.

1051.8(3) *Compliance review sanctions.* Any discrepancy between the number of PDHs reported and the number of PDHs actually supported by documentation may result in a disciplinary review. If, after the disciplinary review, the board disallows any PDH, or the licensee has failed to complete the required PDHs, the licensee has 60 days from board notice to either provide further evidence of having completed the PDHs disallowed or remedy the discrepancy by completing the required number of PDHs (provided that such PDHs are not used again for the next renewal). Extension of time may be granted on an individual basis if requested by the licensee within 30 days of notification by the board. If the licensee fails to comply with the requirements of this subrule, the licensee may be subject to disciplinary action. If the board finds, after proper notice and hearing, that the licensee willfully disregarded these requirements or falsified documentation of required PDHs, the licensee may be subject to disciplinary action as further identified in 481—paragraphs 1053.3(1)*"c"* and 1053.3(3)*"e."*

1051.8(4) *Out-of-state residents.* A person licensed to practice engineering or land surveying or both in Iowa shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district that has a continuing education requirement for engineers or land surveyors and the individual meets all requirements of that state or district for practice therein. However, if selected for compliance review, such individuals must provide documentation as specified in subrule 1051.8(2).

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These rules are intended to implement Iowa Code sections 272C.2, 272C.3, 542B.6, and 542B.18.

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CHAPTER 1052
PROFESSIONAL CONDUCT OF LICENSEES

[Prior to 11/14/01, see 193C—Chapter 4]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1052.1(542B) General statement. In order to establish and maintain a high standard of integrity, skills and practice in the professions of engineering and land surveying, and to safeguard the life, health, property and welfare of the public, the following code of professional conduct is binding upon every person holding a certificate of licensure as a professional engineer or professional land surveyor in this state. The code of professional conduct is an exercise of the police power vested in the board by the Acts of the legislature.

[**ARC 7671C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1052.2(542B) Code of professional conduct. All persons licensed under Iowa Code chapter 542B are charged with having knowledge of the existence of this code of professional conduct and are expected to be familiar with its provisions, to understand them, and to abide by them. Such knowledge includes the understanding that the practices of engineering and land surveying are a privilege, as opposed to a right, and the licensee shall be forthright and candid in statements or written response to the board or its representatives on matters pertaining to professional conduct.

1052.2(1) *Responsibility to the public.* Licensees will conduct their professional practices in a manner that will protect life, health and property and enhance the public welfare. If their professional judgment is overruled under circumstances where safety, health and welfare of the public are endangered, they shall inform their employer or client of the possible consequences, notify such other proper authority as may be appropriate, and withdraw from further services on the project.

Licensees may neither approve nor certify engineering or land surveying documents that may be harmful to the public health and welfare and that are not in conformity with accepted engineering or land surveying standards.

1052.2(2) *Competency for assignments.* Licensees may perform engineering or land surveying assignments only when qualified by education or experience in the specific technical field of professional engineering or professional land surveying involved. Licensees shall engage experts or advise that experts and specialists be engaged whenever the client's or employer's interests are best served by such service.

Licensees may accept an assignment on a project requiring education or experience outside their field of competence, but only to the extent that their services are restricted to those phases of the project in which they are qualified.

1052.2(3) *Truth in reports and testimony.* Licensees, when serving as expert or technical witnesses before any court, commission, or other tribunal, may express an opinion only when it is founded upon adequate knowledge of the facts in issue, upon a background of technical competence in the subject matter, and upon honest conviction of the accuracy and propriety of their testimony. Under these circumstances, the licensee must disclose inadequate knowledge.

Licensees shall be objective and truthful in all professional reports, statements or testimony. All relevant and pertinent information shall be included in such reports, statements or testimony. Licensees shall avoid the use of statements containing a material misrepresentation of fact or omitting a material fact.

1052.2(4) *Conflict of interest.* Licensees shall:

a. Not issue statements, criticisms or arguments on engineering or land surveying matters connected with public policy that are influenced or paid for by an interested party, or parties, unless they have prefaced their comments by explicitly identifying themselves, by disclosing the identities of the party or parties on whose behalf they are speaking, and by revealing the existence of any pecuniary interest.

b. Avoid all known conflicts of interest with their employers or clients and, when unforeseen conflicts arise, shall promptly inform their employers or clients of any business association, interest, or circumstances that could influence judgment or the quality of services.

c. Not accept compensation, financial or otherwise, from more than one party for services on the same project, unless the circumstances are fully disclosed and agreed to by all interested parties.

d. Act in professional matters for each employer or client as faithful agents or trustees and maintain full confidentiality on all matters in which the welfare of the public is not endangered.

1052.2(5) *Ethics.* Licensees shall conduct their business and professional practices of engineering and land surveying in an ethical manner. In addition to the provisions of this chapter, the board will consider, although not necessarily be bound by, the ethical standards that address public protection issues adopted by a recognized state or national engineering or land surveying organization, such as the National Society of Professional Engineers or the National Society of Professional Surveyors.

1052.2(6) *Unethical or illegal conduct.*

a. Business practices. Licensees shall not:

(1) Pay or offer to pay, either directly or indirectly, any commission, percentage, brokerage fee, political contribution, gift, or other consideration to secure work, except to a bona fide employee or bona fide, established commercial or marketing agency retained by them or to secure positions through employment agencies.

(2) Engage in any discriminatory practice prohibited by law and shall, in the conduct of their business, employ personnel upon the basis of merit.

(3) Solicit or accept gratuities, directly or indirectly, from contractors, their agents, or other parties dealing with their clients or employers in connection with work for which they are responsible.

(4) Solicit or accept an engineering or land surveying contract from a governmental body when a principal or officer of the licensee's organization serves as an elected, appointed, voting or nonvoting member of the same governmental body that is letting the contract. For purposes of this subparagraph, "governmental body" means a board, council, commission, or similar multimembered body. A licensee would not violate this provision, however, if the principal or officer of the licensee's organization who serves as a member of the governmental body plays no role in the solicitation or acceptance of the contract, and the contract would be legally permissible under applicable Iowa law, including but not limited to Iowa Code sections 68B.3, 279.7A, 331.342, and 362.5.

(5) Associate with, or permit the use of their names or firms in a business venture by, any person or firm that they know, or have reason to believe, is engaging in business or professional practice of a fraudulent or dishonest nature.

(6) Misrepresent pertinent facts concerning employers, employees, associates, firms, joint ventures, or past accomplishments in brochures or other presentations incident to the solicitation of employment.

b. Individual professional conduct. Licensees shall not:

(1) Use association with nonengineers, corporations or partnerships as "cloaks" for unethical acts.

(2) Violate any local, state or federal criminal law in the conduct of professional practice.

(3) Violate licensure laws of any state or territory.

(4) Affix their signatures or seals to any plans, plats or documents dealing with subject matter in which those licensees lack competence, nor to any plan, plat or document not prepared under their direct personal direction and control.

(5) Falsify their qualifications or permit misrepresentation of their or their associates' qualifications. They shall not misrepresent or exaggerate their responsibility in or for the subject matter of prior assignments.

c. Real property inspection reports. Licensees shall not:

(1) Represent themselves as licensed professional land surveyors or professional engineers on real property inspection reports (e.g., mortgage surveys).

(2) Place their firm names, logos, or title blocks on real property inspection reports (e.g., mortgage surveys).

[**ARC 7671C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1052.3(542B) Reporting of acts or omissions. Licensees shall report acts or omissions by a licensee that constitute negligence or carelessness. For the purposes of these rules, "negligence or carelessness" means demonstrating unreasonable lack of skill in the performance of engineering or land surveying services by failure of a licensee to maintain a reasonable standard of care in the licensee's practice of

engineering or land surveying. In the evaluation of reported acts or omissions, the board determines if the engineer or land surveyor has applied learning, skill and ability in a manner consistent with the standards of the professions ordinarily possessed and practiced in the same profession at the same time. Standards referred to in the immediately preceding sentence shall include any minimum standards adopted by this board and any standards adopted by recognized national or state engineering or land surveying organizations.

[**ARC 7671C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1052.4(542B) Standards of integrity. Licensees shall:

1. Answer all questions of a duly constituted investigative body of the state of Iowa concerning alleged violations by another person or firm.
2. Admit and accept their own errors and not distort or alter the facts to justify their own decisions when proven wrong.
3. Present information to the engineering and land surveying examining board in writing and cooperate with the board in furnishing further information or assistance required by the board, if a licensee knows or has reason to believe that another person or firm may be in violation of Iowa law or rules regarding ethics or conduct of professional engineering or professional land surveying practice.
4. Licensees cannot assist in the application of an individual they know is unqualified for licensure by reason of education, experience or character.

[**ARC 7671C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1052.5(542B) Engineering and land surveying services offered by business entities.

1052.5(1) *Purpose of rule.* The purpose of this rule is to protect the public from misleading or deceptive advertising by business entities that hold themselves out to the public as providing professional engineering or professional land surveying services and to guard against the unlicensed practice of professional engineering or professional land surveying by persons who are not properly licensed to perform such services in the state of Iowa. This rule shall not be construed as restricting truthful advertising by business entities that appropriately place professional engineers or professional land surveyors in responsible charge of the professional services offered to and performed for the public.

1052.5(2) *Definitions.* For purposes of this rule, the following definitions apply:

"Business entity" includes corporations, partnerships, limited liability companies, persons using fictitious or assumed names, or any other form of entity that may conduct business.

"In responsible charge" means the same as defined in Iowa Code section 542B.2(6). Indications of being in responsible charge include:

1. Obtaining or setting the project or service parameters or criteria.
2. Dictating the manner and methods by which professional services are performed.
3. Establishing procedures for quality control and authority over professional services in a manner that ensures that the professional licensee is in control of the work and of all individuals performing the work under the licensee's supervision.
4. Spending sufficient time directly performing the work or directly supervising the work to ensure that the licensee is familiar with all significant details of the work.
5. Maintaining familiarity with the capabilities and methods of the persons performing professional services, and providing adequate training for all persons working under the licensee's direct supervision.
6. Sustaining readily accessible contact with all persons performing professional services by direct physical proximity, or as appropriate in the licensee's professional judgment, by frequent communication, in clear and complete verbal and visual form, of information about the work being performed.
7. Specifically pertaining to land surveying, reviewing all field evidence and making all final decisions concerning the placement of survey monuments and surveyed lines.

"Professional services" includes professional engineering and professional land surveying services, as defined in Iowa Code sections 542B.2(5), 542B.2(8) and 542B.27, as applicable to the fact situation at issue.

1052.5(3) *General rule.* Business entities offering professional services to the public must be owned, managed, or appropriately staffed by one or more professional engineers or professional land surveyors, as applicable, who are in responsible charge of all professional services offered and performed.

1052.5(4) *Appropriate staffing.* The nature and extent of appropriate staffing by licensed professionals is necessarily a fact-based determination dependent on such factors as the nature and volume of professional services offered and performed, the risk of unlicensed practice, the impact of the professional services on the life, health and safety of the public and the public's property, and the representations made to the public. While the legal nature of the business entity's relationship (e.g., owner, manager, employee) with a licensed professional engineer or professional land surveyor is not necessarily determinative, licensed professionals must be in responsible charge of all professional services offered and performed.

1052.5(5) *Professional engineering or professional land surveying firms.* Business entities holding themselves out to the public as professional engineering or professional land surveying firms cannot satisfy the requirements of this rule solely by retaining, through employment or contract, a licensed professional on an as-needed, occasional or consulting basis. Such an arrangement fosters unlicensed practice by the unlicensed owners or managers who place themselves in charge of determining when a licensed professional is needed. When a business entity conveys to the public that it is organized as a firm of licensed professionals, the public has a right to expect that the firm retains the full-time services of one or more licensed professionals. "Full-time" in this context is not measured by hours, but by a licensee's sustained, meaningful, and effective, direct supervision of all professional services performed, whether the firm performs services, for example, 20 hours per month or 80 hours per week.

1052.5(6) *Restricted services.* Business entities that do not generally hold themselves out to the public as professional engineering or professional land surveying firms, but that do offer some type of professional engineering or professional land surveying service, shall be appropriately staffed by licensed professionals in a manner that:

a. Corresponds with the representations made to the public.

b. Places licensed professionals in responsible charge of all professional services performed.

c. Guards against the unlicensed practice of professional engineering or professional land surveying.

1052.5(7) *Permitted practices.*

a. Nothing in this rule is intended to prevent an individual or business entity from truthfully offering services as a project manager, administrator, or coordinator of a multidisciplinary project.

b. Nothing in this rule prevents a joint venture arrangement between an engineering or land surveying firm and a business entity that is not owned, managed, or staffed by professional engineers or professional land surveyors, in which the venturing entities jointly and truthfully offer professional engineering or professional land surveying services on a project-by-project basis. Licensed professional engineers and professional land surveyors who participate in such arrangements shall ensure that the public is accurately informed as to the nature of all professional services to be performed and by whom the services will be performed.

1052.5(8) *Remedies against licensees.* Licensed professional engineers or professional land surveyors who aid and abet the unlicensed offering or practice of professional engineering or professional land surveying, or who otherwise knowingly participate in a business entity that does not comply with this rule, are engaging in unethical practices that are harmful or detrimental to the public and are subject to disciplinary action by the board.

1052.5(9) *Remedies against business entities and unlicensed individuals.* The board may by order impose civil penalties against any business entity or unlicensed individual that offers or performs professional services in violation of Iowa Code chapter 542B.

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CHAPTER 1053
COMPLAINTS, INVESTIGATIONS AND DISCIPLINARY ACTION

[Prior to 11/14/01, see 193C—Chapter 4]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 9]

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481—1053.1(542B) Complaints and investigations.

1053.1(1) *Complaints.* The board, upon receipt of a complaint or upon its own motion pursuant to other evidence received by the board, reviews and investigates alleged acts or omissions that reasonably constitute cause under applicable law or administrative rule for licensee discipline. Complaints may be submitted to the board office via the board's website by members of the public, including clients, business organizations, nonprofit organizations, governmental bodies, licensees, or other individuals or entities with knowledge of possible violations of laws or rules by licensees.

1053.1(2) *Form and content.* A written complaint may be submitted on forms available from the board office and on the board's website. The written complaint shall include the following information:

a. The full name, address, and telephone number of complainant.

b. The full name, address, and telephone number of the individual against whom the complaint is filed.

c. A statement of the facts and circumstances giving rise to the complaint, including a description of the alleged acts or omissions that the complainant believes demonstrate that the respondent has violated or is violating laws or rules enforced by the board.

d. Citation of the statutes and administrative rules allegedly violated by the respondent.

e. Evidentiary supporting documentation.

f. Steps, if any, that have been taken by the complainant to resolve the dispute with the respondent prior to the filing of the complaint.

1053.1(3) *Initial complaint screening.* All written complaints received by the board are initially screened by the board's administrator to determine whether the allegations of the complaint fall within the board's investigatory jurisdiction and whether the facts presented, if true, would constitute a basis for disciplinary action against a licensee. Complaints that are clearly outside the board's jurisdiction, which clearly do not allege facts upon which disciplinary action would be based, or that are frivolous will be referred by the board administrator to the board for closure at the next scheduled board meeting. All other complaints are referred by the board administrator to the board's disciplinary committee for committee review.

1053.1(4) *Investigation of allegations.* In order to determine if probable cause exists for a hearing on the complaint, the board may cause an investigation to be made into the allegations of the complaint. It may refer the complaint to a peer review committee or investigator for investigation, review and report to the board.

1053.1(5) *Informal discussion.* If the board considers it advisable, or if requested by the affected licensee, the board may grant the licensee an opportunity to appear before the board or a committee of the board for a voluntary informal discussion of the facts and circumstances of an alleged violation. The licensee may be represented by legal counsel at the informal discussion. It is not necessary for the licensee to attend the informal discussion. By electing to attend, the licensee waives the right to seek disqualification, based upon personal investigation of a board member or staff, from participating in making a contested case decision or acting as a presiding officer in a later contested case proceeding. Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence. The board may seek a consent order at the time of the informal discussion. If the parties agree to a consent order, a statement of charges will be filed simultaneously with the consent order.

1053.1(6) *Immunity.* Complainants are immune from civil liability under Iowa Code section 272C.8.

1053.1(7) *Role of complainant.* The role of the complainant in the disciplinary process is limited to providing the board with factual information relative to the complaint. A complainant is not party to any disciplinary proceeding that the board may initiate based in whole or in part on information provided by the complainant.

1053.1(8) *Role of the board.* The board does not act as an arbiter of disputes between private parties, nor does the board initiate disciplinary proceedings to advance the private interest of any person or party. The role of the board in the disciplinary process is to protect the public by investigating complaints and initiating disciplinary proceedings in appropriate cases. The board possesses sole decision-making authority throughout the disciplinary process, including the authority to determine whether a case will be investigated, the manner of the investigation, whether a disciplinary proceeding will be initiated, and the appropriate licensee discipline to be imposed, if any.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.2(542B) Ruling on the initial inquiry.

1053.2(1) *Dismissal.* If a determination is made by the board that a complaint is without grounds or merit, the complaint will be dismissed. A letter of explanation concerning the decision of the board will be sent to the respondent and the complainant.

1053.2(2) *Requirement of further inquiry.* If determination is made by the board to order further inquiry, the complaint and initial recommendations will be provided to the investigator(s) along with a statement specifying the information deemed necessary.

1053.2(3) *Acceptance of the case.* If a determination is made by the board to initiate disciplinary action, the board may enter into an informal settlement or recommend formal disciplinary proceedings. The board's rules regarding informal settlement are found in rule 481—506.35(17A,272C).

This rule is intended to implement Iowa Code sections 542B.21, 542B.22 and 272C.6.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.3(10A,17A,272C,542B) Grounds for discipline. The board has authority pursuant to Iowa Code chapters 10A, 542B, 17A and 272C to impose discipline for violations of those chapters and the rules promulgated thereunder and may initiate disciplinary action against a licensee holding an active, inactive or lapsed license on any of the grounds identified in Iowa Code section 542B.21.

1053.3(1) Fraud or deceit in procuring or attempting to procure an initial, comity, renewal, or reinstated license includes any intentional perversion of or reckless disregard for the truth when an application, or information in support of another's application, is submitted to the board, including:

a. False representation of a material fact, whether by word or by conduct, by false or misleading allegation, or by concealment of that which should have been disclosed.

b. Attempting to file or filing with the board any false or forged record or document, such as a college transcript, diploma or degree, examination report, verification of licensure, or continuing education certificate.

c. Reporting information, such as satisfaction of continuing education, in a false manner, through overt deceit, or with reckless disregard for the truth or accuracy of the information asserted.

d. Otherwise participating in any form of fraud or misrepresentation by act or omission.

1053.3(2) Professional incompetence includes, but is not limited to:

a. A substantial lack of knowledge or ability to discharge professional obligations within the practice of engineering or land surveying.

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other practitioners in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average practitioner acting in the same or similar circumstances.

d. Failure to conform to the minimum standards of acceptable and prevailing practice of engineering or land surveying in this state, including the land surveying standards set forth in Iowa Code chapters 354 and 355 and 481—Chapters 1055 and 1056.

e. Engaging in engineering or land surveying practices that are outside the technical competence of the licensee without taking reasonable steps to associate with a competent licensee or other steps to ensure competent practice.

f. Any other act or omission that demonstrates an inability to safely practice in a manner protective of the public's interest, including acts or omissions described in rule 481—1052.3(542B).

1053.3(3) Deceptive practices include, but are not limited to, the following:

a. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of engineering or land surveying.

b. Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes, but is not limited to, an action by a licensee in making information or intention known to the public that is false, deceptive, misleading or promoted through fraud or misrepresentation.

c. Acceptance of any fee by fraud or misrepresentation.

d. Falsification of business or client records.

e. Submission of false or misleading reports or information to the board, including information supplied in an audit of continuing education or as a condition of probation or in a reference submitted for an examination or a license applicant or in any reports identified in this rule or rule 481—1052.3(542B).

f. Knowingly presenting as one's own the license, signature, or seal of another or of a fictitious licensee, or otherwise falsely impersonating a person holding an engineering or land surveying license.

g. Representing oneself as a professional engineer or professional land surveyor after the license has been suspended, revoked, surrendered, or placed on inactive status or has lapsed.

h. Fraud in representations as to skill or ability.

i. Any violation of Iowa Code section 542B.16 or associated rules in 481—Chapter 1050 involving a licensee's seal or certificate.

1053.3(4) Behaviors and conduct that are unethical or harmful or detrimental to the public include, but are not limited to, the following actions:

a. A violation of the code of professional conduct in 481—Chapter 1052.

b. Verbal or physical abuse, or improper sexual contact, if such behavior occurs within the practice of engineering or land surveying or if such behavior otherwise provides a reasonable basis for the board to conclude that such behavior could occur within such practice and, if so, would place the public at risk.

c. Aiding or abetting a violation of a provision of Iowa Code section 542B.27(1).

1053.3(5) Lack of proper qualifications, as provided in Iowa Code section 272C.3(2)*"b,"* includes but is not limited to:

a. Continuing to practice as an engineer or land surveyor without satisfying the continuing education required for license renewal.

b. Violation of Iowa Code section 542B.21(4) that adversely affects the licensee's ability to practice in a safe and competent manner.

1053.3(6) Professional misconduct, which includes, but is not limited to, revocation, suspension, or other disciplinary action taken against a licensee by a licensing authority of this state or another state, territory, or country. "Disciplinary action" includes a voluntary surrender of a license to resolve a pending disciplinary investigation or proceeding. A stay by an appellate court does not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, discipline by the board based solely on such action shall be vacated. A licensee shall notify the board of such disciplinary action within 30 days of the disciplinary action.

1053.3(7) Willful or repeated violations include the willful or repeated violation or disregard of any provision of Iowa Code chapter 272C or 542B or any administrative rule adopted by the board in the administration or enforcement of such chapters.

1053.3(8) Conviction of felony includes the conviction of a felony under the laws of the United States, of any state or possession of the United States, or of any other country. The board will vacate any discipline based solely on a conviction, if that conviction is overturned or reversed by a court of last resort.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.4(542B) Disciplinary findings and sanctions. The board's decision may include one or more of the following findings or sanctions:

1. Exoneration of respondent.
2. Revocation of license.
3. Suspension of license until further order of the board or for a specified period.
4. Nonrenewal of license.
5. Prohibition, until further order of the board or for a specific period, of engaging in specified procedures, methods or acts.
6. Probation.
7. Requirement of additional education or training.
8. Requirement of reexamination.
9. Issuance of a reprimand.
10. Imposition of civil penalties.
11. Issuance of citation and warning.
12. Desk review.
13. Other sanctions allowed by law as may be appropriate.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.5(272C) Civil penalties. In addition to other disciplinary options, the board may assess civil penalties of up to $1,000 per violation against licensees who violate any provision of rule 481—1053.3(10A,17A,272C,542B). Factors the board may consider when determining whether and in what amount to assess civil penalties include:

1. Whether other forms of discipline are being imposed for the same violation.
2. Whether the amount imposed will be a substantial economic deterrent to the violation.
3. The circumstances leading to the violation.
4. The severity of the violation and the risk of harm to the public.
5. The economic benefits gained by the licensee as a result of the violation.
6. The interest of the public.
7. Evidence of reform or remedial action.
8. Time elapsed since the violation occurred.
9. Whether the violation is a repeat offense following a prior cautionary letter, disciplinary order, or other notice of the nature of the infraction.
10. The clarity of the issue involved.
11. Whether the violation was willful and intentional.
12. Whether the licensee acted in bad faith.
13. The extent to which the licensee cooperated with the board.
14. Whether the licensee practiced professional engineering or professional land surveying with a lapsed, inactive, suspended or revoked license.

This rule is intended to implement Iowa Code section 542B.22.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.6(542B) Publication of decisions. In addition to publication requirements found at 481—subrule 506.31, the following notifications shall be issued:

1. Following suspension of a professional land surveyor's license, notification must be issued to the county recorders and county auditors of the county of residence and immediately adjacent counties in Iowa.
2. Following revocation of a professional land surveyor's license, notification must be mailed to all county auditors in Iowa and the county recorders in the county of residence and immediately adjacent counties in Iowa.
3. Following the suspension or revocation of the license of a professional engineer or professional land surveyor, notification is issued to other boards of examiners for engineers and land surveyors under the jurisdiction of the government of the United States. This notification may be made through the National Council of Examiners for Engineering and Surveying or other national organizations recognized by the

board. In addition, if the licensee is known to be registered in another nation in North America, the appropriate board(s) are notified of the action.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.7(542B) Disputes between licensees and clients. Reports from the insurance commissioner or other agencies on the results of judgments or settlements of disputes arising from malpractice claims or other actions between professional engineers or professional land surveyors and their clients may be referred to counsel or peer review committee. The counsel or peer review committee will investigate the report for violation of the statutes or rules governing the practice or conduct of the licensee. The counsel or peer review committee will advise the board of any probable violations or any further action required or recommend dismissal from further consideration.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1053.8(272C,542B) Confidentiality of complaint and investigative information.

1053.8(1) *General provisions.* All complaint and investigative information received or created by the board is privileged and confidential pursuant to Iowa Code section 272C.6(4). Such information shall not be released to any person except as provided in that section.

1053.8(2) *Disclosure to the subject of the investigation.*

a. Legal authority. Pursuant to Iowa Code section 10A.506(9), the board may supply to a licensee who is the subject of a disciplinary complaint or investigation, prior to the initiation of a disciplinary proceeding, all or such parts of a disciplinary complaint, disciplinary or investigatory file, report, or other information as the board in its sole discretion believes would aid the investigation or resolution of the matter.

b. General rule. As a matter of general policy, the board will not disclose confidential complaint and investigative information to a licensee except as permitted by Iowa Code section 272C.6(4). Disclosure of a complainant's identity in advance of the filing of formal disciplinary charges, for instance, may adversely affect a complainant's willingness to file a complaint with the board.

c. Exceptions to general rule. The board may exercise its discretion to release information to a licensee that would otherwise be confidential under Iowa Code section 272C.6(4) under narrow circumstances, including but not limited to the following:

(1) Following a board determination that probable cause exists to file disciplinary charges against a licensee and prior to the issuance of the notice of hearing, the board may provide the licensee with a peer review or investigative report or expert opinions as reasonably needed for the licensee to assess the merits of a settlement proposal.

(2) The board may release to a licensee who is the subject of a board-initiated investigation, including those initiated following the board's receipt of an anonymous complaint, such records or information as may aid the investigation or resolution of the matter.

(3) The board may release information from a peer review or consultant's report when soliciting the licensee's position will aid in making the probable cause determination and such disclosure can be made to the licensee without revealing identifying information regarding the complainant, peer reviewer or consultant.

[**ARC 7672C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code chapter 17A and sections 542B.2, 542B.22, and 272C.6.

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CHAPTER 1054
PEER REVIEW

[Prior to 11/14/01, see 193C—4.5(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1054.1(542B,272C) Peer review. The board may appoint a peer reviewer, or multiple peer reviewers, for the investigation of a complaint about the acts or omissions of one or more licensees.

1054.1(1) *Peer review.* Peer reviewers are generally licensed engineers or licensed land surveyors or both, as determined by the board, who are selected for their knowledge and experience in the type of engineering or land surveying involved in the complaint.

An individual is ineligible as a peer reviewer in accordance with the standard for disqualification found at 481—subrule 506.10(1). If a peer reviewer is unable to serve after an investigation has begun, the peer reviewer will notify the board office.

1054.1(2) *Authority.* The peer reviewer's investigation may include activities such as interviewing the complainant, the respondent, individuals with knowledge of the alleged violation, and individuals with knowledge of the respondent's practice in the community; gathering documents; conducting site visits; and performing independent analyses as deemed necessary. Although the board does not become involved in a complaint investigation, the board may give specific instructions to the peer reviewer regarding the scope of the investigation. In the course of the investigation, the peer reviewer will refrain from advising the complainant or respondent on actions that the board might take.

1054.1(3) *Term of service.* The peer reviewer serves at the pleasure of the board. The board may dismiss any peer reviewer or add new peer reviewers at any time.

1054.1(4) *Compensation.* The terms of payment as authorized by the peer review agreement may vary based on the nature and complexity of each assignment. The peer reviewer will be additionally entitled to reimbursement of expenses directly related to the peer review process, deposition or hearing preparation, or deposition or hearing testimony, such as mileage, meals, or out-of-pocket charges for securing copies of documents. Expenses will be reimbursed as allowed under the manuals and guidelines published by the Iowa department of administrative services, state accounting enterprise. The peer reviewer cannot hire legal counsel, investigators, secretarial help or any other assistance without written authorization from the board.

[**ARC 7673C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1054.2(542B,272C) Reports. Each peer reviewer will submit a written report to the board within 90 days of the peer review assignment, unless an extension is granted by the board.

1054.2(1) *Components of the report.* The report will include:

a. A statement of the charge to the peer reviewer;

b. A description of the actions taken by the peer reviewer in the peer reviewer's investigation, including but not limited to document review, interviews and site visits;

c. A summary of the peer reviewer's findings, including:

(1) The peer reviewer's opinion as to whether a violation has occurred,

(2) Citation of the Iowa Code section(s) and Iowa Administrative Code rule(s) violated, and

(3) The peer reviewer's opinion of the seriousness of the violation; and

d. A recommendation.

In the case of a land surveyor peer reviewer report, the report must be plat-specific as to the violations.

1054.2(2) *Recommended action.* The peer reviewer report will recommend one of the following:

a. Dismissal of the complaint,

b. Further investigation, or

c. Disciplinary proceedings.

If the peer reviewer recommends further investigation or disciplinary proceedings, supporting information must be submitted to the board, including citation of the specific Iowa Code section(s) and Iowa Administrative Code rule(s) violated.

1054.2(3) *Disciplinary recommendations.* When recommending disciplinary proceedings, a peer reviewer will not suggest a particular form of discipline, but may provide guidance on the severity of the violations that prompted the recommendation and may identify professional areas in which the licensee needs additional education, experience or monitoring in order to safely practice.

[**ARC 7673C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1054.3(542B,272C) Confidentiality. The peer reviewer will not discuss or reveal the peer reviewer's findings and conclusions with any party other than the board (through the peer reviewer's report to the board) or board staff.

[**ARC 7673C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1054.4(542B,272C) Testimony. Peer reviewers may be required to testify in the event of formal disciplinary proceedings.

[**ARC 7673C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code section 272C.3.

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CHAPTER 1055
MINIMUM STANDARDS FOR PROPERTY SURVEYS

[Prior to 11/14/01, see 193C—Chapter 2]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1055.1(542B) Scope. Each professional land surveyor will comply with the minimum standards for property surveys described by statute or administrative rule. The minimum standards in this chapter apply to all property surveys performed in this state except those done for acquisition plats as described in Iowa Code chapter 354.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.2(542B) Definitions. For the purposes of these rules, the following definitions apply:

"Plat" means both a plat of survey and a subdivision plat as those terms are defined in Iowa Code section 355.1.

"Property survey" means any land survey performed for the purpose of describing, monumenting, retracing and establishing boundary lines, dividing, subdividing, or platting one or more parcels of land.

"Retrace" means following along a previously established line to logical termini.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.3(542B) Boundary location. Every property survey shall be made in accordance with the legal description (record title) boundaries as nearly as is practicable. The surveyor will acquire data necessary to retrace record title boundaries, centerlines, and other boundary line locations. The surveyor will analyze the data and determine the position of the boundaries of the parcel being surveyed. The surveyor will make a field survey, locating and connecting monuments necessary for location of the parcel, and coordinate the facts of such survey with the analysis. The surveyor will set monuments marking the corners of such parcel unless monuments already exist at such corners.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.4(542B) Descriptions. Descriptions defining land boundaries written for conveyance or other purposes shall be complete, providing definite and unequivocal identification of lines or boundaries. The description must contain dimensions sufficient to enable the description to be platted and retraced and describe the land surveyed either by government lot or by quarter-quarter section or by quarter section and identify the section, township, range and county; and by metes and bounds commencing with a corner monumented and established in the U.S. Public Land Survey System; or if such land is located in a recorded subdivision or recorded addition thereto, then by the number or other description of the lot, block or subdivision thereof that has been previously tied to a corner monumented and established by the U.S. Public Land Survey System. If the parcel is described by metes and bounds, it may be referenced to known lot or block corners in recorded subdivision or additions.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.5(542B) Plats. A plat shall be drawn for every property survey performed showing information developed by the survey and including the following elements:

1055.5(1) The plat is drawn to a convenient scale that is clearly stated and graphically illustrated by a bar scale on every plat sheet.

1055.5(2) The plat shows the length and bearing of the boundaries of the parcels surveyed. Where the boundary lines show bearing, lengths or locations that vary from those recorded in deeds, abutting plats or other instruments, the following note is placed along such lines: "recorded as (show recorded bearing, length or location)."

1055.5(3) The plat shows and identifies all monuments necessary for the location of the parcel and indicates whether such monuments were found or placed and includes an accurate description of each monument consisting of size, shape, and material type, capped with license number, and color as applicable.

1055.5(4) The plat is captioned to identify the person for whom the survey was made and the date of the survey and describes the parcel as provided in rule 481—1055.4(542B) above.

1055.5(5) The plat shows that record title boundaries, centerlines, and other boundary lines were retraced to monuments found or placed by the surveyor.

1055.5(6) The plat shows that the survey is tied to a physically monumented land line that is identified by two U.S. Public Land Survey System corners or by two physically monumented corners of a recorded subdivision. The plat shows a distance relationship measured by the surveyor between the two corners on the physically monumented land line. The physically monumented land line shall be germane to the survey of the lot, parcel, or tract.

1055.5(7) The plat bears the signature of the professional land surveyor, a statement certifying that the work was performed by the surveyor or under the surveyor's direct personal supervision, the date of signature, and the surveyor's Iowa license number and legible seal as provided in rule 481—1050.1(542B).

1055.5(8) The surveyor shall record every plat and description, excluding subdivision plats, with the county recorder no later than 30 days after signature on the plat by the surveyor.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.6(542B) Measurements.

1055.6(1) Measurements may only be made with instruments and methods capable of attaining the required accuracy for the particular problem involved.

1055.6(2) Measurements as placed on the plat shall be in conformance with the capabilities of the instruments used.

1055.6(3) The unadjusted closure for all closed traverse surveys shall be not greater than 1 in 5,000 and, for subdivision boundaries, 1 in 10,000.

1055.6(4) In a closed traverse, the sum of the measured angles shall agree with the theoretical sum by a difference not greater than 30 seconds times the square root of the number of angles.

1055.6(5) The unadjusted error of field measurements shall not be greater than 1 in 5,000.

1055.6(6) The relative positional tolerance at the 95 percent confidence level shall be as follows:

a. For subdivision boundaries: ±(0.13 feet + 1:10,000)

b. For all other land surveying: ±(0.26 feet + 1:5,000)

1055.6(7) Bearings or angles on any property survey plat shall be shown to the nearest one minute; distance shall be shown to the nearest one-tenth foot.

[**ARC 7674C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1055.7(542B) Monuments. Monuments shall adhere to Iowa Code section 355.6. More information can be found in rule 481—1055.3(542B).

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CHAPTER 1056
MINIMUM STANDARDS FOR U.S. PUBLIC LAND SURVEY CORNER CERTIFICATES

[Prior to 11/14/01, see 193C—2.8(355)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 12]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1056.1(542B) General statement. Each professional land surveyor will comply with the minimum standards for preparing a U.S. Public Land Survey Corner Certificate as described by statute or administrative rule. The minimum standards in this chapter apply to every corner certificate prepared in this state.

[**ARC 7675C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

481—1056.2(355) U.S. Public Land Survey Corner Certificate.

1056.2(1) A corner is considered a part of the U.S. Public Land Survey System if it has the status of a corner of a:

a. Quarter-quarter section or larger aliquot part of a section.

b. Fractional quarter-quarter section or larger fractional part of a section.

c. Government lot.

1056.2(2) A U.S. Public Land Survey Corner Certificate shall be prepared by the surveyor as part of any land surveying that includes the use of a U.S. Public Land Survey System corner if one or more of the following conditions exist:

a. There is no certificate for the corner monument on file with the recorder of the county in which the corner is located.

b. The surveyor in responsible charge of the land surveying accepts a corner position that differs from that shown in the public records of the county in which the corner is located.

c. The corner monument is replaced or modified in any way.

d. The reference ties in an existing public record are incorrect or missing.

1056.2(3) A U.S. Public Land Survey Corner Certificate shall comply with the following requirements:

a. The identity of the corner monument, with reference to the U.S. Public Land Survey System, shall be clearly indicated.

b. The certificate contains a narrative explaining:

(1) The reason for preparing the certificate.

(2) The evidence and detailed procedure used in establishing or confirming the corner position whether found or placed.

(3) The monumentation found or placed perpetuating the corner position with an accurate description of each monument including but not limited to size, shape, and material type, capped with license number, and color.

(4) The extent of the search for an existing monument when the corner is reset as obliterated or lost.

c. The certificate contains a plan-view drawing depicting:

(1) Relevant monuments including the reference monumentation and an accurate description thereof.

(2) Physical surroundings including highway and street centerlines, fences, structures and other artificial or natural objects as applicable that would facilitate recovery of the corner.

(3) Reference ties in sufficient detail to enable recovery of the corner, including at least three reference ties from the corner to durable physical objects near the corner that are located so that the intersection of any two of the ties will yield a strong corner position recovery. All ties are measured to one-hundredth of a foot.

d. The certificate bears the signature of the professional land surveyor, a statement certifying that the work was performed by the surveyor or under the surveyor's direct personal supervision, the date of signature, and the surveyor's Iowa license number and legible seal as provided in rule 481—1050.1(542B).

1056.2(4) The surveyor shall record the required U.S. Public Land Survey Corner Certificate and forward a copy to the county engineer of the county in which the corner is located within 30 days after completion of the surveying.

[**ARC 7675C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code sections 355.3, 355.11 and 542B.2.

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CHAPTER 1057
CIVIL PENALTIES FOR UNLICENSED PRACTICE

[Prior to 11/14/01, see 193C—1.10(542B)]
[Prior to 6/24/26, see Engineering and Land Surveying Examining Board[193C] Ch 13]

Chapter rescission date pursuant to Iowa Code section 17A.7: 4/10/29

481—1057.1(542B) General statement. The board may impose civil penalties by order against a person who is not licensed as an engineer or land surveyor pursuant to Iowa Code chapter 542B based on the unlawful practices specified in Iowa Code section 542B.27. In addition to the procedures set forth in Iowa Code section 542B.27, this rule shall apply.

1057.1(1) The notice of the board's intent to impose a civil penalty required by Iowa Code section 542B.27 shall be served upon the nonlicensee by restricted certified mail, return receipt requested, or personal service in accordance with Rule of Civil Procedure 56.1. Alternatively, the nonlicensee may accept service personally or through authorized counsel. The notice will include the following:

a. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.

b. A reference to the particular sections of the statutes and rules involved.

c. A short and plain statement of the alleged unlawful practice.

d. The dollar amount of the proposed civil penalty.

e. Notice of the nonlicensee's right to a hearing and the time frame in which a hearing must be requested.

f. The address to which the written request for a hearing will be made.

1057.1(2) Nonlicensees must request a hearing within 30 days of the date the notice is mailed if served through restricted certified mail to the last-known address or within 30 days of the date of service if service is accepted or made in accordance with Rule of Civil Procedure 56.1. A request for hearing must be in writing and is deemed made on the date of the United States Postal Service postmark or the date of personal service.

1057.1(3) If a request for hearing is not timely made, the board chair or the chair's designee may issue an order imposing the civil penalty described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose civil penalty.

1057.1(4) If a request for hearing is timely made, the board will issue a notice of hearing and conduct a hearing in the same manner as applicable to a disciplinary case against a licensed engineer or land surveyor.

1057.1(5) In addition to the factors set forth in Iowa Code section 542B.27, the board may consider the following when determining the amount of civil penalty to impose, if any:

a. The time elapsed since the unlawful practice occurred.

b. Evidence of reform or remedial actions.

c. Whether the violation is a repeat offense following a prior warning letter or other notice of the nature of the infraction.

d. Whether the violation involved an element of deception.

e. Whether the unlawful practice violated a prior order of the board, court order, cease and desist agreement, consent order, or similar document.

f. The clarity of the issue involved.

g. Whether the violation was willful and intentional.

h. Whether the nonlicensee acted in bad faith.

i. The extent to which the nonlicensee cooperated with the board.

1057.1(6) A nonlicensee may waive the right to a hearing and all attendant rights and enter into a consent order imposing a civil penalty at any stage of the proceeding upon mutual consent of the board.

1057.1(7) The notice of intent to impose civil penalty and order imposing civil penalty are public records available for inspection and copying in accordance with Iowa Code chapter 22. Copies may be

provided to the media, the National Council of Examiners for Engineering and Surveying, and other entities. Hearings shall be open to the public.

This rule is intended to implement Iowa Code section 542B.27.

[**ARC 7676C**, IAB 3/6/24, effective 4/10/24; Editorial change: IAC Supplement 6/24/26]

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CHAPTERS 1058 to 1060
Reserved

ARCHITECTURAL EXAMINING BOARD

CHAPTER 1061
DESCRIPTION OF ORGANIZATION

[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1061.1(544A,17A) Duties.

1061.1(1) The purpose of the architectural examining board is to administer and enforce the provisions of Iowa Code chapter 544A with regard to the practice of architecture in the state of Iowa, including the examining of candidates, issuing licenses to practice architecture, assuring continuing competency through continued education, investigating violations and infractions of the architecture law, disciplining licensees, and imposing civil penalties against nonlicensees. To this end, the board has promulgated these rules to clarify the board's intent and procedures.

1061.1(2) The primary mission of the board is to protect the public interest. All board rules foster the guiding policies and principles described in Iowa Code section 544A.5. The board and its licensees strive at all times to protect the public interest by promoting the highest standards of architecture.

1061.1(3) The board maintains a roster of all architects authorized to practice architecture in the state.

1061.1(4) Chairperson. The chairperson presides at all meetings, appoints all committees, and otherwise performs all duties pertaining to the office of the chairperson.

1061.1(5) Vice chairperson. The vice chairperson, in the absence or incapacity of the chairperson, exercises the duties and possesses the powers of the chairperson.

1061.1(6) Board administrator. The department of inspections, appeals, and licensing may employ a board administrator who will maintain all necessary records of the board and perform all duties in connection with the operation of the board office. The board administrator determines when the legal requirements for licensure have been satisfied with regard to issuance of certificates, licenses or registrations, and the board administrator submits to the board any questionable application.

[**ARC 7756C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1061.2(544A,17A) Meetings. Calls for meetings are issued in accordance with Iowa Code section 21.4. The first meeting scheduled after April 30 is the annual meeting. The chairperson and vice chairperson are elected to serve until their successors are elected. The newly elected officers assume the duties of their respective offices at the conclusion of the meeting at which they are elected. Officers may serve no more than three consecutive one-year terms in each office to which they are elected. Special meetings may be called by the chairperson or board administrator, who will set the time and place of the meeting.

[**ARC 7756C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1061.3(544A,17A) Certificates. Certificates issued to successful applicants contain the licensee's name and state license number. All licenses are renewable biennially on July 1, with licensees whose last names begin with the letters A through K renewing in even-numbered years and licensees whose last names begin with the letters L through Z renewing in odd-numbered years as provided in rule 481—1062.5(544A).

The board will maintain an electronic roster of those holders of certificates of licensure who have failed to renew.

[**ARC 7756C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code sections 544A.5, 544A.8 through 544A.10, and 272C.4.

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CHAPTER 1062
LICENSURE

[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1062.1(544A,17A) Definitions. The following definitions apply as used in Iowa Code chapter 544A, and this chapter of the architectural examining board rules, unless the context otherwise requires.

"Applicant" means an individual who has submitted an application for licensure to the board.

"Approved education program" means a degree accredited by an organization that provides an accreditation system for architecture programs or education deemed equivalent by the board to the National Council of Architectural Registration Boards (NCARB) Education Standard that has been evaluated and found to be an equivalent standard based on the NCARB Alternatives to Education Requirement as identified in the NCARB Certification Guidelines demonstration of successful completion of an Education Evaluation Services for Architects.

"Architectural intern" or *"intern architect"* means an individual who has completed or is completing an approved education program, has completed or is currently enrolled in the NCARB Architectural Experience Program (AXP), and intends to actively pursue licensure by completing the Architect Registration Examination.

"ARE" means the current Architect Registration Examination, as prepared and graded by the NCARB.

"AXP applicant" means an individual who has completed the AXP training requirements set forth in the NCARB Architectural Experience Program Guidelines and has submitted an application for licensure to the board.

"Examination" means the current Architect Registration Examination (ARE) accepted by the board.

"Inactive" means that an architect is not engaged in Iowa in any practice for which a certificate of licensure is required, including architects who have retired from active practice.

"Issuance" means the date of mailing of a decision or order or the date of delivery if service is by other means unless another date is specified in the order.

"NCARB" means the National Council of Architectural Registration Boards. The NCARB Architect Registration Examination Guidelines, NCARB Architectural Experience Program Guidelines, and NCARB Certification Guidelines are available through the National Council of Architectural Registration Boards, 1401 H Street NW, Suite 500, Washington, D.C. 20005; NCARB's website, www.ncarb.org; or the architectural examining board.

"NCARB Architect Registration Examination (ARE) Guidelines" means the edition of a document by the same title published by the National Council of Architectural Registration Boards in April 2026. The document outlines the requirements for examination.

"NCARB Architectural Experience Program Guidelines" means the edition of a document by the same title published by the National Council of Architectural Registration Boards in November 2025. The document outlines the requirements for training.

"NCARB Certification Guidelines" means the edition of a document by the same title published by the National Council of Architectural Registration Boards in January 2026. The document outlines the requirements for licensure as an architect.

"NCARB Education Guidelines" or *"NCARB Education Standards"* means the edition of a document by the same title published by the National Council of Architectural Registration Boards in January 2026. The document outlines the requirements for licensure as an architect.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; **ARC 0232D**, IAB 4/29/26, effective 6/3/26; Editorial change: IAC Supplement 6/24/26]

481—1062.2(544A,17A) Licensure. All applicants for licensure will complete an online application form.

1062.2(1) *Initial licensure.* To be eligible for initial licensure by examination, all applicants will have satisfied the architecture education requirements as detailed in paragraph 2.2(1)*"a,"* have passed all divisions of the ARE as provided by the NCARB, have completed the NCARB AXP as detailed

in paragraph 2.2(1)*"a,"* and have established an NCARB council record. A completed NCARB council record shall be transmitted to and filed in the board office. Upon receipt of the council record from NCARB, the board will provide the applicant with an application for licensure form, which must be completed and returned to the board within three months of receipt of the council record. The board shall issue a license number to the applicant upon receipt of the completed application form and appropriate fee.

a. The education and experience requirements are met when an applicant completes one of the following:

(1) A professional degree in architecture from a program that satisfies the NCARB Education Standard or education deemed equivalent by the board and completion of the NCARB AXP one time.

(2) A degree from a four-year bachelor's degree program that includes at least 60 semester credit hours in architecture-related subjects as referenced in the NCARB Certification Guidelines in the Education Alternative section and completion of the NCARB AXP two times.

(3) A two-year associate degree program that includes at least 30 semester credit hours in architecture-related subjects as referenced in the NCARB Certification Guidelines in the Education Alternative section and completion of the NCARB AXP three times.

(4) A high school degree or its equivalent and completion of the NCARB AXP four times.

NOTE: To complete each multiple of the NCARB AXP, the candidate must meet the full program requirements for each multiple as defined in the AXP Guidelines. For example, if a candidate is completing the AXP four times, the candidate must document the required number of hours in each experience area four times. Minimum and maximum hours in each experience setting apply.

b. Examinations for licensure as an architect shall be conducted by the board or its authorized representative.

(1) The board shall make use of the ARE prepared and graded by NCARB under a plan of cooperation with the architectural examining boards of all states and territories of the United States.

(2) The board may make use of a testing service selected by NCARB to administer the examination, provided the examination is held in at least one location within the boundaries of this state.

c. Examination admittance requirements.

(1) An applicant will have established an NCARB record.

(2) NCARB shall notify the testing service of the applicant's eligibility prior to the applicant's scheduling of an examination.

d. AXP eligibility requirements will be verified and satisfied in accordance with the NCARB Architectural Experience Program Guidelines. Documentation of AXP training units will be submitted on AXP report forms published by NCARB and will be verified by signatures of the licensed architects serving as the intern architect's supervisors in accordance with the requirements outlined in the NCARB Architectural Experience Program Guidelines. The completed AXP report form shall demonstrate attainment of an aggregate of the minimum number of value units in each training area and shall be submitted to NCARB for evaluation.

1062.2(2) *Reciprocity.* The board or the board administrator may waive examination requirements for applicants who, at the time of application, are licensed as architects in a different jurisdiction and hold an active NCARB certificate. All such applicants who hold an active NCARB certificate are deemed to possess qualifications that are substantially equivalent to those required of applicants for initial licensure in this state. An active NCARB council certificate shall be transmitted to and filed in the board office. Upon receipt of the certificate from NCARB, the board will provide the applicant with an application for licensure form, which must be completed and returned to the board within three months of receipt of the council certificate.

1062.2(3) *Verification.* The board may grant registration via verification as provided for in 481—Chapter 501.

1062.2(4) *Military service and veteran reciprocity.* The board may grant registration for military service applicants, spouses, and veterans as provided for in 481—Chapter 7.

1062.2(5) *Applicants seeking architectural commission in Iowa.* A person seeking an architectural commission in this state may be admitted to this state for the purpose of offering to provide architectural services, and for that purpose only, without first being licensed in this state if:

a. The person holds an NCARB certificate; and

b. The person holds a current and valid license issued by a licensing authority recognized by this state; and

c. The person notifies the board in writing on a form provided by the board that the person:

(1) Holds an NCARB certificate and a current and valid license issued by a licensing authority recognized by this state,

(2) Is not currently licensed in this state but will be present in this state for the purpose of offering to provide architectural services on a temporary basis, and

(3) Has no previous or pending disciplinary action by any licensing authority; and

d. The person delivers a copy of the notice referred to in paragraph 2.2(5)*"c"* to every potential client to whom the person offers to provide architectural services; and

e. The person provides the board with a sworn statement of intent to apply immediately to the board for licensure if selected as the architect for a project in this state.

The person is prohibited from actually providing architectural services until the person has been issued a valid license in this state.

1062.2(6) *Board refusal to issue license.* The board may refuse to issue a certificate of licensure to any person otherwise qualified upon any of the grounds for which a license may be revoked or suspended or may otherwise discipline a licensee based upon a suspension, revocation, or other disciplinary action taken by a licensing authority in this or another jurisdiction. For purposes of this subrule, "disciplinary action" includes the voluntary surrender of a license to resolve a pending disciplinary investigation or proceeding. A certified copy of the record or order of suspension, revocation, voluntary surrender, or other disciplinary action is prima facie evidence of such fact.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; **ARC 0232D**, IAB 4/29/26, effective 6/3/26; Editorial change: IAC Supplement 6/24/26]

481—1062.3(17A,272C,544A) Renewal of certificates of licensure.

1062.3(1) *Active status.* Certificates of licensure expire biennially on June 30. In order to maintain authorization to practice in Iowa, a licensee is required to renew the certificate of licensure prior to July 1 of the year of expiration. A licensee who fails to renew by the expiration date is not authorized to practice architecture in Iowa until the certificate is reinstated as provided in rule 481—1062.4(544A,17A).

a. A licensee whose last name begins with the letter A through K will renew in even-numbered years, and a licensee whose last name begins with the letter L through Z will renew in odd-numbered years. However, a license issued on or after May 1 but before June 30 will not expire until June 30 of the next renewal. For example, a license issued on May 17, 2020, would not expire until June 30, 2022.

b. It is the policy of the board to send to each licensee a notice of the pending expiration date at the licensee's last-known address approximately one month prior to the date the certificate of licensure is scheduled to expire. The notice, when provided, may be by email communication. Failure to receive this notice does not relieve the licensee of the responsibility to timely renew the certificate and pay the renewal fee. A licensee should contact the board office if the licensee does not receive a renewal notice prior to the date of expiration.

c. Upon the board's receipt of a timely and sufficient renewal application as provided in 193—subrule 7.40(3), the board's administrator will issue a new certificate of licensure reflecting the next expiration date unless grounds exist for denial of the application.

d. If grounds exist to deny a timely and sufficient application to renew, the board will send notification to the applicant. Grounds may exist to deny an application to renew if, for instance, the licensee failed to satisfy the continuing education as required as a condition for licensure. If the basis for denial is pending disciplinary action or disciplinary investigation that is reasonably expected to culminate in disciplinary action, the board will proceed as provided in 481—Chapter 506. If the basis for denial is not related to a pending or imminent disciplinary action, the applicant may contest the board's decision as provided in 481—Chapter 506.

e. When a licensee appears to be in violation of mandatory continuing education requirements, the board may, in lieu of proceeding to a contested case hearing on the denial of a renewal application as provided in rule 481—506.35(546,272C), and after or in lieu of giving the licensee an opportunity to

come into compliance under 481—subrule 1063.3(3), offer a licensee the opportunity to sign a consent order. While the terms of the consent order will be tailored to the specific circumstances at issue, the consent order will typically impose a penalty between $50 and $250, depending on the severity of the violation; establish deadlines for compliance; and require that the licensee complete hours equal to double the deficiency in addition to the required hours; and may impose additional educational requirements on the licensee. Any additional hours completed in compliance with the consent order cannot again be claimed at the next renewal. The board will address subsequent offenses on a case-by-case basis. A licensee is free to accept or reject the offer. If the offer of settlement is accepted, the licensee will be issued a renewed certificate of licensure and will be subject to disciplinary action if the terms of the consent order are not complied with. If the offer of settlement is rejected, the matter will be set for hearing, if timely requested by the applicant pursuant to 481—subrule 506.32(5).

f. The board may notify a licensee whose certificate of licensure has expired. The failure of the board to provide this courtesy notification or the failure of the licensee to receive the notification will not extend the date of expiration.

g. A licensee who continues to practice architecture in Iowa after the license has expired may be subject to disciplinary action. Such unauthorized activity may also be grounds to deny a licensee's application for reinstatement.

1062.3(2) *Inactive status.* This subrule establishes a procedure under which a person issued a certificate of licensure as an architect may apply to the board to be licensed as inactive. Licensure under this subrule is available to a license holder who is not engaged in Iowa in any practice for which licensure as an architect is required. A person eligible to be licensed as inactive may, as an alternative to such licensure, allow the certificate of licensure to lapse. During any period of inactive status, a person may use the title "inactive architect" or "retired architect," but may not use the sole title of "architect" or any other title that might imply that the person is offering services as an architect by such an action in violation of Iowa Code section 544A.15. The board will continue to maintain a database of persons licensed as inactive, including information that is not routinely maintained after a certificate has lapsed through the person's failure to renew. A person who is licensed as inactive will accordingly receive renewal applications, board newsletters and other mass communications from the board.

a. Affirmation. The renewal application form will contain a statement in which the applicant affirms that the applicant will not engage in any of the practices in Iowa that are listed in Iowa Code section 544A.16 without first complying with all rules governing reinstatement to active status. A person in inactive status may reinstate to active status at any time pursuant to rule 481—1062.5(544A).

b. Renewal. A person licensed as inactive may renew the person's certificate of licensure on the biennial schedule described in this rule. This person shall be exempt from the continuing education requirements and will be charged a reduced renewal fee as provided in rule 481—1062.9(544A,17A). An inactive certificate of licensure will lapse if not timely renewed.

c. Permitted practices. A person may, while licensed as inactive, perform for a client, business, employer, government body, or other entity those services that may lawfully be provided by a person to whom a certificate of licensure has never been issued. Such services may be performed as long as the person does not in connection with such services use the title "architect" or any other title restricted for use only by architects pursuant to Iowa Code section 544A.15 (without additional designations such as "inactive" or "retired"). Restricted titles may be used only by active architects who are subject to continuing education requirements to ensure that the use of such titles is consistently associated with the maintenance of competency through continuing education.

d. Prohibited practices. A person who, while licensed as inactive, engages in any of the practices described in Iowa Code sections 544A.15 and 544A.16 is subject to disciplinary action.

e. Exemption. A person whose license as an architect has been placed on probation, suspended, revoked, or voluntarily surrendered in connection with a disciplinary investigation or proceeding shall not be eligible for inactive status unless, upon appropriate application, the board first reinstates the license to good standing.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.4(544A,17A) Reinstatement of lapsed certificate of licensure to active status. An individual may reinstate a lapsed certificate of licensure to active licensure as follows:

1062.4(1) Pay the current renewal fee.

1062.4(2) Pay the reinstatement fee of $100 plus $25 per month or partial month of expired licensure up to a maximum of $750. All applicants for reinstatement shall be assessed the $100 reinstatement fee. The $25 per month shall not be assessed if the applicant for reinstatement did not, during the period of lapse, engage in any acts or practices for which an active architect license is required in Iowa. Falsely claiming an exemption from the monthly fee is a ground for discipline; in addition, other grounds for discipline may arise from practicing on a lapsed certificate, license or permit to practice.

1062.4(3) Provide a written statement outlining the applicant's professional activities performed in Iowa during the period in which the individual was unlicensed. The statement shall include a list of all projects with which the applicant had involvement and shall explain the service provided by the applicant.

1062.4(4) Submit documented evidence of completion of 24 continuing education hours, which should have been reported on the June 30 renewal date on which the applicant failed to renew, and 12 continuing education hours for each year or portion of a year of expired licensure up to a maximum of 48 continuing education hours. All continuing education hours must be completed in health, safety, and welfare subjects acquired in structured educational activities and be in compliance with requirements in 481—Chapter 1063. The hours reported shall not have been earned more than four years prior to the date of the application to reinstate to active status. The continuing education hours used for reinstatement may not be used again at the next renewal.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.5(544A) Reinstatement from inactive status to active status. An individual may reinstate an inactive license to an active license as follows:

1062.5(1) Pay one-half of the current active license fee.

1062.5(2) Submit documented evidence of completion of 24 continuing education hours in compliance with requirements in 481—Chapter 1063. All continuing education hours must be completed in health, safety, and welfare subjects acquired in structured educational activities. The hours reported shall not have been earned more than four years prior to the date of the application to reinstate to active status. The hours used to reinstate to active status cannot again be used to renew.

a. At the first biennial renewal date of July 1 that is less than 12 months from the date of the filing of the application to restore the certificate of licensure to active status, the person shall not be required to report continuing education hours.

b. At the first biennial renewal date of July 1 that is 12 months or more, but less than 24 months, from the date of the filing of the application to restore the certificate of licensure to active status, the person shall report 12 hours of previously unreported continuing education hours.

1062.5(3) Provide a written statement in which the applicant affirms that the applicant has not engaged in any of the practices in Iowa that are listed in Iowa Code section 544A.16 during the period of inactive licensure.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.6(544A,17A) Finding of probable cause for unlicensed practice. The board may find probable cause to file charges for unlicensed practice if the individual continues to offer services defined as the practice of architecture outlined in Iowa Code section 544A.16 while using the title "architect," "architectural designer," or similar designation during the period of lapsed licensure.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.7(544A,272C) Responsibility for accuracy of applications. The architect is responsible for verifying the accuracy of the information submitted on an application regardless of how the application is submitted or by whom it is submitted. For instance, if the office manager of an architect's firm submits an application for renewal on behalf of the architect and that information is incorrect, the architect will be held responsible for the information and may be subject to disciplinary action.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.8(544A,272C) Application denial. An application may be denied on the grounds provided in Iowa Code chapter 544A and in rule 481—500.6(17A,147,272C). The administrative processing of an application shall not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure. The board may also deny a license on the grounds of submitting a false statement or submission of material fact on an application for licensure.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1062.9(544A,17A) Fee schedule. Under the authority provided in Iowa Code chapter 544A, the following fees are hereby adopted:

Examination fees:	
Fees for examination subjects shall be paid directly to the testing service selected by NCARB.	
Initial license fee	$50
(plus $5 per month until renewal)	
Reciprocal application and license fee	$200
Verification application and license fee	$200
Biennial renewal fee	$200
Biennial renewal fee (inactive)	$100
Reinstatement of lapsed individual license	$100 + renewal fee + $25 per month or partial month of expired license
Reinstatement of inactive individual license	$100
Duplicate wall certificate fee	$50
License predetermination fee	$25
Fee for return of payment	$30

All fees are nonrefundable.

[**ARC 7757C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code chapters 544A and 17A.

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CHAPTER 1063
CONTINUING EDUCATION

[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1063.1(544A,272C) Continuing education. The following rules adopted by the architectural examining board are in compliance with Iowa Code chapter 544A and section 272C.2 requiring professional and occupational licensees to participate in a continuing education program as a condition of license renewal.

[**ARC 7758C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1063.2(544A,272C) Definitions. The following definitions apply as used in Iowa Code chapter 544A and this chapter of the architectural examining board rules, unless the context otherwise requires.

"Continuing education" or *"CE"* means postlicensure learning that enables a licensed architect to increase or update knowledge of and competence in technical and professional subjects related to the practice of architecture to safeguard the public's health, safety, and welfare.

"Continuing education hour" or *"CEH"* means one continuous instructional hour (50 to 60 minutes of contact) spent in structured educational activities intended to increase or update the architect's knowledge and competence in health, safety, and welfare subjects. If the provider of the structured educational activities prescribes a customary time for completion of such an activity and if the prescribed time is not deemed unreasonable by the board, then such prescribed time will be accepted for CEH purposes as the architect's time irrespective of actual time spent on the activity.

"Distance learning" means any education process based on the geographical separation of student and instructor. "Distance learning" includes computer-generated programs, webinars, and home-study/correspondence programs.

"Health, safety, and welfare subjects" means technical and professional subjects that the board deems appropriate to safeguard the public and that are within the following enumerated areas necessary for the proper evaluation, design, construction, and utilization of buildings and the built environment.

1. Building systems: structural, mechanical, electrical, plumbing, communications, security, and fire protection.
2. Construction contract administration: contracts, bidding, and contract negotiations.
3. Construction documents: drawings, specifications, and delivery methods.
4. Design: urban planning, master planning, building design, site design, interiors, safety and security measures.
5. Environmental: energy efficiency, sustainability, natural resources, natural hazards, hazardous materials, weatherproofing, and insulation.
6. Legal: laws, codes, zoning, regulations, standards, life safety, accessibility, ethics, and insurance to protect owners and the public.
7. Materials and methods: construction systems, products, finishes, furnishings, and equipment.
8. Occupant comfort: air quality, lighting, acoustics, and ergonomics.
9. Predesign: land use analysis, programming, site selection, site and soils analysis, and surveying.
10. Preservation: historic, reuse, and adaptation.

"Not engaged in active practice" means that an architect is not engaged in the practice of architecture or earning monetary compensation by providing professional architectural services in any licensing jurisdiction of the United States or a foreign country.

"Retired from active practice" means the same as "not engaged in active practice."

"Structured educational activities" means educational activities in which at least 75 percent of an activity's content and instructional time is to be devoted to health, safety, and welfare subjects related to the practice of architecture, including courses of study or other activities under the areas identified as health, safety, and welfare subjects and provided by qualified individuals or organizations, whether the courses of study or other activities are delivered by direct contact or distance learning methods.

[**ARC 7758C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1063.3(544A,272C) Basic requirements.

1063.3(1) To renew licensure, an architect must, in addition to meeting all other requirements, complete a minimum of 24 CEHs for each 24-month period since the architect's last renewal of initial licensure or be exempt from these continuing education requirements as provided in rule 481—1063.5(544A,272C). Failure to comply with these requirements may result in nonrenewal of the architect's license.

1063.3(2) All 24 CEHs must be completed in health, safety, and welfare subjects acquired in structured educational activities. CEHs may be acquired at any location. A licensee may carry over up to 12 CEHs obtained in excess of the requirements for a renewal period to the following renewal period.

1063.3(3) An architect will complete and submit forms as required by the board certifying that the architect has completed the required CEHs. Forms may be audited by the board for verification of compliance with these requirements. Documentation of reported CEHs will be maintained by the architect for two years after the period for which the form was submitted. Any discrepancy between the number of CEHs reported and the number of CEHs actually supported by documentation may result in a disciplinary review. If, after the disciplinary review, the board disallows any CEHs, or the licensee has failed to complete the required CEHs, the architect will have 60 days from notification of the board to either provide further evidence of having completed the CEHs disallowed or remedy the disallowance by completing the required number of CEHs (provided that such CEHs are not used for the next renewal). An extension of time may be granted on an individual basis and must be requested by the licensee within 30 days of notification by the board. If the licensee fails to comply with the requirements of this subrule, the licensee may be subject to disciplinary action. If the board finds, after proper notice and hearing, that the architect willfully disregarded these requirements or falsified documentation of required CEHs, the architect may be subject to disciplinary action.

1063.3(4) An architect who holds licensure in Iowa for less than 12 months from the date of initial licensure or who is reinstating to active status is not required to report CEHs at the first license renewal. An architect who holds licensure in Iowa for 12 months or more, but less than 23 months from the date of initial licensure or who is reinstating to active status, is required to report 12 CEHs earned in the preceding 12 months at the first license renewal.

[**ARC 7758C**, IAB 4/17/24, effective 5/22/24; **ARC 9100C**, IAB 4/16/25, effective 5/21/25; Editorial change: IAC Supplement 6/24/26]

481—1063.4(544A,272C) Authorized structured educational activities. The following list may be used by all licensees in determining the types of activities that may fulfill CE requirements if the activities are conducted as structured educational activities on health, safety, and welfare subjects:

1. Short courses or seminars sponsored by colleges or universities.
2. Technical presentations held in conjunction with conventions or at seminars sponsored or accredited by the American Institute of Architects (AIA), Construction Specifications Institute, Construction Products Manufacturers Council, National Council of Architecture Registration Boards (NCARB), or similar organizations devoted to architectural education.
3. Distance learning sponsored by the AIA, NCARB, or similar organizations.
4. College or university credit courses. Each semester hour equals 12 CEHs. A quarter hour equals 8 CEHs.

[**ARC 7758C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1063.5(544A,272C) Exemptions.

1063.5(1) As provided in Iowa Code section 272C.2(4), a licensed architect will be deemed to have complied with the continuing education requirements set forth in this chapter if the architect attests in the required affidavit that for not less than 21 months of the preceding two-year period of licensure, the architect:

a. Has served honorably on active duty in the military service; or

b. Is a resident of another state or district having a continuing education requirement for licensure as an architect and has complied with all requirements of that state or district for practice therein; or

c. Is a government employee working as an architect and assigned to duty outside the United States.

1063.5(2) Architects who so attest on their affidavits that they are retired from active practice or are not engaged in active practice may maintain their licenses in retired or inactive status without satisfying CE requirements. Such architects may, however, reenter practice only after satisfying the board of their proficiency. Proficiency may be established by any one of the following:

a. Submitting verifiable evidence of compliance with the aggregate continuing education requirements for the reporting periods attested as retired from active practice or not engaged in active practice up to a maximum of 48 CEHs.

b. Retaking the architectural registration examination.

c. Fulfilling alternative reentry requirements determined by the board that serve to assure the board of the current competency of the architect to engage in the practice of architecture.

1063.5(3) The board may make exceptions for reasons of individual hardship, including health (certified by a medical doctor) or other good cause. More information is contained in 7—Chapter 2504.

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These rules are intended to implement Iowa Code section 272C.2.

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[Editorial change: IAC Supplement 6/24/26]

CHAPTER 1064
RULES OF CONDUCT

[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1064.1(544A,17A) Rules of conduct. Failure by a licensee to adhere to the provisions of Iowa Code sections 272C.10 and 544A.13 and the following rules of conduct is grounds for disciplinary action.

1064.1(1) *Definition.* The following definition applies as used in Iowa Code chapter 544A and this chapter of the architectural examining board rules, unless the context otherwise requires.

"Responsible charge" means the amount of control over and detailed professional knowledge of the content of technical submissions during their preparation as is ordinarily exercised by a licensed architect applying the necessary professional standard of care, including but not limited to an architect's integration of information from manufacturers, suppliers, installers; the architect's consultants, owners, contractors; or other sources the architect reasonably trusts that is incidental to and intended to be incorporated into the architect's technical submissions if the architect has coordinated and reviewed such information. Other review, or review and correction, of technical submissions after they have been prepared by others does not constitute the exercise of responsible charge because the reviewer has neither control over nor detailed professional knowledge of the content of such submissions throughout their preparation.

1064.1(2) *Competence.*

a. In practicing architecture, an architect will act with reasonable care and competence and will apply the technical knowledge and skill that is ordinarily applied by architects of good standing practicing in the same locality.

b. While an architect may rely on the advice of other professionals (e.g., attorneys, engineers and other qualified persons) as to the intent and meaning of all applicable state and municipal building laws and regulations, once having obtained such advice, an architect will not knowingly design a project in violation of these laws and regulations.

c. An architect may perform professional services only when the architect, together with those whom the architect may engage as consultants, is qualified by education, training and experience in the specific technical areas involved.

d. No person is permitted to practice architecture if, in the board's judgment upon receipt of medical testimony or evidence, the person's professional competence is substantially impaired by physical or mental disabilities.

1064.1(3) *Conflict of interest.*

a. An architect may accept compensation for services from more than one party on a project if the circumstances are fully disclosed to and agreed to in writing by all interested parties in advance of payment of such compensation.

b. If an architect has any business association or direct or indirect financial interest that is substantial enough to influence the architect's judgment in connection with the architect's performance of professional services, the architect will fully disclose, in writing, to the client or employer the nature of the business association or financial interest, and if the client or employer objects to the association or financial interest, the architect will either terminate such association or interest or offer to give up the commission or employment.

c. An architect may not solicit or accept compensation from material or equipment suppliers in return for specifying or endorsing the products.

d. When acting as the interpreter of building contract documents and the judge of contract performance, an architect will render decisions impartially, favoring neither party to the contract.

1064.1(4) *Full disclosure.*

a. When making public statements on architectural questions, an architect will disclose when compensation is being received for making the statements.

b. An architect will accurately represent to a prospective or existing client or employer the architect's qualifications, capabilities, and experience and the scope of the architect's responsibility in connection with work for which the architect is claiming credit.

c. If, in the course of work on a project, an architect becomes aware of a decision taken by the employer or client against the architect's advice that violates applicable state or municipal building laws and regulations and that may, in the architect's judgment, adversely affect the safety to the public of the finished project, the architect will:

(1) Report the decision to the local building inspector or other public official charged with enforcement of the applicable state or municipal building laws and regulations,

(2) Refuse to consent to the decisions, and

(3) In circumstances where the architect reasonably believes that other decisions will be taken, notwithstanding the architect's objection, terminate the architect's services with reference to the project.

d. An architect will not deliberately make a materially false statement or deliberately fail to disclose a material fact requested in connection with application for licensure or renewal of license.

e. An architect will not assist the application for licensure of a person known by the architect to be unqualified in respect to education, training, experience or character.

f. An architect possessing knowledge of a violation of these rules by another architect will report the knowledge to the board.

1064.1(5) *Compliance with laws.*

a. An architect will not, in the conduct of architectural practice, knowingly violate any state or federal criminal law. A "conviction" for purposes of this paragraph and Iowa Code section 544A.13 means a conviction of a felony related to the profession or occupation of the licensee or the conviction of any felony that would affect the licensee's ability to practice the profession of architecture and includes the court's acceptance of a guilty plea, a deferred judgment from the time of entry of the deferred judgment until the time the defendant is discharged by the court without entry of judgment, or other finding of guilt by a court of competent jurisdiction. A copy of the record of conviction, guilty plea, deferred judgment, or other finding of guilt is conclusive evidence. A licensed architect will notify the board of a conviction within 30 days of the conviction.

b. An architect will neither make nor offer to make any payment or gift to a government official (whether elected or appointed) with the intent of influencing the official's judgment in connection with a prospective or existing project in which the architect is interested.

c. An architect will comply with the licensing laws and regulations governing the architect's professional practice in any United States jurisdiction.

d. An Iowa-licensed architect will report to the board in writing any revocation, suspension, license denial, or other disciplinary action taken by a licensing authority in any other state or jurisdiction within 30 days of the final action.

1064.1(6) *Professional conduct.*

a. Each office engaged in the practice of architecture will have an architect resident regularly employed in that office having responsible charge of such work or, in the situation of work performed remotely, immediately available to furnish assistance or direction throughout the performance of the work.

b. An architect may only sign or seal drawings, specifications, reports or other professional work for which the architect has direct professional knowledge and direct supervisory control; provided, however, that in the case of the portions of professional work prepared by the architect's consultants, licensed under this or another professional licensing law of this jurisdiction, the architect may sign or seal that portion of the professional work if the architect has reviewed that portion, has coordinated its preparation and intends to be responsible for its adequacy.

c. An architect will neither offer nor make any gifts to any public official with the intent of influencing the official's judgment in connection with a project in which the architect is interested. Nothing in this rule will bar an architect from providing architectural services as a charitable contribution.

d. An architect will not engage in conduct involving fraud or wanton disregard of the rights of others.

e. Architects will adhere to the appropriate standards of conduct as outlined in the NCARB Model Rules of Conduct, dated July 2018, incorporated herein by reference.

1064.1(7) *Seal and certificate of responsibility.*

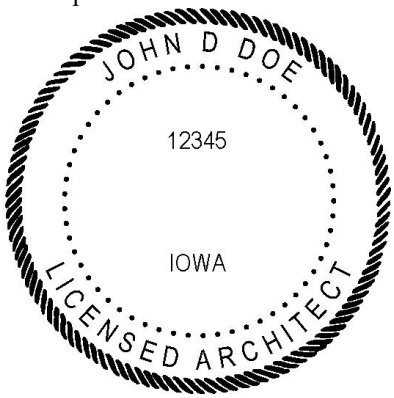
a. The seal under Iowa Code section 544A.28 includes:

(1) An outside circle with a diameter of approximately 1¾ inches.

(2) The name of the licensed architect and the words "Licensed Architect".

(3) The Iowa license number and the word "Iowa".

(4) The seal will substantially conform to the samples shown below:



b. A legible rubber stamp, electronic image or other facsimile of the seal may be used.

c. Each technical submission submitted to a client or any public agency, hereinafter referred to as the official copy, will contain an information block on its first page or on an attached cover sheet with application of a seal by the architect in responsible charge and an information block with application of a seal by each professional consultant contributing to the technical submission. The seal and original signature will be applied only to a final technical submission. Each official copy of a technical submission will be stapled, bound or otherwise attached together so as to clearly establish the complete extent of the technical submission. Each information block will display the seal of the individual responsible for that portion of the technical submission. The area of responsibility for each sealing professional will be designated in the area provided in the information block, so that responsibility for the entire technical submission is clearly established by the combination of the stated seal responsibilities. The information block will substantially conform to the sample shown below:

S E A L	I hereby certify that the portion of this technical submission described below was prepared by me or under my direct supervision and responsible charge. I am a duly licensed architect under the laws of the state of Iowa. _____ Signature Date Printed or typed name_____ License number_____ My license renewal date is June 30,_____ . Pages or sheets covered by this seal: _____ _____ _____ _____ _____

d. The information requested in each information block must be typed or legibly printed in permanent ink or a secure electronic signature. An electronic signature as defined in or governed by Iowa Code chapter 554D meets the signature requirements of this rule if it is protected by a security procedure, as defined in Iowa Code section 554D.103(14), such as digital signature technology. It is the licensee's responsibility to ensure, prior to affixing an electronic signature to a technical submission, that security

procedures are adequate to (1) verify that the signature is that of a specific person and (2) detect any changes that may be made or attempted after the signature of the specific person is affixed. The seal implies responsibility for the entire technical submission unless the area of responsibility is clearly identified in the information accompanying the seal.

e. The architect who signed the original submission is responsible for forwarding copies of all changes and amendments to the technical submission, which becomes a part of the official copy of the technical submission, to the public official charged with the enforcement of the state, county, or municipal building code.

f. An architect is responsible for the custody and proper use of the seal. Improper use of the seal is grounds for disciplinary action.

g. The seal appearing on any technical submission establishes prima facie evidence that said technical submission was prepared by or under the responsible charge of the individual named on that seal.

1064.1(8) *Communications.* An architect will, when requested, respond to communications from the board within 30 days of the mailing of such communication by certified mail. Failure to respond to such communication may be grounds for disciplinary action against the architect.

1064.1(9) *Architectural Experience Program supervisor.* The Architectural Experience Program supervisor, formerly known as the Intern Development Program supervisor, will timely respond to a request to verify experience hours reported to the National Council of Architectural Registration Boards' Architectural Experience Program when requested by NCARB, the board, or a subordinate, associate, or intern who is, or has been, supervised by the Architectural Experience Program supervisor.

This rule is intended to implement Iowa Code chapters 17A and 544A.

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CHAPTER 1065
EXCEPTIONS
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1065.1(544A) Definitions. The following definitions apply as used in Iowa Code chapter 544A and this chapter of the architectural examining board rules.

"Accessory buildings" means a building or structure of an accessory character and miscellaneous structures not classified in any specific occupancy or use. "Accessory buildings" are constructed, equipped and maintained to conform to the requirements corresponding to the fire and life hazard incidental to the buildings' occupancy. "Accessory buildings" is intended to encompass the uses listed in Group U of the 2015 International Building Code®.

"Agricultural building" means a structure designed to house farm implements, hay, grain, poultry, livestock or other agricultural products. For the purpose of this definition, this structure does not contain habitable space or a place of employment where agricultural products are processed or treated or packaged; nor will it be a place used by the public.

"Alter" or *"alteration"* means any change, addition or modification to an existing building in its construction or occupancy.

"Church" means a building or portion thereof intended for the performance of religious services.

"Commercial" or *"commercial use"* means the following:

1. The use of a building or structure, or a portion thereof, for office, professional, or service-type transactions, including storage of records and accounts,
2. The use of a building or structure, or a portion thereof, for the display and sale of merchandise, and involves stocks of goods, including wares or merchandise incidental to such purposes and accessible to the public.

"Commercial use" is intended to encompass the uses listed in Group B and Group M of the 2015 International Building Code®.

"Detached" means a structure separated by distance and not connected to another structure.

"Dwelling unit" means a single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation.

"Educational use" means the use of a building or structure, or a portion thereof used (1) by six or more persons at any one time for education purposes through twelfth grade; or (2) by six or more children for day care purposes. Rooms and spaces within places of religious worship providing such day care during religious functions and day cares serving five or fewer children are classified as part of the primary occupancy. "Educational use" is intended to encompass the uses listed in Group E of the 2015 International Building Code®.

"Factory-built buildings" means any structure that is, wholly or in substantial part, made, fabricated, formed, or assembled in manufacturing facilities for installation, or assembly and installation, on a building site. "Factory-built buildings" includes the terms "mobile home," "manufactured home," and "modular home."

"Family dwelling unit" means the same as "dwelling unit."

"Gross floor area" means the area included within the surrounding exterior walls of a building. Areas of the building not provided with surrounding walls are included in the building area if such areas are included within the horizontal projection of the supporting structure of the roof or floor above.

"Habitable space (room)" means a space in a structure for living, sleeping, eating or cooking. Bathrooms, toilet compartments, closets, halls, storage or utility space, and similar areas are not considered "habitable space."

"Hazardous use" means the use of a building or structure, or a portion thereof, that involves the manufacturing, processing, generation or storage of materials that constitute a physical or health hazard. "Hazardous use" is intended to encompass the uses listed in Group H of the 2015 International Building Code®.

"Industrial use" means the use of a building or structure, or a portion thereof, for assembling, disassembling, fabricating, finishing, manufacturing, packaging, repair, or processing operations that are not classified as hazardous use. "Industrial use" is intended to encompass the uses listed in Group F of the 2015 International Building Code®.

"Institutional use" means the use of a building or structure, or a portion thereof, in which persons are receiving custodial or medical care, in which persons are detained for penal or correctional purposes or in which the liberty of the occupants is restricted. Day care facilities as defined in educational use are not considered institutional uses. "Institutional use" is intended to encompass the uses listed in Group I of the 2015 International Building Code®. Facilities with five or fewer persons receiving custodial care may be considered a residential use or be considered part of the primary occupancy as listed in Group I of the 2015 International Building Code®.

"International Building Code" is a model building code developed by the International Code Council. The 2015 International Building Code® is available from the state library of Iowa or the board or online at codes.iccsafe.org.

"Light industrial" means buildings not more than one story in height and not exceeding 10,000 square feet in gross floor area that involve fabrication or manufacturing of noncombustible materials that, during finishing, packing, or processing, are not classified as hazardous use.

"Mixed building use" means a building containing more than one use classification.

"Nonstructural alterations" means modifications to an existing building that do not include any changes to structural members of a building, or do not modify means of egress, handicap accessible routes, fire resistivity or other life safety concerns.

"Occupancy" means a purpose for which a building, or part thereof, is used or intended to be used.

"Outbuildings" means the same as "accessory buildings."

"Place of assembly of people or public gathering" means the use of a building or structure, or a portion thereof, for the gathering of persons such as for civic, social, or religious functions; recreation, food or drink consumption; or awaiting transportation. "Place of assembly of people or public gathering" is intended to encompass the uses listed in Group A of the 2015 International Building Code®. Places of assembly with occupancy of fewer than 50 people are considered part of the primary occupancy.

"Residential use" means the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an institutional use. "Residential use" is intended to encompass the uses listed in Group R of the 2015 International Building Code®.

"Story" means that portion of a building included between the upper surface of any floor and the upper surface of the floor or roof next above.

"Structural members" consists of building elements that carry an imposed load of weight and forces in addition to their own weight including, but not limited to, loads imposed by forces of gravity, wind, and earthquake. Structural members include, but are not limited to, footings, foundations, columns, load-bearing walls, beams, girders, purlins, rafters, joists, trusses, lintels, and lateral bracing.

"Use" means the same as "occupancy."

"Warehouses" or *"warehouse use"* means the use of a building or structure, or portion thereof, for storage that is not classified as a hazardous use. "Warehouse use" is intended to encompass the uses listed in Group S of the 2015 International Building Code®.

[**ARC 7760C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1065.2(544A) Exceptions. An architect licensed in this state is required to perform professional architectural services for all buildings except those listed in Iowa Code section 544A.18.

[**ARC 7760C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1065.3(544A) Building use. The following criteria are used when applying the exceptions outlined in Iowa Code section 544A.18 and rule 481—1065.2(544A):

1065.3(1) *Building use takes priority over size.* In all cases, the use of the building takes priority over the size. For example, a place of assembly is not a commercial use, and would not constitute an exception even if the building is not more than one story in height and does not exceed more than 10,000 square feet in gross floor area.

1065.3(2) *Mixed building use.* In the case that a building contains more than one use, the most stringent use is applied to the entire building when applying the exceptions. For example, a two-story building containing a 6,000 square foot commercial space as well as 6,000 square feet of residential space on the second floor would be considered a 12,000 square foot, two-story commercial building for the purposes of the exception matrix.

1065.3(3) *Agricultural buildings.* Activities inherent to housing farm implements, farm inputs, farm products, and livestock or other agricultural products, such as recordkeeping, sanitation, storage of farm inputs, or equipment preparation, repair, or modifications, are not to be construed as a use in and of itself for the purposes of applying the exceptions. For example, welding operations to repair an implement or grain-handling equipment would not trigger the consideration of an agricultural building or a portion of the building as an industrial use.

1065.3(4) *Churches and accessory buildings.* When under the height and gross floor area noted in the exception and encompassing uses inherent to a church or an accessory building as defined, these buildings are exempted, even if the use within the building would normally not be exempted. For example, a church used as a place of assembly with occupancy of more than 50 people but still under the height and gross floor area noted would still be exempted even though the occupancy would place the building in the nonexempted category.

[**ARC 7760C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1065.4(544A) Exceptions matrix. The following matrix is compiled to illustrate the exceptions outlined in Iowa Code section 544A.18. The laws and rules governing the practice of engineering are not illustrated herein.

BUILDINGS NEW CONSTRUCTION			
Building Use Type	**Description**	**Architect Required**	**Architect May Not Be Required**
Agricultural use	Including grain elevators and feed mills		X
Churches and accessory buildings whether attached or separate	One or two stories in height, up to a maximum of 2,000 square feet in gross floor area		X
	Any number of stories in height, greater than 2,000 square feet in gross floor area	X	
	More than two stories in height	X	
Commercial use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
	One story in height, greater than 10,000 square feet in gross floor area	X	
	Two stories in height, up to a maximum of 6,000 square feet in gross floor area		X
	Two stories in height, greater than 6,000 square feet of gross floor area	X	
	More than two stories in height	X	
Detached residential use	One, two or three stories in height, containing 12 or fewer family dwelling units		X
	More than 12 family dwelling units	X	
	More than three stories in height	X	
	Outbuildings in connection with detached residential buildings		X
Educational use		X	
Hazardous use		X	
Industrial use		X	
Institutional use		X	
Light industrial use			X
Places of assembly		X	

BUILDINGS NEW CONSTRUCTION			
Building Use Type	**Description**	**Architect Required**	**Architect May Not Be Required**
Warehouse use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
	One story in height, greater than 10,000 square feet in gross floor area	X	
	More than one story in height	X	
Factory-built buildings	Any height and size, if certified by a professional engineer licensed under Iowa Code chapter 542B		X
	One or two stories in height, up to a maximum of 20,000 square feet in gross floor area		X
	One or two stories in height, greater than 20,000 square feet in gross floor area	X	
	More than two stories in height	X	
	More than 20,000 square feet in gross floor area	X	

ALTERATIONS TO EXISTING BUILDINGS				
Alteration Type	**Description**		**Architect Required**	**Architect May Not Be Required**
Structural alterations to exempt buildings	Modifications that change the structural members, means of egress, handicap accessible path, fire resistivity or other life safety concerns			X
Structural alterations to nonexempt buildings	Modifications that change the structural members, means of egress, handicap accessible path, fire resistivity or other life safety concerns		X	
Nonstructural alteration	That does not modify means of egress, handicap accessible path, fire resistivity or other life safety concerns			X
	That maintains the previous type of use			X
Nonstructural alteration that changes the use of the building from any other use to:	A place of assembly of people or public gathering		X	
	Educational use		X	
	Hazardous use		X	
	Residential use exempted	and is one, two or three stories in height and contains not more than 12 family dwelling units		X
	Residential use not exempted otherwise	and is more than three stories in height	X	
		and containing more than 12 family dwelling units	X	
Nonstructural alterations that change the use of the building from industrial or warehouse to:	Commercial or office use	and is one story in height and not greater than a maximum of 10,000 square feet in gross floor area		X
		and is one story in height and greater than 10,000 square feet in gross floor area	X	
		and is two stories in height and not greater than a maximum of 6,000 square feet in gross floor area		X
		and is two stories in height and greater than 6,000 square feet in gross floor area	X	
		and is more than two stories in height	X	
		and is greater than 10,000 square feet of gross floor area	X	

ALTERATIONS TO EXISTING BUILDINGS				
Alteration Type	**Description**		**Architect Required**	**Architect May Not Be Required**
Nonstructural alterations to:	Agricultural use	Including grain elevators and feed mills		X
	Churches and accessory building uses	One or two stories in height, up to a maximum of 2,000 square feet in gross floor area		X
		Any number of stories in height, greater than 2,000 square feet in gross floor area	X	
		More than two stories in height	X	
	Commercial use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
		One story in height, greater than 10,000 square feet in gross floor area	X	
		Two stories in height, up to a maximum of 6,000 square feet in gross floor area		X
		Two stories in height, greater than 6,000 square feet in gross floor area	X	
		More than two stories in height	X	
	Detached residential buildings	One, two or three stories in height, containing 12 or fewer family dwelling units		X
		More than 12 family dwelling units	X	
		More than three stories in height	X	
		Outbuildings in connection with detached residential buildings		X
	Educational use		X	
	Hazardous use		X	
	Industrial use		X	
	Institutional use		X	
	Light industrial use			X
	Places of assembly		X	
	Warehouse use	One story in height, up to a maximum of 10,000 square feet in gross floor area		X
		One story in height, greater than 10,000 square feet in gross floor area	X	
		More than one story in height	X	
	Factory-built buildings	Any height and size if entire building is certified by a professional engineer licensed under Iowa Code chapter 542B		X
		One or two stories in height, up to a maximum of 20,000 square feet of gross floor area		X
		One or two stories in height, greater than 20,000 square feet in gross floor area	X	
		More than two stories in height	X	
		More than 20,000 square feet in gross floor area	X	

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These rules are intended to implement Iowa Code section 544A.18.

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[Editorial change: IAC Supplement 6/24/26]

CHAPTER 1066
DISCIPLINARY ACTION AGAINST LICENSEES

[Previously Ch 4; Ch 5, IAB 3/2/83]
[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 10/3/01, see 193B—Chapter 5]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1066.1(544A,272C) Disciplinary action. The architectural examining board has authority in Iowa Code chapters 544A, 17A and 272C to impose discipline for violations of these chapters and the rules promulgated thereunder.
[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.2(544A,272C) Investigation of complaints. The board will, upon receipt of a complaint in writing, or may, upon its own motion, pursuant to other evidence received by the board, review and investigate alleged acts or omissions that the board reasonably believes constitute cause under applicable law or administrative rules. In order to determine if probable cause exists for a hearing on a complaint, the investigators designated by the chairperson will investigate the allegations of the complaint. If the board determines that the complaint does not present facts that constitute a basis for disciplinary action, the board may take no further action.
[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.3(544A,272C) Peer investigative committee. A peer investigative committee may be appointed by the chairperson to investigate a complaint. The committee members will consist of one or more architects who have been licensed to practice in Iowa for at least five years, serving at the discretion of the chairperson. The committee will review and determine the facts of the complaint and make a report to the board in a timely manner.
[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.4(544A,272C) Investigation report. Upon completion of the investigation, the investigator(s) will prepare for the board's consideration a report containing the position or defense of the licensee to determine what further action is necessary. The board may:

1. Order the matter be further investigated.
2. Allow the licensee who is the subject of the complaint an opportunity to appear before a committee of the board for an informal discussion regarding the circumstances of the alleged violation.
3. Determine there is no probable cause to believe a disciplinary violation has occurred and close the case.
4. Determine there is probable cause to believe that a disciplinary violation has occurred.

[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.5(544A,272C) Informal discussion. If the board considers it advisable, or if requested by the affected licensee, the board may grant the licensee an opportunity to appear before the board or a committee of the board for a voluntary informal discussion of the facts and circumstances of an alleged violation. The licensee may be represented by legal counsel at the informal discussion. The licensee is not required to attend the informal discussion.

Unless disqualification is waived by the licensee, board members who personally investigated a disciplinary complaint are disqualified from making decisions at a later formal hearing. Because board members generally rely upon staff, investigators, auditors, peer review committees, or expert consultants to conduct investigations, the issue rarely arises. An informal discussion, however, is a form of investigation because it is conducted in a question-and-answer format. In order to preserve the ability of all board members to participate in board decision making, licensees who desire to attend an informal discussion will therefore waive their right to seek disqualification of a board member or staff based solely on the board member's or staff's participation in an informal discussion. Licensees would not be waiving their

right to seek disqualification on any other ground. By electing to attend an informal discussion, a licensee accordingly agrees that participating board members or staff are not disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision maker.

Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence. The board may seek a consent order at the time of the informal discussion. If the parties agree to a consent order, a statement of charges will be filed simultaneously with the consent order.

[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.6(544A,272C) Decisions. The board will make findings of fact and conclusions of law and may take one or more of the following actions:

1066.6(1) Dismiss the charges.

1066.6(2) Revoke the architect's license.

1066.6(3) Suspend the licensee's license as authorized by law.

1066.6(4) Impose civil penalties, not to exceed $1,000. Civil penalties may be imposed for any of the disciplinary violations specified in Iowa Code sections 544A.13 and 544A.15 and these rules. Factors the board may consider when determining whether to assess civil penalties and the amount to assess include:

a. Whether other forms of discipline are being imposed for the same violation.

b. Whether the amount imposed will be a substantial deterrent to the violation.

c. The circumstances leading to the violation.

d. The severity of the violation and the risk of harm to the public.

e. The economic benefits gained by the licensee as a result of the violation.

f. The interest of the public.

g. Evidence of reform or remedial action.

h. Time lapsed since the violation occurred.

i. Whether the violation is a repeat offense following a prior cautionary letter, disciplinary order, or other notice of the nature of the infraction.

j. The clarity of the issues involved.

k. Whether the violation was willful and intentional.

l. Whether the licensee acted in bad faith.

m. The extent to which the licensee cooperated with the board.

n. Whether the licensee practiced architecture with a lapsed, inactive, suspended or revoked certificate of licensure.

1066.6(5) Impose a period of probation, either with or without conditions.

1066.6(6) Require reexamination, using one or more parts of the examination given to architectural licensee candidates.

1066.6(7) Require additional professional education, reeducation, or continuing education.

1066.6(8) Issue a citation and a warning.

1066.6(9) Issue a consent order.

[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1066.7(544A,272C) Voluntary surrender. Voluntary surrender of licensure is considered as disciplinary action. The board may accept the voluntary surrender of a license to resolve a pending disciplinary contested case or pending disciplinary investigation. The board will not accept a voluntary surrender of a license to resolve a pending disciplinary investigation unless a statement of charges is filed along with the order accepting the voluntary surrender. Such voluntary surrender is considered disciplinary action and will be published in the same manner as is applicable to any other form of disciplinary order.

[**ARC 7761C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

These rules are intended to implement Iowa Code section 544A.13 and chapter 272C.

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CHAPTER 1067
DISCIPLINARY ACTION—UNLICENSED PRACTICE

[Previously Ch 4; Ch 5, IAB 3/2/83]
[Prior to 7/13/88, see Architectural Examiners, Board of[80]]
[Prior to 10/3/01, see 193B—Chapter 5]
[Prior to 6/24/26, see Architectural Examining Board[193B] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—1067.1(544A,272C) Disciplinary action. The architectural examining board has authority in Iowa Code chapters 544A, 17A and 272C to impose discipline for violations of these chapters and the rules promulgated thereunder.
[**ARC 7762C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1067.2(544A,272C) Investigation of complaints. The board will, upon receipt of a complaint in writing, or may, upon its own motion, pursuant to other evidence received by the board, review and investigate alleged acts that the board reasonably believes constitute cause under applicable law or administrative rules. In order to determine if probable cause exists for a hearing on a complaint, the investigators designated by the chairperson will investigate the allegations of the complaint. If the board determines that the complaint does not present facts that constitute a basis for disciplinary action, the board may take no further action.
[**ARC 7762C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

481—1067.3(544A) Civil penalties against unlicensed person. The board may impose civil penalties by order against a person who is not licensed as an architect pursuant to Iowa Code chapter 544A based on the unlawful practices specified in Iowa Code section 544A.15(3). In addition to the procedures set forth in Iowa Code section 544A.15(3), this rule applies.

1067.3(1) The notice of the board's intent to impose a civil penalty required by Iowa Code section 544A.15(3) may be served upon the unlicensed person by restricted certified mail, return receipt requested, or personal service in accordance with Rule of Civil Procedure 1.305. Alternatively, the unlicensed person may accept service personally or through authorized counsel. The notice includes the following:

a. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.

b. Reference to the particular sections of the statutes and rules involved.

c. A short, plain statement of the alleged unlawful practices.

d. The dollar amount of the proposed civil penalty.

e. Notice of the unlicensed person's right to a hearing and the time frame in which a hearing is requested.

f. The address to which written request for hearing is made.

1067.3(2) Unlicensed persons need to request a hearing in writing within 30 days of the date the notice is mailed, if served through restricted certified mail to the last-known address, or within 30 days of the date of service, if service is accepted or made in accordance with Rule of Civil Procedure 1.305. A request for hearing is deemed made on the date of the United States Postal Service postmark or the date of personal service.

1067.3(3) If a request for hearing is not timely made, the board chair or the chair's designee may issue an order imposing the civil penalty described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose civil penalty.

1067.3(4) If a request for hearing is timely made, the board issues a notice of hearing and conducts a hearing in the same manner as applicable to disciplinary cases against licensed architects.

1067.3(5) In addition to the factors set forth in Iowa Code section 544A.15(3), the board may consider the following when determining the amount of civil penalty to impose, if any:

a. The time lapsed since the unlawful practice occurred.

b. Evidence of reform or remedial actions.

c. Whether the violation is a repeat offense following a prior warning letter or other notice of the nature of the infraction.

d. Whether the violation involved an element of deception.

e. Whether the unlawful practice violated a prior order of the board, court order, cease and desist agreement, consent order, or similar document.

f. The clarity of the issue involved.

g. Whether the violation was willful and intentional.

h. Whether the unlicensed person acted in bad faith.

i. The extent to which the unlicensed person cooperated with the board.

1067.3(6) An unlicensed person may waive the right to hearing and all attendant rights and enter into a consent order imposing a civil penalty at any stage of the proceeding upon mutual consent of the board.

1067.3(7) The notice of intent to impose civil penalty and order imposing civil penalty are public records available for inspection and copying in accordance with Iowa Code chapter 22. Copies may be provided to the media, the National Council of Architectural Registration Boards, and other entities. Hearings are open to the public.

[**ARC 7762C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/24/26]

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CHAPTERS 1068 to 1080
Reserved

LANDSCAPE ARCHITECTURAL EXAMINING BOARD

CHAPTER 1081
DESCRIPTION OF ORGANIZATION

[Prior to 3/9/88, see Landscape Architectural Examiners Board[540] Ch 1]
[Prior to 6/10/26, see Landscape Architectural Examining Board[193D] Ch 1]

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

481—1081.1(544B,17A) Definitions. As used in these rules, the following definitions of words and terms shall apply:

"Board" means the landscape architectural examining board.

"CLARB" means the Council of Landscape Architectural Registration Boards.

"Evidence" means any document or record of any kind of drawings, specifications, photographs, diplomas, licensee statements, published data and certified personal statements as may be required as a part of any action on the part of the board. Each item of evidence shall be clearly marked to ensure positive and certain identification. It is the responsibility of the applicant to satisfy the board as to the sufficiency of the record and the evidence.

"Inactive" means that a landscape architect is not engaged in Iowa in any practice for which a certificate of licensure is required.

"Intern landscape architect" means an individual who is not licensed and has a degree in landscape architecture and is employed under the direct supervision of a professional landscape architect. The initials "I.L.A." should not be used.

"LARE" means the Landscape Architecture Registration Examination.

"Practice of landscape architecture" means the performance of professional service or offering to render professional services to clients, including any one or any combination of the professional services defined in Iowa Code section 544B.1(2).

"Professional landscape architect" means a person who obtains a license and engages in the practice of landscape architecture under the authority of Iowa Code chapter 544B. For the purposes of these rules, a professional landscape architect may be referred to as a landscape architect and may use the initials "P.L.A."

"Years of practical experience" means, for each year of practical experience the applicant has worked performing landscape architectural services, a minimum of 2,080 hours per year.

[**ARC 9154C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1081.2(544B,17A) Organization and duties. The board consists of five licensed professional landscape architects and two members who are not licensed professional landscape architects and who represent the general public.

1081.2(1) *Qualifications of professional landscape architect board members.* Four of the five professional members will be actively engaged in the practice of landscape architecture or the teaching of landscape architecture in an accredited college or university and shall have been so engaged for five years preceding appointment, the last two of which shall have been in Iowa. One of the five professional members will be actively engaged in the practice of landscape architecture or the teaching of landscape architecture in an accredited college or university and may have been so engaged for fewer than five years preceding.

1081.2(2) *Election of chairperson and vice chairperson.* The board elects annually from its members a chairperson and a vice chairperson. A quorum of the board will be four members, and all final motions and actions must receive a vote by a majority of the members of the board.

1081.2(3) *Duties of board.* The board enforces the provisions of Iowa Code chapter 544B and makes rules for the examination of applications for licensure. The board keeps records of its proceedings. The board adopts an official seal that is affixed to all certificates of licensure granted. The board makes other rules, not inconsistent with law, as necessary for the proper performance of its duties. The board maintains a roster showing the name, place of business, residence, and date and number of the certificate of licensure of every professional landscape architect in the state.

1081.2(4) *Duties of chairperson.* The chairperson will, when present, preside at meetings, appoint committees, and perform all duties and powers of the chairperson.

1081.2(5) *Duties of vice chairperson.* The vice chairperson will, in the absence or incapacity of the chairperson, exercise the duties and powers of the chairperson.

[**ARC 9154C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1081.3(544B,17A) Meetings. Calls for meetings are issued in accordance with Iowa Code section 21.4.

[**ARC 9154C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1081.4(544B,17A) Order of business. The board executive will prepare an agenda listing all matters to be discussed at meetings. A copy of this agenda will be available to each member of the board.

[**ARC 9154C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1081.5(17A) Interim waivers. In addition to the provisions of 7—Chapter 2504, the following will apply for interim rulings:

1081.5(1) The board chairperson, or vice chairperson if the chairperson is not available, may rule on a petition for waiver when it would not be timely to wait for the next regularly scheduled board meeting for a ruling from the board.

1081.5(2) The board administrator, upon receipt of a petition that meets all applicable criteria established in 7—Chapter 2504, will present the request to the board chairperson or vice chairperson along with all pertinent information regarding established precedent for granting or denying such requests.

1081.5(3) The chairperson or vice chairperson will reserve the right to hold an electronic meeting of the board when prior board precedent does not clearly resolve the request, input of the board is deemed required and the practical result of waiting until the next regularly scheduled meeting would be a denial of the request due to timing issues.

1081.5(4) A waiver report will be placed on the agenda of the next regularly scheduled board meeting and recorded in the minutes of the meeting.

1081.5(5) This rule on interim rulings does not apply if the waiver was filed in a contested case.

[**ARC 9154C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26; Editorial change: IAC Supplement 8/5/26]

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CHAPTER 1082
EXAMINATIONS AND LICENSING

[Prior to 3/9/88, see Landscape Architectural Examiners Board[540] Ch 2]
[Prior to 6/10/26, see Landscape Architectural Examining Board[193D] Ch 2]

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

481—1082.1(544B,17A) Application for licensure by examination.

1082.1(1) Candidates will contact CLARB to start the examination licensure process by creating a council record. A candidate's council record will include verified history of the candidate's education, experience, examination and licensure history, and professional references and is used to apply for examination, licensure and certification.

1082.1(2) The candidate who successfully completes the LARE will complete an online application for certificate of licensure to the board after meeting one of the requirements listed below and requesting that the candidate's council record be transmitted to the board.

a. Graduation from a course in landscape architecture in a school, college, or university offering an accredited minimum four-year curriculum in landscape architecture, and a minimum of three years of practical experience in landscape architectural work that in the opinion of the board is of satisfactory character, at least one year of which must be under the supervision of a professional landscape architect or a person who becomes a professional landscape architect within one year after July 1, 2002.

b. Graduation from a nonaccredited course of landscape architecture of a minimum of four years in a school, college, or university and a minimum of four years of practical experience in landscape architectural work that in the opinion of the board is of satisfactory character, at least one year of which must be under the supervision of a professional landscape architect.

c. A minimum of ten years of practical experience in landscape architectural work that in the opinion of the board is of satisfactory character to properly prepare the applicant for the examination.

1082.1(3) A satisfactorily completed year of study in an accredited course of landscape architecture in an accredited school, college, or university may be accepted in lieu of one year of practical experience.

1082.1(4) A master's degree from an accredited school, college, or university may be accepted in lieu of one year of practical experience.

1082.1(5) Any four-year college or university degree may be accepted in lieu of two years of practical experience.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.2(544B,17A) Procedure for processing applications. The board executive will determine when the legal requirements for licensure have been satisfied with regard to issuance of certificates, licenses or registrations, and the board executive will submit to the board any questionable application. An applicant's personal appearance before the board, if required, will be at the time and place designated by the board. Failure to supply additional evidence or information within 30 days from the date of the written request from the board, or failure to appear before the board when an appearance is requested, may be considered cause for disapproval of the application. Unless otherwise provided by law, a request for a rehearing before the board will be filed with the board in accordance with rule 481—506.26(17A). A judicial review can be filed in accordance with Iowa Code section 17A.19.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.3(544B,17A) Registration of applicants. Applicants must meet the requirements of Iowa Code section 544B.9 for registration.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.4(544B,17A) Written examination. The written examination will consist of the professional landscape architectural licensure examination published by CLARB and may include supplementary questions developed by the board.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.5(544B,17A) Exemption from written examination. The board may exempt from written examination an applicant who meets one of the following criteria:

1082.5(1) The applicant holds a current CLARB certificate;

1082.5(2) The applicant holds a license to practice landscape architecture issued upon written examination by another jurisdiction and has submitted a certificate from the jurisdiction of original licensure verifying that the applicant passed the examination in that jurisdiction; or

1082.5(3) The applicant:

a. Holds an active license to practice landscape architecture issued by another jurisdiction whose current licensure requirements, including the examination requirements, are substantially equivalent to or exceed those required for licensure as a landscape architect in Iowa, and during the time period in which the applicant was issued an initial license in the other jurisdiction, that jurisdiction did not require a written examination for initial applicants but did require board review and approval of education and experience designed to demonstrate competence to practice;

b. Was grandfathered in under the laws of the other jurisdiction before written examinations for initial licensure were mandated by the other jurisdiction; and

c. Submits a certificate from the jurisdiction of original licensure verifying that the applicant was licensed during the period in which there was no written examination and submits proof of license in good standing.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.6(544B,17A) Certificate of licensure. When an applicant has qualified for licensure under this chapter and has paid the required license fee, board staff will enroll the applicant's name in the roster of professional landscape architects and issue to the applicant a certificate of licensure.

1082.6(1) *License number.* The certificate will indicate the license number of the landscape architect that must appear on the professional landscape architect's seal and on all works signed by the professional landscape architect.

1082.6(2) *Certificate.* Only one certificate of licensure will be issued to a professional landscape architect. The certificate will be displayed in a conspicuous place at the place of employment.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.7(17A,272C,544B) Renewal of certificates of licensure. Certificates of licensure expire biennially on June 30. In order to maintain authorization to practice in Iowa, a licensee is required to renew the certificate of licensure prior to July 1 of the year of expiration. A licensee who fails to renew by the expiration date is not authorized to practice landscape architecture in Iowa until the certificate is reinstated as provided in rule 481—1082.8(544B,17A).

1082.7(1) It is the policy of the board to email to each licensee a notice of the pending expiration date at the licensee's last-known address approximately one month prior to the date the certificate of licensure is scheduled to expire. Failure to receive this notice does not relieve the licensee of the responsibility to timely renew the certificate and pay the renewal fee. A licensee should contact the board office if the licensee does not receive a renewal notice prior to the date of expiration.

1082.7(2) If grounds exist to deny a timely and sufficient application to renew, the board will send notification to the applicant. Grounds may exist to deny an application to renew if, for instance, the licensee failed to satisfy the continuing education as required as a condition for licensure. If the basis for denial is pending disciplinary action or disciplinary investigation that is reasonably expected to culminate in disciplinary action, the board will proceed as provided in 481—Chapter 506. If the basis for denial is not related to a pending or imminent disciplinary action, the applicant may contest the board's decision as provided in rule 481—506.33(17A,272C).

1082.7(3) When a licensee appears to be in violation of mandatory continuing education requirements, and after or in lieu of giving the licensee an opportunity to come into compliance under 481—subrule 1083.3(3), the board may, in lieu of proceeding to a contested case hearing on the denial of a renewal application as provided in rule 481—Chapter 506, offer the licensee the opportunity to sign a consent order. While the terms of the consent order will be tailored to the specific circumstances at issue, the consent order will typically impose a penalty between $50 and $250, depending on the severity of the

violation; establish deadlines for compliance; and require that the licensee complete hours equal to double the deficiency in addition to the required hours; and may impose additional educational requirements on the licensee. Any additional hours completed in compliance with the consent order cannot again be claimed at the next renewal. The board will address subsequent offenses on a case-by-case basis. A licensee is free to accept or reject the offer. If the offer of settlement is accepted, the licensee will be issued a renewed certificate of licensure and will be subject to disciplinary action if the terms of the consent order are not complied with. If the offer of settlement is rejected, the matter will be set for hearing, if timely requested by the licensee pursuant to 481—Chapter 506.

1082.7(4) The board may notify licensees whose certificates of licensure have expired. The failure of the board to provide this courtesy notification or the failure of the licensee to receive the notification will not extend the date of expiration.

1082.7(5) A licensee who continues to practice landscape architecture in Iowa after licensure has expired will be subject to disciplinary action. Such unauthorized activity may also be grounds to deny a licensee's application for reinstatement.

1082.7(6) Licensees will notify the board within 30 days of any change of address or business connection.

1082.7(7) Inactive status. This subrule establishes a procedure under which a person issued a certificate of licensure as a landscape architect may apply to the board to register as inactive. Licensure under this subrule is available to a licensee residing within or outside the state of Iowa who is not using the title "landscape architect" while offering services as a landscape architect. A person eligible to register as inactive may, as an alternative to licensure, allow the certificate of licensure to lapse. During any period of inactive status, a person will not engage in the practice of landscape architecture while using the title "landscape architect" or any other title that might imply that the person is offering services as a landscape architect in violation of Iowa Code section 544B.18. The board will continue to maintain a database of persons licensed as inactive, including information that is not routinely maintained after a certificate of licensure has lapsed through the person's failure to renew. A person who registers as inactive will accordingly receive a renewal notice if the notice is sent by the board, board newsletters, and other mass communications from the board.

a. Affirmation. The renewal application will contain a statement in which the applicant affirms that the applicant will not engage in the practice of landscape architecture while using the title "landscape architect" in violation of Iowa Code section 544B.18, without first complying with all rules governing reinstatement to active status. A person on inactive status may reinstate to active status at any time pursuant to rule 481—1082.8(544B,17A).

b. Renewal. A person licensed as inactive may renew the person's certificate of licensure on the biennial schedule described in this rule. This person will be exempt from the continuing education requirements and will be charged a reduced renewal fee as provided in rule 481—1082.10(544B,17A). An inactive certificate of licensure will lapse if not timely renewed.

c. Permitted practices. A person may, while licensed as inactive, perform for a client, business, employer, government body, or other entity those services that may lawfully be provided by a person to whom a certificate of licensure has never been issued. For an "inactive" licensee, such services may be performed as long as the person does not in connection with such services use the title "landscape architect" or any other title restricted for use only by landscape architects pursuant to Iowa Code section 544B.18 (with or without additional designations such as "inactive"). Restricted titles may be used only by active landscape architects who are subject to continuing education requirements to ensure that the use of such titles is consistently associated with the maintenance of competency through continuing education.

d. Prohibited practices. A person who, while licensed as inactive, engages in any of the practices described in Iowa Code section 544B.18 is subject to disciplinary action.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.8(544B,17A) Reinstatement.

1082.8(1) An individual may reinstate a lapsed certificate of licensure to active status as follows:

a. Pay the current renewal fee;

b. Pay the reinstatement fee of $100 plus $25 per month or partial month of expired licensure up to a maximum of $750. All applicants for reinstatement shall be assessed the $100 reinstatement fee. The $25-per-month fee shall not be assessed if the applicant for reinstatement did not, during the period of lapse, engage in any acts or practices for which an active landscape architect license is required in Iowa. Falsely claiming an exemption from the monthly fee is a ground for discipline; in addition, other grounds for discipline may arise from practicing on a lapsed certificate, license or permit to practice;

c. Provide a written statement outlining the professional activities that the applicant performed in Iowa during the period of nonlicensure. The statement shall include a list of all projects with which the applicant had involvement and shall explain the service provided by the applicant; and

d. Submit documented evidence of completion of continuing education based on the licensee's date of licensure.

(1) A professional landscape architect who holds a license in Iowa for less than 12 months from the date of initial licensure will not be required to report continuing education on the June 30 renewal on which the applicant failed to renew and 12 continuing education hours for each year or portion of a year of expired licensure up to a maximum of 48 continuing education hours; however, the hours reported will not have been earned more than four years prior to the date of the application to reinstate to active status.

(2) A professional landscape architect who holds a license in Iowa for more than 12 months, but less than 24 months from the date of initial licensure, will be required to report 12 contact hours that should have been reported on the June 30 renewal on which the applicant failed to renew and 12 continuing education hours for each year or portion of a year of expired licensure up to a maximum of 48 continuing education hours; however, the hours reported will not have been earned more than four years prior to the date of the application to reinstate to active status.

(3) A professional landscape architect who holds a license in Iowa for 24 months or more from the date of initial licensure will be required to report 24 contact hours that should have been reported on the June 30 renewal on which the applicant failed to renew and 12 continuing education hours for each year or portion of a year of expired licensure up to a maximum of 48 continuing education hours; however, the hours reported shall not have been earned more than four years prior to the date of the application to reinstate to active status.

(4) All continuing education hours must be completed in health, safety, and welfare subjects acquired in structured educational activities and be in compliance with the requirements in 481—Chapter 1083. The continuing education hours used for reinstatement may not be used again at the next renewal.

(5) Out-of-state residents may submit a statement from their resident state's licensing board as documented evidence of compliance with their resident state's mandatory continuing education requirements during the period of nonlicensure. The statement will bear the seal of the licensing board. Out-of-state residents whose resident state has no mandatory continuing education will comply with the documented evidence requirements outlined in this subrule.

1082.8(2) An individual may reinstate an inactive license to an active license as follows:

a. The individual will pay the current active licensure fee. If the individual is reinstating to active status at a date that is less than 12 months from the next biennial renewal date, one-half of the current active licensure fee will be paid.

b. The individual will submit documented evidence of completion of 24 contact hours of continuing education in health, safety, and welfare subjects in compliance with the requirements in 481—Chapter 1083. The continuing education hours used for reinstatement to active status cannot be used again at the next renewal.

c. The individual will complete the appropriate continuing education for subsequent renewals.

(1) At the first biennial renewal date of July 1 that is less than 12 months from the date of the filing of the application to restore the certificate of licensure to active status, the individual will not be required to report continuing education.

(2) At the first biennial renewal date of July 1 that is more than 12 months, but less than 24 months, from the date of the filing of the application to restore the certificate of licensure to active status, the individual will report 12 hours of previously unreported continuing education.

d. The individual will provide a written statement in which the applicant affirms that the applicant has not engaged in any of the practices in Iowa that are listed in Iowa Code section 544B.1(2) during the period of inactive licensure.

1082.8(3) The board will review reinstatement applications on a case-by-case basis and may, at its discretion, require that the applicant take the LARE as a prerequisite to reinstatement to active status.

[**ARC 9155C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1082.9(544B,17A) Responsibility for accuracy of applications. The landscape architect is responsible for verifying the accuracy of the information submitted on applications regardless of how the application is submitted or by whom it is submitted. For instance, if the office manager of a landscape architect's firm submits an application for renewal on behalf of the landscape architect and that information is incorrect, the landscape architect will be held responsible for the information and may be subject to disciplinary action.

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481—1082.10(544B,17A) Fee schedule. The appropriate fee shall accompany the application.

Fees for examination subjects shall be paid directly to the testing service selected by CLARB.	
Exemption fee	$300
(This certificate of licensure is to be effective to the June 30 which is at least 12 months beyond the date of the application.)	
Wall certificate replacement fee	$25
Certificate of licensure fee	$15/month
(This certificate of licensure is to be effective the day of board action until June 30.)	
Biennial licensure fee (active)	$350
Biennial licensure fee (inactive)	$100
Reinstatement of lapsed licensure to active status	$100 + renewal fee + $25 per month or partial month of lapsed licensure; not to exceed $750
Reinstatement of inactive or retired status to active status	$350
(If less than 12 months from the next biennial renewal, one-half of the current active licensure fee shall be paid.)	
Prelicense determination fee	$25

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CHAPTER 1083
CONTINUING EDUCATION

[Prior to 3/9/88, see Landscape Architectural Examiners Board[540] Ch 3]
[Prior to 6/10/26, see Landscape Architectural Examining Board[193D] Ch 3]

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

481—1083.1(544B,17A) Definitions. As used in these rules, the following definitions will apply:

"Distance learning" means any education process based on the geographical separation of student and instructor. "Distance learning" includes computer-generated programs, webinars, and home-study/correspondence programs.

"Health, safety, and welfare subjects" means technical and professional subjects that the board deems appropriate to directly safeguard the public's health, safety, and welfare. Such subjects include design, environmental systems, site design, land use analyses, landscape architecture programming, grading and drainage, storm water management, erosion control, site and soil analyses, accessibility, building codes, review of state registration laws including the rules of professional conduct, evaluation and selection of products and materials, cost analysis, construction methods, contract documentation, construction contract administration, construction administration, construction-phase office procedures, project management, and the like.

"Hours of continuing education" means a contact hour spent in either structured educational activities or individually planned activities intended to increase the professional landscape architect's knowledge and competence in public protection subjects and related practice subjects. "Contact hour" is defined as the typical 50-minute classroom instructional session or its equivalent.

"Structured educational activities" means educational activities in which the teaching methodology consists primarily of systematic presentation of public protection subjects or related practice subjects by qualified individuals or organizations including monographs, courses of study taught in person or by correspondence, organized lectures, presentations or workshops, and other means through which identifiable technical and professional subjects are presented in a planned manner.

[**ARC 9156C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1083.2(544B,17A) Continuing education requirements. In order for professional landscape architects to provide competent, professional services to the public, continuing education will consist of learning experiences that enhance, expand and keep current the skills, knowledge, and abilities of practicing professionals. Professional landscape architects may pursue learning experiences in technical, nontechnical, regulatory, ethics and business practice areas, provided that the continuing education directly benefits the health, safety, and welfare of the public.

1083.2(1) Hours required. Each registrant will complete during each two-year licensing term a minimum of 24 hours of continuing education approved by the board. Compliance with the continuing education requirements is a prerequisite for license renewal.

1083.2(2) Within any biennial renewal period, 24 hours of continuing education must be acquired and will be in health, safety, and welfare subjects acquired in structured educational activities. A licensee may apply up to 12 continuing education hours obtained in excess of the requirement for a renewal period to the continuing education requirements for the following renewal period. Continuing education hours may be acquired in any location.

1083.2(3) A professional landscape architect who holds a license in Iowa for less than 12 months from the date of initial licensure will not be required to report continuing education at the first license renewal. A professional landscape architect who holds a license in Iowa for more than 12 months but less than 24 months from the date of initial licensure will be required to report 12 hours of continuing education in health, safety, and welfare subjects earned in the preceding 12 months at the first license renewal.

1083.2(4) Sources of continuing education. The following suggested list may be used by all licensees to determine the types of activities that may fulfill the continuing education requirements. All hours of continuing education must also comply with the directive in subrule 1083.2(2).

a. Hours of continuing education in attendance at short courses or seminars dealing with landscape architectural subjects and sponsored by colleges, universities or professional organizations.

b. Hours of continuing education in attendance at presentations on landscape architectural subjects that are held in conjunction with conventions or at seminars related to material use and function. Presentations such as those presented by CLARB, American Society of Landscape Architects, Construction Specification Institute, Construction Products Manufacturers Council or similar organizations devoted to landscape architecture education may qualify.

c. Hours of continuing education in attendance at short courses or seminars relating to business practice or new technology and offered by colleges, universities, professional organizations or system suppliers.

d. Hours of continuing education spent presenting or teaching courses or seminars in landscape architecture. Three preparation hours may be claimed for each class hour spent teaching landscape architectural courses or seminars. College or university faculty members may not claim credit for teaching regular curriculum courses.

e. Hours of continuing education spent learning through professional service to the public that draws upon the licensee's professional expertise on boards and commissions, such as serving on planning commissions, building code advisory boards, urban renewal boards, code study commissions or community boards. Hours of continuing education under this paragraph will be limited to six hours earned in any biennial renewal period.

f. Hours of continuing education spent in landscape architectural research that is published or formally presented to the profession or public. Credit may be claimed only following proof of publication or presentation. Hours of continuing education under this paragraph will be limited to 12 hours earned in any biennial renewal period.

g. Hours of continuing education spent in distance learning that concludes with an examination or other verification of course completion.

h. College or university courses dealing with landscape architectural subjects or business practices. Each semester hour equals 15 hours of continuing education. A quarter hour equals ten hours of continuing education.

i. Hours of continuing education spent in educational tours or tours in areas significant to landscape architecture when the tour is sponsored by college, university or professional organizations and verification of participation is provided by the tour sponsor. Self-guided tours do not qualify. Hours of continuing education under this paragraph will be limited to six hours earned in any biennial renewal period.

j. Hours of continuing education spent attending in-house educational programs, including dinner, luncheon, and breakfast meetings.

1083.2(5) Financing. It is the responsibility of each licensee to finance the costs for continuing education.

[**ARC 9156C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1083.3(544B,17A) Compliance.

1083.3(1) Each professional landscape architect will file with the board a signed report, under penalty of perjury, on forms provided by the board or by online renewal, setting forth the continuing education activities in which the professional landscape architect has participated. The report will be filed with the renewal application for each two-year renewal period in which the claimed hours of continuing education were completed. The information in the report will include:

a. The school, firm or organization conducting the course.

b. The location of the course.

c. The title of the course and a description of the content.

d. Names of the principal instructor(s).

e. The dates attended.

f. All hours claimed.

g. In instances of service on a professional or community board, or other undocumented hours of continuing education (non-health, safety, and welfare documentation such as learning units or professional development hours), the licensee will provide a narrative description of the materials the licensee reviewed,

the nature of the licensee's service, and a description as to how the licensee's claimed hours of continuing education have contributed to the health, safety, and welfare of the public.

This information shall be kept by the licensee for reported hours of continuing education for two years.

1083.3(2) A professional landscape architect's continuing education report forms or online renewal may be selected for review by the board for verification of compliance with these requirements. Evidence of compliance will be maintained by the professional landscape architect for two years after the period for which the form was submitted and will include written verification of attendance by someone other than the licensee. Examples of evidence may include but are not limited to a certificate of completion presented by the program sponsor, a letter from an employer verifying attendance at an in-firm training session, or copies of minutes from public service meetings. Canceled checks, slideshow presentations, email confirmation or receipts for payments of fees to attend a program are not evidence of actual attendance and are not acceptable.

1083.3(3) Any discrepancy between the number of continuing education hours reported and the number of continuing education hours actually supported by documentation may result in a disciplinary review. If, after the disciplinary review, the board disallows any continuing education hours, or the licensee has failed to complete the required continuing education hours, the landscape architect will have 60 days from board notice to either provide further evidence of having completed the continuing education hours disallowed or remedy the discrepancy by completing the required number of continuing education hours (provided that such continuing education hours will not again be used for the next renewal). Extension of time may be granted on an individual basis and will be requested by the licensee within 30 days of notification by the board. If the licensee fails to comply with the requirements of this subrule, the licensee may be subject to disciplinary action.

[**ARC 9156C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1083.4(544B,17A) Hearings. In the event of denial, in whole or in part, of any application for approval of credit for continuing education activity, the licensee will have the right, within 20 days after the date of notification of the denial by mail, to request a hearing by the board. The hearing will be held within 60 days after receipt of the request for the hearing. The decision of the board will be final.

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481—1083.5(544B,17A) Physical disability, illness, hardship, or extenuating circumstances. The board may, in individual cases involving physical disability, illness (certified by a medical doctor), hardship, or extenuating circumstances, grant waivers of the continuing education requirements for a period of time not to exceed one year. No waiver or extension of time will be granted unless the licensee makes a written request to the board for such action.

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481—1083.6(544B,17A) Methods of compliance and exemptions.

1083.6(1) A licensee licensed to practice as a professional landscape architect will be deemed to have complied with the continuing education requirements during the continuing education compliance period that the licensee:

a. Serves honorably on active duty in the military service; or

b. Resides in another state or district having a continuing education requirement for the occupation or profession and meets all the requirements of that state or district for practice therein; or

c. Is a government employee working as a professional landscape architect and assigned to duty outside the United States; or

d. Is approved by the board for periods of active practice and absence from the state.

1083.6(2) If the licensee was not engaged in active practice as a professional landscape architect and will maintain inactive status during the period for which renewal is requested, the board may exempt the licensee from continuing education. No exemption will be granted without a written request from the licensee.

[**ARC 9156C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1083.7(544B,17A) Grounds for denial of license renewal. Failure of a licensee to complete the continuing education requirements as set forth in this chapter, failure to file a report of completed continuing education, or failure to submit a written request for waiver or exemption will be grounds for the board to deny renewal of the license.

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CHAPTER 1084
RULES OF PROFESSIONAL CONDUCT AND DISCIPLINE PROCEDURES

[Prior to 3/9/88, see Landscape Architectural Examiners Board[540] Ch 4]
[Prior to 6/10/26, see Landscape Architectural Examining Board[193D] Ch 4]

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

481—1084.1(544B,17A) Rules of conduct. Failure by a licensee to adhere to the provisions of Iowa Code chapters 272C and 544B and rules implementing either chapter will be grounds for disciplinary action.

1084.1(1) *Definition.* The following definition applies as used in Iowa Code chapter 544B and this chapter unless the context otherwise requires.

"Official copy" means technical submission for purposes of required approval.

1084.1(2) *Competence.*

a. When practicing landscape architecture, a professional landscape architect will act with reasonable care and competence and will apply the technical knowledge and skill that is ordinarily applied by a landscape architect of good standing practicing in the same locality.

b. When designing a project, a professional landscape architect will take into account all applicable state and municipal building laws and regulations. While professional landscape architects may rely on the advice of other professionals (e.g., attorneys, architects, engineers and other qualified persons) as to the intent and meaning of the regulations, once such advice is obtained, a landscape architect will not knowingly design a project in violation of these laws and regulations.

c. A professional landscape architect will undertake to perform professional services only when the professional landscape architect together with those whom the professional landscape architect may engage as consultants are qualified by education, training and experience in the specific technical areas involved.

d. No person will be permitted to practice landscape architecture if, in the board's judgment, upon receipt of medical testimony or evidence, the person's professional competence is substantially impaired by physical or mental disabilities or substance abuse.

1084.1(3) *Conflict of interest.*

a. A professional landscape architect will not accept compensation for services from more than one party on a project unless the circumstances are fully disclosed and agreed to (such disclosures and agreement to be in writing) by all interested parties.

b. If a professional landscape architect has any business association or direct or indirect financial interest that is substantial enough to influence judgment in connection with the professional landscape architect's performance of professional services, the professional landscape architect will fully disclose, in writing, to the client or employer the nature of the business association or financial interest. If the client or employer objects to the association or financial interest, the professional landscape architect shall either terminate such association or interest or offer to give up the commission or employment.

c. A professional landscape architect will not solicit or accept compensation from material or equipment suppliers in return for specifying or endorsing the products.

d. When acting as the interpreter of building contract documents and the judge of contract performance, a professional landscape architect shall render decisions impartially, favoring neither party to the contract.

1084.1(4) *Full disclosure.*

a. A professional landscape architect making public statements on landscape architectural questions will disclose when compensation is being received for making the statements.

b. A professional landscape architect will accurately represent to a prospective or existing client or employer the professional landscape architect's qualifications and the scope of the professional landscape architect's responsibility in connection with work for which the professional landscape architect is claiming credit.

c. If, in the course of work on a project, a professional landscape architect becomes aware of an action taken by the employer or client against the professional landscape architect's advice that violates applicable state or municipal building laws and regulations and that will, in the professional landscape

architect's judgment, adversely affect the safety to the public of the finished project, the professional landscape architect shall:

(1) Report the decision to the local building inspector or other public official charged with enforcement of the applicable state or municipal building laws and regulations,

(2) Refuse to consent to the decision, and

(3) In circumstances when the professional landscape architect reasonably believes that other actions will be taken, notwithstanding the landscape architect's objection, terminate the professional landscape architect's services with reference to the project. In the case of a termination in accordance with this clause, the professional landscape architect will have no liability to the professional landscape architect's client or employer on account of such termination.

d. A professional landscape architect will not deliberately make a materially false statement or deliberately fail to disclose a material fact requested in connection with application for licensure or renewal of license.

e. A professional landscape architect will not assist in the application for licensure of a person known by the professional landscape architect to be unqualified with respect to education, training, experience or character.

f. A professional landscape architect possessing knowledge of a violation of these rules by another professional landscape architect will report the knowledge to the board.

1084.1(5) *Compliance with laws.*

a. A professional landscape architect will not, in the conduct of landscape architectural practice, knowingly violate any state or federal criminal law.

b. A professional landscape architect will neither offer nor make any payment to a government official (whether elected or appointed) with the intent of influencing the official's judgment in connection with a prospective or existing project in which the professional landscape architect is interested.

c. A professional landscape architect will comply with the licensure laws and regulations governing the landscape architect's professional practice in any United States jurisdiction.

1084.1(6) *Professional conduct.*

a. Each office maintained for the preparation of drawings, specifications, reports or other professional work will have a professional landscape architect regularly employed in or assigned to that office who has responsible control of such work.

b. A professional landscape architect will not sign or seal drawings, specifications, reports or other professional work for which the landscape architect does not have direct professional knowledge and direct supervisory control, provided, however, that in the case of the portions of professional work prepared by the landscape architect's consultants, licensed under this or another professional licensure law of this jurisdiction, the professional landscape architect may sign or seal that portion of the professional work if the landscape architect has reviewed that portion, has coordinated its preparation and intends to be responsible for its adequacy.

c. A professional landscape architect will neither offer nor make any gifts to any public official with the intent of influencing the official's judgment in connection with a project in which the professional landscape architect is interested. Nothing in this rule shall prohibit a professional landscape architect from providing landscape architect services as a charitable contribution.

d. A professional landscape architect will not engage in conduct involving fraud or wanton disregard of the rights of others.

1084.1(7) *Seal and certificate of responsibility.*

a. Each professional landscape architect will procure a seal with which to identify all technical submissions issued by the professional landscape architect for use in Iowa as provided in Iowa Code section 544B.12.

b. Description of seal. The diameter of the outside circle shall be approximately 1¾ inches. The seal will include the name of the professional landscape architect and the words "Professional Landscape Architect, State of Iowa." The professional landscape architect's Iowa license number will be included. The seal shall substantially conform to the sample shown below.

c. A legible rubber stamp, an electronic image or other facsimile of the seal may be used.

d. Each technical submission to a client or any public agency, hereinafter referred to as the official copy, will contain an information block on its first page or on an attached cover sheet with application of a seal by the professional landscape architect in responsible charge and an information block with application of a seal by each professional consultant contributing to the technical submission. The seal and original signature will be applied only to a final technical submission. Each official copy of a technical submission shall be stapled, bound or otherwise attached together so as to clearly establish the complete extent of the technical submission. Each information block shall display the seal of the individual responsible for that portion of the technical submission. The area of responsibility for each sealing professional will be designated in the area provided in the information block, so that responsibility for the entire technical submission is clearly established by the combination of the stated seal responsibilities. The information block shall substantially conform to the sample shown below:

SEAL License Expires:	I hereby certify that the portion of this technical submission described below was prepared by me or under my direct supervision and responsible charge. I am a duly licensed professional landscape architect under the laws of the state of Iowa. _____ Printed or typed name or secure electronic signature _____ Signature _____ Pages or sheets covered by this seal: _____ _____

e. The information requested in each information block must be typed or legibly printed in permanent ink or digital signature as defined in or governed by Iowa Code chapter 554D on each official copy. An electronic signature as defined in or governed by Iowa Code chapter 554D meets the signature requirements of this rule if it is protected by a security procedure, as defined in Iowa Code section 554D.103(14), such as digital signature technology. It is the licensee's responsibility to ensure, prior to affixing an electronic signature to a landscape architecture document, that security procedures are adequate to (1) verify that the signature is that of a specific person and (2) detect any changes that may be made or attempted after the signature of the specific person is affixed. The seal implies responsibility for the entire technical submission unless the area of responsibility is clearly identified in the information accompanying the seal.

f. It will be the responsibility of the professional landscape architect who signed the original submission to forward copies of all changes and amendments to the technical submission, which shall become a part of the official copy of the technical submission, to the public official charged with the enforcement of the state, county or municipal building code.

g. A professional landscape architect is responsible for the custody and proper use of the seal. Improper use of the seal shall be grounds for disciplinary action.

h. The seal appearing on any technical submission will be prima facie evidence that said technical submission was prepared by or under the responsible control of the individual named on that seal.

1084.1(8) *Communications.* A professional landscape architect will, when requested, respond to communications from the board within 30 days of the mailing of such communication by certified mail. Failure to respond to such communication may be grounds for disciplinary action against the professional landscape architect.

[**ARC 9157C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1084.2(544B,17A) Receipt of complaints. The board will receive and review all complaints that the board reasonably believes indicate that a licensee may have committed an act that is cause for disciplinary action.

1084.2(1) *Complaints.* Any person may file a complaint with the board charging that a licensee may have committed an act that is in violation of applicable law or rules. The complaint will be written and signed by the complainant and accompanied with substantial evidence indicating when, where, and how the licensee committed the violation. All complaints filed with the board will be privileged and held confidential pursuant to Iowa Code section 272C.6(4) by all board members, peer review committee members and staff. A person filing a complaint will receive immunities in accordance with Iowa Code section 272C.8.

1084.2(2) *Board-instigated complaints.* Upon presentation of evidence by a board member, the board's staff, or other state agency, the board may determine that a complaint should be opened and an investigation begun to determine if a licensee may have committed an act that is in violation of applicable law or rules.

[**ARC 9157C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1084.3(544B,17A) Peer review committee. At any point during the complaint procedure or the investigatory procedure and prior to determining whether probable cause exists that a violation has occurred, the board may appoint a peer review committee to assist the board in reaching its decision by conducting an investigation(s) of the complaint.

1084.3(1) *Makeup of the peer review committee.* The committee will consist of one or more professional landscape architects who are selected for their knowledge and experience in the particular aspect of landscape architecture involved in the complaint. The following are ineligible for membership:

a. Members of the board.

b. Close relatives of the alleged violator(s) or complainant.

c. Individuals employed by the same firm or governmental unit as the alleged violator or complainant.

1084.3(2) *Authority.* The committee's investigation will be limited to interviewing of complainants, the alleged violator, individuals with knowledge of the alleged violation, and individuals with knowledge of the alleged violator's reputation in the community. The committee may not hire legal counsel, investigators, secretarial help or any other assistants without written authorization from the board.

1084.3(3) *Compensation.* Committee members may receive per diem compensation equal to that received by board members for performing board duties. Committee members may be paid reasonable and necessary expenses that are incurred for travel, meals and lodging while performing committee duties within a budget limitation established by the board.

[**ARC 9157C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1084.4(544B,272C) Investigation report of complaints.

1084.4(1) *Board consideration of report to determine further action.* Upon completion of the investigation, the investigator(s) will prepare for the board's consideration a report containing the position or defense of the licensee so the board may determine what further action is necessary. The board may:

a. Order that the matter be further investigated.

b. Allow the licensee who is the subject of the complaint an opportunity to appear before the designated discipline committee for an informal discussion regarding the circumstances of the alleged violation.

c. Determine there is no probable cause to believe that a violation has occurred and close the case.

d. Determine there is probable cause to believe that a violation has occurred.

1084.4(2) *Informal discussion.*

a. An informal discussion is intended to provide a licensee an opportunity to share the licensee's account of a complaint in an informal setting before the board determines whether probable cause exists to initiate a disciplinary proceeding. A licensee is not required to attend an informal discussion. Because disciplinary investigations are confidential, the licensee cannot bring other persons to an informal discussion, but licensees may be represented by legal counsel.

b. Unless disqualification is waived by the licensee, board members or staff who personally investigate a disciplinary complaint are disqualified from making decisions or assisting the decision makers at a later formal hearing. Because board members generally rely upon investigators, peer review committees, or expert consultants to conduct investigations, the issue rarely arises. An informal discussion, however, is a form of investigation because it is conducted in a question-and-answer format. In order to preserve the ability of all board members to participate in board decision making and to receive the advice of staff, a licensee who desires to attend an informal discussion must therefore waive the right to seek disqualification of a board member or staff based solely on the board member's or staff's participation in an informal discussion. A licensee would not waive the right to seek disqualification on any other ground. By electing to attend an informal discussion, a licensee accordingly agrees that participating board members or staff are not disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision maker.

c. Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence.

[**ARC 9157C**, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/10/26]

481—1084.5(544B,272C) Dispensation. The board will make findings of fact and conclusions of law and may take one or more of the following actions:

1. Dismiss the charges.
2. Revoke the professional landscape architect's license.
3. Suspend the professional landscape architect's license as authorized by law.
4. Impose civil penalties, the amount of which will be set at the discretion of the board but will not exceed $1,000. Civil penalties may be imposed for any of the disciplinary violations of Iowa Code sections 544B.15, 272C.9(2), 272C.9(3), and 272C.10 and these rules or for repeated offenses.
5. Impose a period of probation, either with or without conditions.
6. Require reexamination, using one or more parts of the examination given to professional landscape architectural licensee candidates.
7. Require additional professional education, reeducation, or continuing education.
8. Issue a citation or warning.
9. Issue a consent order.
10. Accept voluntary surrender of license. Voluntary surrender of a license is considered a disciplinary action.

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CHAPTERS 1085 to 2000
Reserved

REAL ESTATE COMMISSION

CHAPTER 2001
ADMINISTRATION

[Prior to 6/15/88, see Real Estate Commission[700] Ch 1]
[Prior to 9/4/02, see 193E—Chs 2, 5, 7, 8]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2001.1(543B) Mission of the commission. The mission of the Iowa real estate commission is to protect the public through the examination, licensing, and regulation of real estate brokers, salespersons, and firms pursuant to Iowa Code chapter 543B, Real Estate Brokers and Salespersons; to administer Iowa Code chapter 543C, Sales of Subdivided Land Outside of Iowa; and to administer Iowa Code chapter 557A, Time-Shares.

The commission is a policymaking body with authority to promulgate rules for the regulation of the real estate industry consistent with all applicable statutes. Administrative support services are furnished by the professional licensing and regulation division of the department of inspections, appeals, and licensing. The commission or duly authorized representative may inspect subdivided land outside of Iowa pursuant to Iowa Code section 543C.4.

[**ARC 7763C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2001.2(543B) Correspondence and communications. Correspondence and communications with the commission should be addressed or directed to the commission office.

[**ARC 7763C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2001.3(543B) Meetings of the commission. Meetings of the commission are held at times scheduled by the commission in the offices of the commission or at a place designated by the commission. Special meetings may be called by the chairperson or executive officer of the commission, who sets the time and place of the meeting.

[**ARC 7763C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2001.4(543B) Custodian of records, filings, and requests for public information. Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026.

481—2001.5(543B) Investigation and subpoena. Commission rules regarding investigations and investigatory subpoenas may be found in 481—Chapter 2018 and in the model rules governing professional licensing division programs at 481—Chapters 500 through 507.

[**ARC 7763C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2001.6(543B) Impaired licensee review committees. Commission rules governing impaired licensee review committees may be found in the model rules governing professional licensing division programs at rule 481—505.5(272C).

[**ARC 7763C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 252J, 261, 272C and 543B.

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CHAPTER 2002
DEFINITIONS

[Prior to 6/15/88, see Real Estate Commission[700] Ch 2]
[Prior to 9/4/02, see 193E—1.1(543B) and 193E—2.2(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2002.1(543B) Definitions.

"Additional license" means any officer or partner license(s) issued based upon and dependent or contingent upon the primary or main officer or partner license, but assigned to a different corporation or partnership.

"Advance fees" means any fees charged for services to be paid in advance of the rendering of such services including, without limitation, any fees charged for listing, advertising, or offering for sale or lease any real property, but excluding any fees paid solely for advertisement in a newspaper of general circulation.

"Affiliated licensee" means a broker associate or salesperson, as defined in Iowa Code section 543B.5(5) and 543B.5(19), who is under the supervision of a broker.

"Agency disclosure" means the same as defined in Iowa Code section 543B.5(2).

"Applicant" means a person who has applied for or intends to apply for a real estate salesperson or real estate broker license.

"Application form" means the form furnished by the commission to be completed and submitted to apply for an original license as a real estate salesperson, real estate broker, real estate firm or trade name.

"Branch office license" means the same as "duplicate license" as used in Iowa Code section 543B.31.

"Broker" means any person holding an Iowa real estate broker license as defined in Iowa Code section 543B.3.

"Brokerage agreement" means the same as defined in Iowa Code section 543B.5(7).

"Broker associate" means the same as defined in Iowa Code section 543B.5(5).

"Buyer" includes a purchaser, tenant, vendee, lessee, party to an exchange, or grantee of an option. Selected rules in these chapters will at times refer separately to "buyers" and "tenants" to clarify licensees' duties and obligations.

"Client" means the same as defined in Iowa Code section 543B.5(9).

"Commercial" means property that is used exclusively for business purposes or to generate income and not intended for human inhabitants or property of more than four dwelling units.

"Commission" means the real estate commission.

"Common source information companies" means any individual, corporation, limited liability company, business trust, estate, trust, partnership, association, or any other legal entity (except any government or governmental subdivision or agency, or any officer or employee thereof acting in such individual's official capacity) that is a source, compiler, or supplier of information regarding real estate for sale or lease and other data and includes, but is not limited to, multiple listing services.

"Compensation" means payment to a broker or licensee for real estate services performed.

"Completed application" means an original or renewal application timely received with all necessary information, documents, signatures, fees or penalties.

"Confidential information" means information made confidential by statute, regulation, or express instructions from the client. Confidential information does not include "material adverse facts" as defined in Iowa Code section 543B.5(14). Confidential information includes, but is not limited to, the following:

1. Information concerning the client that, if disclosed to the other party, could place the client at a disadvantage when bargaining;
2. That the seller or landlord is willing to accept less than the asking price or lease price for the property;
3. That the buyer or tenant is willing to pay more than the asking price or lease price for the property;
4. The motivating factors for the party selling or leasing the property;

5. The motivating factors for the party buying or leasing the property;
6. That the seller or landlord will agree to sale, lease, or financing terms other than those offered;
7. That the buyer or tenant will agree to sale, lease, or financing terms other than those offered;
8. The seller's or landlord's real estate needs;
9. The buyer's or tenant's real estate needs;
10. The seller's or landlord's financial information, except that the seller's ability to sell and the landlord's ability to lease are considered a material fact;
11. The buyer's or tenant's financial qualifications, except that the buyer's ability to buy and the tenant's ability to lease are considered a material fact.

Confidential information is not disclosable unless one of the following applies:

1. The client to whom the information pertains provides informed written consent to disclose the information;
2. The disclosure is mandated by statute or regulation, or failure to disclose the information would constitute fraudulent representation;
3. The information is made public or becomes public by the words or conduct of the client to whom the information pertains or from a source other than the licensee; or
4. The disclosure is necessary to defend the licensee against an accusation of wrongful conduct in an actual or threatened judicial proceeding, an administrative proceeding before the commission, or in a proceeding before a professional committee.

"Consumer" means a person seeking or receiving real estate brokerage services.

"Contract between the buyer and seller" means an offer to purchase, a sales contract, an option, a lease-purchase option, an offer to lease, or a lease.

"Conviction" means the same as defined in Iowa Code section 543B.15(3).

"Customer" means the same as defined in Iowa Code section 543B.5(11).

"Designated broker" means the broker or broker associate designated as the person in charge of and responsible for supervision of a main office or branch office as defined in Iowa Code section 543B.5(11).

"Dual agent" means a licensee who, with the written informed consent of all the parties to a contemplated real estate transaction, has entered into a brokerage agreement with and therefore represents the seller and buyer or both the landlord and tenant in the same in-house transaction.

"Duplicate license" or *"replacement license"* means a license reissued for the remainder of a license term, at the written request of the broker, to replace a lost or destroyed license.

"Electronic format" means a record generated, communicated, received, or stored by electronic means, and is in a format that has the continued capability to be retrieved and legibly printed upon request.

"Examination" means a licensure examination necessary before issuance of a license.

"Examinee" means a person who has registered or intends to register to take a licensure examination.

"Filed" means that documents or application and fees are considered filed with the commission on the date postmarked, not the date metered, or on the date personally delivered to the commission office.

"Firm" means a licensed partnership, association, limited liability company, or corporation.

"Licensee" means the same as defined in Iowa Code section 543B.5(13).

"Listing broker" means the real estate broker who obtains a listing of real estate or of an interest in a residential cooperative housing corporation.

"Ministerial acts" means those acts that a licensee may perform for a consumer that are informative in nature and do not rise to the level of specific assistance on behalf of a consumer. For purposes of these rules, ministerial acts include but are not limited to the following:

1. Providing responses to general consumer inquiries—whether made via telephone, in person, or through digital communication—regarding the availability and pricing of brokerage services, as well as the price, location, condition as reflected on the seller's disclosure, and distinguishing features of specific properties;
2. Attending an open house and responding to general questions from a consumer about the facts and features of the property;
3. Setting an appointment to view property;
4. Accompanying an appraiser, inspector, contractor, or similar third party on a visit to a property;

5. Referring a person to another broker or service provider; or

6. A listing broker showing a property to a customer to which the listing broker has a brokerage agreement with a seller to the property.

"Moral turpitude" means an act of baseness, vileness, or depravity, in the private and social duties which a person owes to another person or to society in general, contrary to the accepted and customary rule of right and duty between person and person. It is conduct that is contrary to justice, honesty and good morals. Various factors may cause an offense which is generally not regarded as constituting moral turpitude to be regarded as such. A crime of moral turpitude as specified in Iowa Code section 543B.15(3) shall include without limitation forcible felonies as delineated in Iowa Code section 702.11.

"Original license" means the license of a salesperson, broker, or firm that covers the first term of licensure in Iowa. A license applied for and reissued after the final deadline for renewal of a license is also an original license.

"Primary license" or *"main license"* means the original license issued based upon examination, including any subsequent renewals or reinstatements of the license. Continuing education is necessary to renew to active status.

"Principal broker" means a broker who is either a real estate proprietor, a partner in a real estate partnership, or an officer in a real estate corporation.

"Real estate team" means two or more licensees assigned to the same broker, working together to provide real estate brokerage services and representing themselves to the public as a team.

"Renewal application form" means the form furnished by the commission to be completed and submitted to apply for renewal of a license as a real estate salesperson, real estate broker, real estate firm, branch office or trade name.

"Representative" means a person or entity representing the interests of the client, on the client's behalf, but that is not the agent or broker of the client.

"Residential" means properties that are used primarily for living purposes rather than for business or industrial use.

"Salesperson" means any person holding an Iowa real estate salesperson license as defined in Iowa Code section 543B.5(19).

"Seller" includes an owner, landlord, vendor, lessor, party to an exchange, or grantor of an option. Selected rules in these chapters will at times refer separately to "sellers" and "landlords" to clarify licensees' duties and obligations.

"Selling broker" means a real estate broker who finds and obtains a buyer in a transaction.

"Showing" means the act of a licensee providing a client physical or virtual access to a property that is being sold by a seller.

"Single agent" means a licensee who represents only one party in a real estate transaction. A single agent includes a broker and any affiliated broker associates or salespersons representing a party exclusively or nonexclusively, regardless of whether the single agent be all affiliated broker associates or salespersons, or only the identified broker associates or salespersons, or a group of identified broker associates or salespersons. A single agent may be one of the following:

1. "Seller's agent," which means a licensee who represents the seller in a real estate transaction;
2. "Landlord's agent," which means a licensee who represents the landlord in a leasing transaction;
3. "Buyer's agent," which means a licensee who represents the buyer in a real estate transaction; and
4. "Tenant's agent," which means a licensee who represents the tenant in a leasing transaction.

"Sole-proprietor broker" means an individual or single license broker who privately owns and manages a real estate company.

"Specific assistance" means any communication beyond casual conversation concerning the facts and features of a property which occurs prior to the point of discussing price range or any specific, financial qualifications of the buyer or tenant, or selling or buying motives or objectives of the seller or buyer, or tenant or landlord, or eliciting or accepting information involving a proposed or preliminary offer associated with a specific property, in which the person may unknowingly divulge any confidential personal or financial information, which, if disclosed to the other party, could harm the party's bargaining position. For the purposes of these rules, "specific assistance" does not include preliminary conversations

or "small talk" concerning location and property styles, or responses to general factual questions from a potential buyer or tenant concerning facts and features of properties which have been advertised for sale or lease.

"Status" means the condition of a real estate license. A license may be active, inactive, expired, suspended, revoked or canceled. "Inactive license" is defined in Iowa Code section 543B.5(12).

"Third party" means a person or entity that is not a client, is not a party to the transaction, and has no agency relationship to a real estate brokerage.

"Timely" means done or occurring at a reasonable time under the circumstances.

"Timely received" means postmarked, not metered, not later than midnight on the last date of the deadline specified by the Iowa Code or commission rules.

"Transaction" means the sale, exchange, purchase, or rental of, or the granting or acceptance of, an option to sell, exchange, purchase, or rent an interest in real estate, but excluding the subleasing of an interest in a residential cooperative housing corporation, when the leases are for one year or less.

"Type" means the category to which a broker license or firm license is issued. A broker license may be issued as a sole-proprietor broker, broker officer, broker partner, or broker associate. A firm license may be issued as a corporation, partnership or association.

"Undisclosed dual agent" means a licensee representing two or more clients in the same transaction whose interests are adverse without the knowledge and informed consent of the clients.

This rule is intended to implement Iowa Code chapters 17A, 272C and 543B.

[**ARC 7764C**, IAB 4/17/24, effective 5/22/24; **ARC 9481C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2003
BROKER LICENSE

[Prior to 6/15/88, see Real Estate Commission[700] Ch 3]
[Prior to 9/4/02, see 193E—2.10(543B) to 193E—2.12(543B) and 193E—3.3(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2003.1(543B) Broker licensure. An applicant is only eligible for a broker license by satisfying Iowa Code section 543B.15.

2003.1(1) An applicant for a real estate broker's license who has been convicted of a disqualifying criminal offense in a court of competent jurisdiction in this state or in any other state, territory, or district of the United States, or in any foreign jurisdiction, may be denied a license by the commission on the grounds of the conviction as provided by Iowa Code section 272C.15 and rule 481—502.2(272C).

2003.1(2) An applicant for a broker license may use active experience as a former Iowa salesperson or active salesperson experience in another state or jurisdiction, or a combination of both, to satisfy the experience requirement for a broker license under Iowa Code section 543B.15(7) only if the former Iowa salesperson or applicant from another state or jurisdiction was actively licensed for not less than 24 months and if the license on which the experience is based has not been expired for more than three years prior to the date the completed broker application with fee is filed with the commission.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2003.2(543B) License examination. Examinations for licensure as a real estate broker are conducted by the commission's authorized representative.

2003.2(1) *Testing service.* The commission will negotiate an agreement with a testing service relating to examination development, test scheduling, examination sites, grade reporting and analysis. The commission approves the form, contract, and method of administration. The examination is conducted in accordance with approved procedures formulated by the testing agency. Applicants register and pay examination fees directly to the testing service.

2003.2(2) *Requests for waiver.* The commission will consider each request for a waiver of commission rules or of the qualifications for licensure on an individual basis. The commission may require additional supporting information. If the applicant's experience or prelicense education is found to be less than equivalent to the statutory requirement, the commission may suggest methods of satisfying the deficiency. If a waiver is granted, the applicable examination must be passed before the end of the sixth month following the date of the waiver.

2003.2(3) *Eligibility to sit for examination.* An individual may only sit for the examination after meeting the qualifications set out in Iowa Code section 543B.15. An examinee is obligated to show one of the following at the examination site:

a. Evidence that prelicense education has been completed within the last two years.

b. The letter from the commission granting a waiver of prelicense education.

c. A written authorization from the commission for individuals planning to qualify under rule 481—2005.3(543B) or 481—2005.11(543B).

d. A written authorization from the commission for individuals planning to seek reinstatement of an expired license.

2003.2(4) *Failure to pass examination.* An examinee who takes an examination and fails is eligible to apply to retake the examination at any time the examination is offered by filing a new registration form and paying the examination fee, unless the qualifying time period for the prelicense education or granted waiver has expired.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2003.3(543B) Application for broker license. An applicant who applies for a broker's license will submit to the commission a completed application, license fee, proof of required education, and test score reports not later than the last working day of the sixth calendar month following the qualifying real estate

examination. As required by Iowa Code section 543B.15(9), the completed application must be received within 210 calendar days of the completion of the criminal history check.

2003.3(1) *Application contents.* The applicant for licensure attests to the accuracy of the detailed personal, financial, and business information concerning the applicant included on the application.

2003.3(2) *License terms.* Real estate broker, salesperson, trade name, branch office, and firm licenses are issued for a three-year term, counting the remaining portion of the year issued as a full year. Licenses expire on December 31 of the third year of the license term. Branch office licenses and trade name licenses are issued for the remaining portion of the license term of the license to which each is assigned.

2003.3(3) *Denial of application.* An application may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application does not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2003.4(543B) Broker continuing education.

2003.4(1) To renew a license in active status, each broker or broker associate completes a minimum of 36 hours of approved programs, courses or activities. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course or the four-hour ethics course.

2003.4(2) Brokers and broker associates complete approved courses in the following subjects to renew to active status, except in accordance with 481—Chapter 2016.

Law Update	8 hours
Ethics	4 hours
Electives	24 hours

2003.4(3) A license may be renewed in inactive status without the completion of continuing education. Prior to reactivating a license that has been issued inactive due to the licensee's failure to submit evidence of continuing education, the licensee submits an application to reactivate to active status with evidence that all deficient continuing education hours have been completed. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course or the four-hour ethics course.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; **ARC 9245C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2003.5(17A,272C,543B) Renewing a broker license. To remain authorized to act as a real estate broker, a broker renews a real estate license before the expiration date of the license. Brokers who fail to renew a real estate license before expiration are not authorized to practice as real estate brokers in Iowa. Termination of a broker's authority to practice real estate in Iowa automatically terminates the authority of all salespersons employed by or assigned to the broker.

2003.5(1) *Application forms.* Applications for renewal of a broker's license may be found on the commission's website. Brokers renew electronically. While the commission generally mails reminders to brokers in the November preceding license expiration, the failure of the commission to mail a reminder does not excuse the broker from the requirement to renew prior to the expiration of the license.

2003.5(2) *Qualifications for renewal.* The commission grants an application to renew a broker's license if:

a. The application is timely received by the commission by December 31, or within the 30-day grace period after expiration as provided by Iowa Code section 543B.28.

b. The application is accompanied by the regular renewal fee and, if received by the commission after midnight December 31 but prior to midnight January 30, is accompanied by a penalty of $25.

c. The application is fully completed with all necessary information, including proper disclosure of completed continuing education and errors and omissions insurance.

d. The application does not include grounds to deny a license, such as the revocation of a license in another jurisdiction or a criminal conviction.

2003.5(3) *Incomplete or untimely applications to renew.* Renewal applications received by the commission after midnight January 30 will be treated as applications to reinstate an expired license under rule 481—2003.6(272C,543B).

a. Applications to renew or reinstate a broker's license which are incomplete or which are not accompanied by the proper fee may be returned to the broker for additional information or fee.

b. Alternatively, the commission may retain the application, and notify the applicant that the application cannot be granted without further information or fee.

2003.5(4) *Insufficient continuing education.* Renewal applications which do not report completion of required continuing education, but which are otherwise timely and sufficient and accompanied with the proper fee, are renewed in inactive status. In the event of a factual dispute regarding the broker's intent to renew in inactive status or a broker's completion of continuing education, the commission may deny the application and provide the applicant with an opportunity for hearing according to the procedures set forth in 481—Chapter 506.

2003.5(5) *Denial of application to renew.* An application to renew may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application to renew does not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

2003.5(6) *Renewal of inactive or suspended license.* An inactive or suspended license expires if not timely renewed. The status of a license does not affect the requirement to renew.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2003.6(272C,543B) Reinstatement of an expired broker license. A real estate broker who fails to renew or file a completed renewal application by midnight January 30 of the first year following expiration may reinstate the license within three years of expiration by submitting a complete and sufficient application accompanied by the regular renewal fee and an additional reinstatement fee of $25 for each partial or full month following expiration. From the date of expiration to the date of reinstatement, the broker is not authorized to practice as a real estate broker in Iowa.

2003.6(1) *Continuing education.* A broker either fully satisfied all continuing education or has retaken and passed the broker examination to reinstate an expired broker license.

2003.6(2) *Starting over.* A broker who fails to reinstate an expired license by December 31 of the third year following expiration is treated as if the former broker had never been licensed in Iowa. Such a former broker starts over in the licensing process and must first qualify and apply for a salesperson license.

2003.6(3) *Denial of application.* An application may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application does not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

[**ARC 7765C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2004
SALESPERSON LICENSE

[Prior to 9/4/02, see 193E—2.10(543B), 193E—2.11(543B), 193E—3.2(543B), and 193E—3.3(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2004.1(543B) General criteria for salesperson license. A person who is licensed under and employed by or otherwise associated with a real estate broker or firm is a "salesperson" as defined in Iowa Code section 543B.5(20) and rule 481—2002.1(543B).

2004.1(1) An original application for a salesperson license cannot be issued to inactive status.

2004.1(2) If the license is transferred, as provided in rule 481—2006.2(543B), the salesperson may work immediately for the new broker.

2004.1(3) A salesperson is assigned to a licensed broker or firm and cannot conduct business independently.

2004.1(4) Except as provided in Iowa Code section 543B.21, an applicant for a salesperson license must meet all qualifications under Iowa Code section 543B.15.

2004.1(5) An applicant for a real estate salesperson license who has been convicted of a disqualifying criminal offense in a court of competent jurisdiction in this state or in any other state, jurisdiction, territory, or district of the United States, or in any foreign jurisdiction, may be denied a license by the commission on the grounds of the conviction as provided by Iowa Code section 272C.15 and rule 481—502.2(272C).

2004.1(6) An applicant for a real estate salesperson license who has had a professional license of any kind revoked in this or any other jurisdiction may be denied a license by the commission on the grounds of the revocation.

2004.1(7) Salesperson prelicense education requirements. As required by Iowa Code section 543B.15(8) and 481—Chapter 2016, the required course of study for the salesperson licensing examination consists of 60 live instruction or online learning hours of real estate principles and practices. To be eligible to take the examination, the 60 live education or online learning hours of real estate principles and practices are completed during the 12 months prior to taking the examination. The applicant will also provide evidence of successful completion of the following courses: 12 hours of Developing Professionalism and Ethical Practices, 12 hours of Buying Practices and 12 hours of Listing Practices. The prelicense education will expire after 12 months.

[**ARC 7766C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2004.2(543B) License examination. Examinations for licensure as a real estate salesperson are conducted by the commission or its authorized representative.

2004.2(1) *Testing service.* The commission will negotiate an agreement with a testing service relating to examination development, test scheduling, examination sites, grade reporting and analysis. The commission will approve the form, contract, and method of administration. The examination is conducted in accordance with approved procedures formulated by the testing service. Applicants register and pay examination fees directly to the testing service.

2004.2(2) *Requests for waiver.* The commission will consider each request for a waiver of commission rules or of the qualifications for licensure on an individual basis. The commission may require additional supporting information. If the applicant's prelicense education is found to be less than equivalent to the statutory requirement, the commission may suggest methods of satisfying the deficiency. If a waiver is granted, the applicable examination must be passed before the end of the sixth month following the date of the waiver.

2004.2(3) *Eligibility to sit for examination.* An individual may only sit for the examination after meeting the qualifications set out in Iowa Code section 543B.15. An examinee is obligated to show one of the following at the examination site:

a. Evidence that 60 live education or online learning hours of real estate principles and practices have been completed.

b. A letter from the commission granting a waiver of prelicense education.

c. A written authorization from the commission for individuals planning to qualify under rule 481—2005.3(543B) or 481—2005.11(543B).

2004.2(4) *Failure to pass examination.* An examinee who takes an examination and fails is eligible to apply to retake the examination at any time the examination is offered by filing a new registration form and paying the examination fee, unless the qualifying time period for the prelicense education or waiver granted has expired.

[**ARC 7766C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2004.3(543B) Application for salesperson license. An applicant who passes a qualifying examination and applies for a license must file with the commission a completed application with license fee, proof of required education, and test score report not later than the last working day of the sixth calendar month following the qualifying real estate examination. As required by Iowa Code section 543B.15(9), the completed application must be received within 210 calendar days of the completion of the criminal history check.

2004.3(1) *Application contents.* The application includes detailed personal, financial, and business information concerning the applicant, and the applicant for licensure attests to its accuracy.

2004.3(2) *License terms.* A salesperson license is issued for a three-year term, counting the remaining portion of the year issued as a full year. Licenses expire on December 31 of the third year of the license term.

2004.3(3) *Denial of application.* An application may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application does not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

[**ARC 7766C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2004.4(543B) Salesperson continuing education requirements.

2004.4(1) As a requirement of license renewal in active status, each salesperson completes a minimum of 36 hours of approved programs, courses or activities. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course or the four-hour ethics course.

2004.4(2) Salespersons renewing licenses shall complete approved courses in the following subjects to renew to active status, except in accordance with 481—Chapter 2016.

Law Update . . . . . 8 hours
Ethics. . . . . 4 hours
Electives. . . . . 24 hours

2004.4(3) A salesperson license may be renewed to inactive status without completion of continuing education. Prior to reactivating a license that has been issued inactive due to failure to submit evidence of continuing education, the licensee must submit evidence that all deficient continuing education hours have been completed. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course or the four-hour ethics course.

[**ARC 7766C**, IAB 4/17/24, effective 5/22/24; **ARC 9246C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2004.5(543B) Renewing a license. To remain authorized to act as a real estate salesperson, a salesperson must renew a real estate license before the expiration date of the license. Salespersons who fail to renew a real estate license before expiration are not authorized to practice as real estate salespersons in Iowa.

2004.5(1) *Application forms.* Applications for renewal of a salesperson license may be found on the commission's website. Salespersons will renew electronically. While the commission generally mails reminders to salespersons in the November preceding license expiration, the failure of the commission to mail a reminder does not excuse the salesperson from the requirement to timely renew.

2004.5(2) *Qualifications for renewal.* The commission shall grant an application to renew a salesperson license if:

a. The application is timely received by the commission by December 31, or within the 30-day grace period after expiration as provided by Iowa Code section 543B.28.

b. The application is accompanied by the regular renewal fee and, if received by the commission after midnight December 31, but prior to midnight January 30, is accompanied by a penalty of $25.

c. The application is fully completed with all necessary information, including proper disclosure of required continuing education and errors and omissions insurance.

d. The application fails to reveal grounds to deny a license, such as a criminal conviction or the revocation of a license in another jurisdiction.

2004.5(3) *Incomplete or untimely applications to renew.* Renewal applications received by the commission, or postmarked, after midnight January 30 shall be treated as applications to reinstate an expired license under rule 481—2004.6(272C,543B).

a. Applications to renew or reinstate a salesperson license which are incomplete or which are not accompanied by the proper fee may be returned to the salesperson for additional information or fee.

b. Alternatively, the commission may retain the application and notify the applicant that the application cannot be granted without further information or fee.

2004.5(4) *Insufficient continuing education.* Renewal applications which do not report completion of required continuing education, but which are otherwise timely and sufficient and accompanied with proper fee, shall be renewed in inactive status. In the event of a factual dispute regarding the salesperson's intent to renew in inactive status or a salesperson's compliance with continuing education requirements, the commission may deny the application and provide the applicant with an opportunity for hearing according to the procedures set forth in 481—Chapter 506 and rule 481—2018.13(543B).

2004.5(5) *Denial of application to renew.* An application to renew may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application to renew shall not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

2004.5(6) *Renewal of inactive or suspended license.* An inactive or suspended license must be timely renewed or it shall expire. The status of a license does not affect the requirement to renew.

[**ARC 7766C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2004.6(272C,543B) Reinstatement of an expired salesperson license. A real estate salesperson who fails to renew or fails to file a complete renewal application form by midnight January 30 of the first year following expiration may reinstate the license within three years of expiration by submitting a complete and sufficient application accompanied by the regular renewal fee and an additional reinstatement fee of $25 for each partial or full month following expiration. From the date of expiration to the date of reinstatement, the salesperson is not authorized to practice as a real estate salesperson in Iowa.

2004.6(1) *Continuing education.* An application to reinstate an expired salesperson license must report that the salesperson either fully satisfied all required continuing education or has retaken and passed the salesperson examination. A salesperson holding an expired license who wishes to retake the salesperson examination must obtain written authorization from the commission to show at the examination site.

2004.6(2) *Deposit of reinstatement fees.* Reinstatement fees collected under this rule shall be transmitted to the treasurer's office and credited to the education fund established in Iowa Code section 543B.54.

2004.6(3) *Starting over.* A salesperson who fails to reinstate an expired license by December 31 of the third year following expiration shall be treated as if the former salesperson had never been licensed in Iowa. Such a former salesperson must start over in the licensing process and qualify and apply for a salesperson license.

2004.6(4) *Denial of application.* An application may be denied on the grounds provided in Iowa Code chapter 543B and in 481—Chapter 506. The administrative processing of an application shall not prevent the later initiation of a contested case to challenge a licensee's qualifications for licensure.

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These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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CHAPTER 2005
LICENSEES OF OTHER JURISDICTIONS AND RECIPROCITY

[Prior to 9/4/02, see 193E—2.3(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2005.1(543B) Licensees of other jurisdictions. As provided in Iowa Code section 543B.21, a nonresident of this state may be licensed as a real estate broker or a real estate salesperson upon complying with all the provisions and conditions of Iowa Code chapter 543B and commission rules relative to resident brokers or salespersons.

2005.1(1) A person licensed in another state or jurisdiction making application in Iowa by reciprocity or as provided in rule 481—2005.3(543B) or 481—2005.11(543B) may qualify for a salesperson license in Iowa.

2005.1(2) A person licensed as a broker or broker associate in another state or jurisdiction making application in Iowa by reciprocity or as provided in rule 481—2005.3(543B) or 481—2005.11(543B) may qualify for the same type of broker or broker associate license in Iowa. The person meets all criteria for an Iowa broker license as provided in rule 481—2003.1(543B). If the person does not meet the criteria, the person may qualify for a salesperson license if the person meets, at a minimum, the criteria for an Iowa salesperson license as provided in 481—Chapter 2004.

2005.1(3) A person may only perform activities in Iowa as provided by Iowa Code chapter 543B after qualifying for and being issued a real estate license.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.2(543B) Nonresident application. Each applicant under rule 481—2005.3(543B) or under a reciprocal licensing agreement or memorandum applies on forms provided by the commission under Iowa Code section 543B.16. The application includes but is not limited to a certification of license from the state of original licensure containing all information required by Iowa Code section 543B.21 and an affidavit certifying that the applicant has reviewed and is familiar with and will be bound by the Iowa real estate license law and the rules of the commission.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.3(543B) License by examination. A nonresident applicant licensed as a real estate salesperson or broker in a state or jurisdiction which does not have a reciprocal licensing agreement or memorandum with Iowa, or an applicant who does not qualify for reciprocal licensing, may be issued a comparable Iowa license by passing the real estate examination under the following circumstances:

2005.3(1) Broker. The person has been actively licensed as a broker or broker associate, the person meets all criteria for an Iowa broker's license as provided in rule 481—2003.1(543B), and the license has not been inactive or expired for more than six months immediately preceding the date of passage of the national portion and Iowa portion of the broker real estate examination.

2005.3(2) Salesperson. The person has been actively licensed as a salesperson and the license has not been inactive or expired for more than six months immediately preceding the date of passage of the Iowa portion of the salesperson real estate examination.

2005.3(3) The applicant submits a written request for authorization to sit for the appropriate examination.

2005.3(4) The applicant submits certification of the applicant's current qualifying license from the licensing authority that issued the license.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.4(543B) Licensure by reciprocity. The commission may, as provided in Iowa Code section 543B.21, enter into specific written reciprocal licensing agreements or memorandums with other individual states or jurisdictions having similar licensing criteria and grant an Iowa license to licensees from

those states or jurisdictions on the same basis as Iowa licensees are granted licenses by those states or jurisdictions.

2005.4(1) The applicant is not a resident of Iowa.

2005.4(2) A license issued pursuant to this rule is based upon a nonresident salesperson or broker license issued by examination.

2005.4(3) A license issued pursuant to this rule is assigned to the same broker or firm as the nonresident license upon which it is based.

2005.4(4) If an applicant establishes residency in Iowa, that person does not qualify for licensure by reciprocal licensing agreement or memorandum.

2005.4(5) An Iowa license issued by reciprocity is based upon the nonresident license issued by examination in that other state or jurisdiction and is issued to the same broker and location as the nonresident license. The nonresident broker and firm, if applicable, must also be licensed in Iowa.

2005.4(6) A reciprocity agreement or memorandum of understanding is only a method to apply for licensure and does not grant any exception to mandatory license laws of Iowa or the other state or jurisdiction.

2005.4(7) An Iowa licensee wishing to obtain a license in any other state or jurisdiction should contact that state's or jurisdiction's licensing board for information and applications.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.5(543B) Renewal of a license issued by reciprocity. All renewal criteria for a real estate broker or salesperson license issued by examination apply to a license issued by reciprocity.

Continuing education reciprocity is specifically provided for in the reciprocal license agreement or memorandum, or in a separate reciprocal continuing education agreement or memorandum.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.6(543B) Reinstatement of a license issued by reciprocity. All reinstatement criteria for a real estate broker license or salesperson license issued by examination apply to a license issued by reciprocity.

2005.6(1) Starting over. A broker or salesperson who fails to file a complete application to reinstate an expired license by midnight December 31 of the third year following expiration is treated as if the former broker or salesperson had never been licensed in Iowa.

2005.6(2) A broker or salesperson must qualify for reciprocity in order to reinstate an expired reciprocal broker or salesperson license.

2005.6(3) If the broker or salesperson has moved into Iowa and no longer qualifies for reciprocity, the expired license is reinstated in the same manner as a license issued by examination as provided in rule 481—2003.6(272C,543B) for brokers and rule 481—2004.6(272C,543B) for salespersons.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.7(543B) Nonresident real estate offices and licenses required. All nonresident applicants for licensure in Iowa shall qualify for and obtain a license pursuant to Iowa Code section 543B.2(2) and rule 481—2007.1(543B).

2005.7(1) If the applicant is a broker associate or salesperson of a nonresident broker, the nonresident employing broker must have an Iowa broker license.

2005.7(2) If the applicant is employed by or otherwise associated with a nonresident real estate firm as defined in rule 481—2002.1(543B), that firm must apply and qualify for an Iowa license.

a. No firm as defined in rule 481—2002.1(543B) may be granted an Iowa license unless at least one member or officer of the firm applies for and is granted an Iowa broker license.

b. Every member or officer of the firm and every employee or associated real estate licensee who acts as a real estate broker, broker associate, or salesperson in Iowa must apply for and be granted an Iowa license.

2005.7(3) As provided by Iowa Code section 543B.22, a nonresident broker or firm is not obligated to maintain a definite place of business in Iowa if that broker or firm maintains an active place of business within the resident state or jurisdiction.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.8(543B) Actions against nonresidents. The application for a nonresident license is accompanied by an executed irrevocable written consent to suits and actions at law or in equity as provided in Iowa Code section 543B.23.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.9(543B) Nonresident continuing education. Nonresident licensees shall fully comply with all continuing education unless a separate education agreement is in place between Iowa and the nonresident state or jurisdiction.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.10(543B) License discipline reporting. If an Iowa licensee has a real estate license disciplined, suspended or revoked by any other state or jurisdiction, that disciplinary action will be considered prima facie evidence of violation of Iowa Code section 543B.29 or 543B.34 or both, and a hearing may be held to determine whether similar disciplinary action should be taken against the Iowa licensee. Failure to notify the commission within 15 days of an adverse action taken by another state or jurisdiction is cause for disciplinary action.

[**ARC 7767C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2005.11(543B) Licensure by verification. A person licensed in another state or jurisdiction may qualify for an Iowa salesperson or broker license through verification by making application as provided in rule 481—501.1(272C). In addition to all requirements provided by rule 481—501.1(272C), an applicant for a license through verification shall also submit to the commission proof of passing the Iowa portion of the salesperson or broker real estate examination.

2005.11(1) *License terms.* Once the applicant submits an approved application and appropriate licensing fees, a license will be issued for a three-year term, counting the remaining portion of the year issued as a full year. Licenses expire on December 31 of the third year of the license term.

2005.11(2) Reserved.

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CHAPTER 2006
TERMINATION AND TRANSFER
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2006.1(543B) Terminating employment or association. When a licensee is discharged by the affiliated broker or the licensee terminates the employment or association with the affiliated broker, the licensee immediately ceases all activities that need an active real estate license until such time as a new affiliated broker makes written request for the license and the license is reassigned to the new affiliated broker.

2006.1(1) When a broker discharges a salesperson or broker associate, the broker complies with all criteria of Iowa Code section 543B.33. The releasing broker makes a reasonable effort to ensure that an application to inactivate the licensee is submitted electronically to the commission within 72 hours of the discharge date.

2006.1(2) The licensee may terminate the employment or association by providing written notice to the affiliated broker advising the effective date of the termination and requesting that the license be immediately returned to the commission. The affiliated broker cannot refuse to comply with the request. The releasing broker makes every reasonable effort to ensure that the commission receives the electronic application within 72 hours of the termination date.

[**ARC 7768C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2006.2(543B) Transfer of license and necessary transfer application. All requests for transfer of license are made on the necessary electronic application for license transfer available from the commission. The license transfer application is only used for transferring the license from the affiliated broker to a new affiliated broker. This transfer application is only to be used if the transferring licensee has obtained the necessary information from the new affiliating broker. The license transfer application cannot be used for licensees who are terminated or who quit prior to obtaining a new affiliating broker. The transfer application cannot be backdated to a new affiliated broker.

2006.2(1) The license transfer process involves three steps, and each step needs to be correctly completed to qualify as a valid transfer. The steps are as follows:

a. The transferring licensee submits the electronic transfer application available from the commission.

b. Both the new affiliating broker and releasing broker electronically approve the transfer request within 48 hours of receiving notification from the commission of the transfer request.

c. The electronic transfer application is approved and issued by the commission.

2006.2(2) Transfer effective date. The effective date of the transfer is the date of approval and issuance from the commission.

[**ARC 7768C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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CHAPTER 2007
OFFICES AND MANAGEMENT

[Prior to 9/4/02, see 193E—Ch 1 and 193E—2.14(543B) to 193E—2.17(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2007.1(543B) Real estate offices and licenses needed.

2007.1(1) Every Iowa resident real estate firm or self-employed broker maintains an office as provided in Iowa Code section 543B.31.

A nonresident Iowa real estate broker or firm is not obligated to maintain a definite place of business within Iowa as provided in Iowa Code section 543B.22.

2007.1(2) Sharing office space. It is acceptable for more than one broker to operate in an office at the same address if each broker maintains all records and trust accounts separate from all the others. Each broker operates under a business name, which clearly identifies the broker as an individual within the group of brokers.

2007.1(3) Branch office. A licensed Iowa real estate firm or sole-proprietor broker maintaining a branch office displays a commission-issued branch office license in that location. The branch office license is issued in the name of the firm or sole-proprietor broker and includes the license number and the physical address of the branch office. The branch office license is issued at a reduced fee and has the same expiration date of the primary license.

2007.1(4) When a real estate brokerage firm closes, the principal broker or a designated representative follows procedures as provided in 481—Chapter 2008.

2007.1(5) A licensed officer of a corporation or partnership may be licensed as an officer or partner of more than one corporation or partnership. The main or primary license for which the full license fee was paid is maintained in active status to keep any additional licenses that were issued at a reduced fee active and in effect. A broker officer licensed to more than one corporation or partnership may be the designated broker of more than one corporation or partnership.

Continuing education is needed only for renewal of the main or primary license.

2007.1(6) When a branch office closes, notice in writing, electronically or otherwise, shall be given to the commission.

2007.1(7) Each actively licensed broker associate and salesperson is licensed under a broker.

2007.1(8) A broker associate or salesperson may not be licensed under more than one broker during the same period of time.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.2(543B) Notification needed.

2007.2(1) Partnerships, associations, and corporations are obligated to obtain a license before acting as a real estate broker. Failure of a broker to inform the commission in writing, electronic or otherwise, within five working days that the broker has formed a new partnership, association or corporation, or has changed the type of the business, is prima facie evidence of a violation of Iowa Code section 543B.1.

2007.2(2) Failure of a broker to inform the commission in writing, electronic or otherwise, within five working days of a change in type of license as sole-proprietor broker, partner, officer or broker associate is prima facie evidence of a violation of Iowa Code sections 543B.1 and 543B.29(1).

2007.2(3) Failure of a broker to inform the commission in writing, electronic or otherwise, within five working days of a change of address of a proprietorship, partnership, or corporation is prima facie evidence of a violation of Iowa Code section 543B.32.

2007.2(4) Failure of a broker to return a license electronically to the commission office to ensure that it is received within 72 hours after a salesperson or broker associate is discharged or terminates employment is prima facie evidence of a violation of Iowa Code section 543B.33.

2007.2(5) Failure of a licensee to inform the commission in writing, electronic or otherwise, within five working days of a change of residence address or mailing address is prima facie evidence of a violation of Iowa Code sections 543B.16 and 543B.18.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.3(543B) Suspended and revoked licenses.

2007.3(1) As of the effective date of a suspended or revoked license, the licensee cannot engage in any activity that needs a real estate license as defined in Iowa Code chapter 543B.

2007.3(2) When a sole-proprietor broker, corporation or partnership license is suspended or revoked, all licensees associated with or assigned to that sole-proprietor broker, corporation or partnership are automatically placed on inactive status for the duration of the suspension or revocation, unless transferred to another sole-proprietor broker, corporation or partnership.

a. When a suspension or revocation is determined, the commission also determines whether the corporation or partnership license is automatically canceled.

b. If the broker whose license is suspended or revoked is the only licensed broker officer of a corporation, the corporation license will automatically be canceled.

2007.3(3) A licensee whose license is suspended or revoked may receive compensation during the period of suspension or revocation only for those acts performed and for which compensation was earned when the person was actively licensed prior to the effective date of the suspension or revocation.

This rule does not determine if a licensee is entitled to compensation; such entitlement would depend upon the licensee's written employment or association agreement with the former affiliated broker and is a matter of contract law.

2007.3(4) All brokerage and property management agreements are canceled by the broker whose license is suspended or revoked upon receipt of the order of revocation or suspension and prior to the effective date of the order.

a. The seller or landlord, or buyer or tenant, are advised that the seller or landlord, or buyer or tenant, may enter into a brokerage agreement with another broker of choice.

b. A broker whose license is suspended or revoked cannot sell or assign brokerage or management agreements to another broker without the written consent of the client, and any sale or assignment of brokerage or management agreements are completed prior to the effective date of the order.

2007.3(5) A broker whose license is suspended or revoked cannot finalize any pending closings. This responsibility is given to another broker, an attorney, a financial institution, or an escrow company.

a. Transfer of this responsibility is done with the written approval of all parties to the transaction.

b. All parties to the transaction are advised of the facts concerning the situation and are provided the name, address, and telephone number of the responsible entity where all trust and escrow moneys will be held, with the written approval of all parties.

2007.3(6) A broker whose license is suspended or revoked is barred from advertising real estate in any manner as a broker. All advertising, including but not limited to signs, is removed or covered within ten calendar days after the effective date of the suspension or revocation.

The real estate brokerage telephone is not answered in any manner to indicate the broker is active in the real estate business.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.4(543B) Barred practices. For purposes of this rule, only the term "real estate licensee" means "real estate broker or real estate salesperson" as defined in Iowa Code chapter 543B. A licensee participating in any of the practices described in this rule is deemed to be engaging in unethical conduct and a practice harmful or detrimental to the public within the meaning of Iowa Code section 543B.29(1).

2007.4(1) An arrangement in which a real estate licensee needs or conditions, in connection with the sale of a lot, that the real estate licensee receive from the homebuilder an exclusive right to sell or list the house to be constructed on the lot.

2007.4(2) An arrangement in which a real estate licensee agrees to sell lots on behalf of a developer on the condition that the developer obligates each homebuilder purchasing such a lot to list the house to be constructed with the real estate licensee.

2007.4(3) An arrangement in which a real estate licensee, in connection with the sale of a lot to a consumer or homebuilder, obligates the consumer or homebuilder to pay compensation on the value of the house to be constructed on the lot.

2007.4(4) Any arrangement pursuant to which the sale of real estate to a prospective purchaser is conditioned upon the listing of real estate owned by the prospective purchaser with the real estate licensee.

2007.4(5) An arrangement in which a real estate licensee, in connection with the sale of a lot to a consumer, obligates the consumer to use a specified homebuilder to build the house to be constructed on the lot.

2007.4(6) Any arrangement in which a real estate licensee enters into an agreement with a mortgage broker, bank, savings and loan, or other financial institution pursuant to which the making of a loan is directly or indirectly conditioned upon payment of compensation to the real estate licensee.

2007.4(7) Any arrangement pursuant to which a real estate licensee who is affiliated with a mortgage broker, bank, savings and loan association or other financial institution benefits from the practice by the affiliated financial institution of granting mortgage loans or any other loan or financial services or the availability of other benefits directly or indirectly conditioned upon the use of the real estate services of the affiliated licensee.

2007.4(8) Any arrangement barred by Iowa Code section 543B.60A.

This rule is intended only to regulate the licensing of real estate licensees in the state of Iowa. This rule is not intended nor should it be interpreted to supplant Iowa Code chapter 553 (Iowa Competition Law) or as authorizing or approving business practices which are not specifically barred in this rule. The commission, upon receipt of any formal written complaint filed against a licensee alleging a violation of this rule, in addition to evaluating such complaint for license revocation or suspension under Iowa Code chapter 543B, forwards a copy of such complaint to the attorney general of the state of Iowa and to the United States Attorney for investigation and appropriate action.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.5(543B) Loan finder fees. The acceptance of a fee or anything of value by a real estate licensee from a lender or financing company for the referral or steering of a client to the lender for a loan is considered not in the best interest of the public and constitutes a violation of Iowa Code sections 543B.29(3) and 543B.34(8).

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.6(543B) Lotteries barred. Licensees cannot engage in lotteries and schemes of sales involving selling of certificates, chances or other devices, whereby the purchaser is to receive property to be selected in an order to be determined by chance or by some means other than the order of prior sale, or whereby property more or less valuable will be secured according to chance or the amount of sales made, or whereby the price will depend upon chance or the amount of sales made, or whereby the buyer or tenant will not receive, rent, or lease any property. Such activities are declared to be methods by reason of which the public interests are endangered.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.7(543B) Broker needed to furnish progress report. After an offer to buy has been made by a buyer and accepted by a seller, either party may demand at reasonable intervals and the broker furnishes a detailed statement showing the current status of the transaction.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.8(543B) Disclosure of licensee interest, acting as a principal, and status as a licensee. A licensee cannot act in a transaction on the licensee's own behalf, on behalf of the licensee's immediate family, or on behalf of the brokerage, or on behalf of an organization or business entity in which the licensee has an interest, unless the licensee provides written disclosure of that interest to all parties to the transaction in accordance with Iowa Code section 543B.56(3)*"b."* Disclosure obligated under this rule is made at the time of or prior to the licensee's providing specific assistance to the party or parties to the transaction. Copies of the disclosure may be provided in person, electronically or by mail, as soon

as reasonably practical. If no specific assistance is provided, disclosure is provided prior to the parties' forming a legally binding contract, either prior to an offer made by the buyer or tenant or prior to an acceptance by the seller or landlord, whichever comes first.

2007.8(1) *Licensee acting as a principal.* A licensee cannot acquire any interest in any property, directly or indirectly, nor can the licensee sell any interest in which the licensee, directly or indirectly, has an interest without first making written disclosure of the licensee's true position clear to the other party. Satisfactory proof of this disclosure is produced by the licensee upon request of the commission. Whenever a licensee is in doubt as to whether an interest, relationship, association, or affiliation obligates disclosure under this rule, the safest course of action is to make the written disclosure.

2007.8(2) *Status as a licensee.* Before buying, selling, or leasing real estate as described above, the licensee discloses in writing any ownership, or other interest, which the licensee has or will have and the licensee's status to all parties to the transaction. An inactive status license does not exempt a licensee from providing the obligated disclosure.

2007.8(3) *Dual capacity.* The licensee does not act in a dual capacity of agent and undisclosed principal in any transaction.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.9(543B) Financial interest disclosure needed. A licensee who has any affiliated business arrangement or relationship with any provider of settlement services, as defined below, and directly or indirectly refers business to that provider or affirmatively influences the selection of that provider discloses the arrangement and any financial interest to the person whose business is being referred or influenced. The obligated disclosure is acknowledged by the separate signatures of the person or persons whose business is being referred or influenced. The disclosure is given and signed before or at substantially the same time that the business is referred or the provider is selected. If the disclosure is made on a separate form, the licensee retains a copy of the signed disclosure in the transaction file for a period of five years after the execution.

2007.9(1) An affiliated business arrangement means an arrangement in which a real estate licensee, or an associate of a real estate licensee, has either an affiliate relationship with or a direct or beneficial ownership interest of more than 1 percent in the business entity providing the service or product.

a. An associate means one who has one or more of the following relationships with a real estate licensee:

(1) A spouse, parent, or child of a real estate licensee;

(2) A corporation or business entity that controls, is controlled by, or is under common control with a real estate licensee;

(3) An employee, officer, director, partner, franchiser or franchisee of a real estate licensee; or

(4) Anyone who has an agreement, arrangement or understanding with a real estate licensee or brokerage, the purpose or substantial effect of which is to enable the real estate licensee to refer for any service, settlement service, or business or product related to the transaction and to benefit financially from the referral of that business.

b. Settlement services include services in connection with a real estate transaction including, but not limited to, the following: mortgage or other financing; title searches; title examinations; the provisions of title certificates, title insurance, hazard insurance; services rendered by an attorney; the preparation of documents; property surveys; the rendering of credit reports or appraisals; pest, fungus, mechanical or other inspections; services rendered by a real estate agent or broker; and the handling of the processing and closing of settlement.

c. An affiliated business arrangement does not include an arrangement in which a real estate licensee, or an associate of a real estate licensee, gives or pays undisclosed compensation in a transaction to any other licensee for a referral to provide real estate brokerage services, including franchise affiliates, if there is no direct or beneficial ownership interest of more than 1 percent in the business entity providing the service. Referral fees or compensation paid by a licensee to another licensee under these conditions are exempted from the disclosure criteria.

2007.9(2) No particular language is needed for the disclosure. To assist real estate licensees and the public, the commission recommends the following sample language:

DISCLOSURE OF REFERRAL OF BUSINESS

I understand that ___(name of real estate licensee)____ has an affiliate relationship with or owns an interest in ____(name of company to which business is being referred)___ and is also recommending that I employ this company for _____(type of service)_____.

I understand that ____(name of real estate licensee)_____ may earn financial benefits from my use of this company. I understand that I am not obligated to use this company, and may select a different company if I wish to do so. This form has been fully explained to me and I have received a copy.

(Date) (Signature of person whose business is being referred)

2007.9(3) The term "franchise" has the same meaning as set forth in 24 CFR Chapter XX, Section 3500.15(c) as of April 1995.

2007.9(4) The term "affiliate relationship" means the relationship among business entities where one entity has effective control over the other by virtue of a partnership or other agreement or is under common control with the other by a third entity or where an entity is a corporation related to another corporation as parent to subsidiary by an identity of stock ownership.

2007.9(5) The term "beneficial ownership" means the effective ownership of an interest in a provider of settlement services or the right to use and control the ownership interest involved even though legal ownership or title may be held in another person's name.

2007.9(6) The term "direct ownership" means the holding of legal title to an interest in a provider of settlement services except where title is being held for the beneficial owner.

2007.9(7) The term "control" as used in the definition of "affiliate relationship" means that a person:

a. Is a general partner, officer, director, or employer of another person;

b. Directly or indirectly or acting in concert with others, or through one or more subsidiaries, owns, holds with power to vote, or holds proxies representing more than 20 percent of the voting interests of another person;

c. Affirmatively influences in any manner the election of a majority of the directors of another person; or

d. Has contributed more than 20 percent of the capital of the other person.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.10(543B) Agency-designated broker responsibilities. The following conditions and circumstances, together with the education and experience of licensed and unlicensed employees and independent contractors, is considered when determining whether or not the designated broker has met the supervisory responsibilities as set forth by Iowa Code section 543B.62(3)*"b."*

2007.10(1) When making a determination, the commission may consider, but is not limited to consideration of, the following:

a. Availability of the designated broker/designee to assist and advise regarding brokerage-related activities;

b. General knowledge of brokerage-related staff activities;

c. Availability of quality training programs and materials to licensed and unlicensed employees and independent contractors;

d. Supervisory policies and practices in the review of competitive market analysis, listing contracts, sales contracts and other contracts or information prepared for clients and customers;

e. Frequency and content of staff meetings;

f. Written company policy manuals for licensed and unlicensed employees and independent contractors;

g. Ratio of supervisors to licensed employees and independent contractors; and

h. Assignment of an experienced licensee to work with new licensees.

2007.10(2) The designated broker disseminates, in a timely manner, to licensed employees and independent contractors all regulatory information received by the brokerage pertaining to the practice of real estate brokerage.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2007.11(543B) Supervision needed. An employing or affiliated broker is responsible for providing supervision of any salesperson or broker associate employed by or otherwise associated with the broker as a representative of the broker. The existence of an independent contractor relationship or any other special compensation arrangement between the broker and the salesperson or broker associate does not relieve either the broker or the salesperson or broker associate of duties, obligations or responsibilities obligated by law.

2007.11(1) Each salesperson and broker associate keeps the broker fully informed of all activities being conducted on behalf of the broker in accordance with Iowa Code section 543B.62(3)*"b."*

2007.11(2) The activities of a salesperson or broker associate acting as a principal in the sale, lease, rental, or exchange of property owned by the licensee could impact the salesperson's or broker associate's license and the license of the employing or affiliated broker.

a. When a licensee is acting as a principal, the licensee keeps the employing or affiliated broker fully informed of all activities.

b. While this rule does not obligate that a licensee list property owned by the licensee with the employing or affiliated broker, the broker may obligate as a condition of employment or affiliation that the licensee list the property with the employing or affiliated broker or pay compensation.

2007.11(3) A broker associate means the same as defined in Iowa Code section 543B.5(5) and rule 481—2002.1(543B). A broker associate is subject to the provisions of Iowa Code sections 543B.24 and 543B.33 and commission rules pertaining to salespersons during the time the broker remains a broker associate.

2007.11(4) A broker who sponsors a salesperson during the salesperson's first year of licensure must be able to demonstrate that the broker has the time available and experience necessary to adequately supervise an inexperienced salesperson.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.12(543B) Compensation controversies. The commission will not and is not authorized by law to consider or conduct hearings involving disputes over fees or compensation between cooperating brokers, salespersons, and other brokers.

2007.12(1) A former employing or affiliated broker may pay compensation directly to a broker associate or salesperson who is presently assigned to another broker or firm, or whose license is inactive, expired, suspended or revoked, only if the compensation was earned while the broker associate or salesperson was actively licensed and assigned to the former broker. Whether or not compensation was earned while the broker associate or salesperson was licensed with the former broker depends upon the licensee's written agreement with the former broker. The commission will not determine whether compensation is earned or whether compensation is to be paid.

2007.12(2) If the licensee is presently assigned to another broker or firm, the former broker does not pay the compensation to the new employing or affiliated broker or firm.

2007.12(3) An Iowa real estate broker may pay compensation or a fee to or receive compensation or a fee from a nonresident broker who is actively licensed in the broker's resident state but not licensed in Iowa. The nonresident broker takes no part in the listing, showing, negotiating offers or any other functions of a broker in Iowa unless actively licensed in Iowa.

2007.12(4) Upon the termination of association or employment with the affiliated broker or firm, the broker associate or salesperson cannot take or use any written listing or brokerage agreements secured during the association or employment. Said listings and brokerage agreements remain the property of the broker or firm and may be canceled only by the broker and the seller, unless the terms of the listing or brokerage agreement state otherwise.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.13(543B) Support personnel for licensees; permitted and barred activities. Whenever a licensee affiliated with a broker engages support personnel to assist the affiliated licensee in the activities of the real estate brokerage business, both the firm or designated broker and the affiliated licensee are responsible for supervising the acts or activities of the support personnel; however, the affiliated licensee has the primary responsibility for supervision subject to Iowa Code section 543B.7A. Unless the support person holds a real estate license, the support person cannot perform any activities, duties, or tasks of a real estate licensee as identified in Iowa Code sections 543B.3 and 543B.6 and may perform only ministerial duties that do not need discretion or the exercise of the licensee's own judgment. Personal assistants are considered support personnel.

2007.13(1) Individuals actively licensed with one firm or broker cannot work as support personnel for a licensee affiliated with another firm or broker. Individuals with an inactive status license may work as support personnel for a licensee but cannot participate in any activity that needs a real estate license.

2007.13(2) Any real estate brokerage firm or broker that allows an affiliated licensee to employ, or engage under an independent contractor agreement, support personnel to assist the affiliated licensee in carrying out brokerage activities complies with the following:

a. Implement a written company policy authorizing the use of support personnel by licensees;

b. Specify in the written company policy, which may incorporate the duties listed in subrule 2007.13(4), any duties that the support personnel may perform on behalf of the affiliated licensee;

c. Ensure that the affiliated licensee and the support personnel receive copies of the duties that support personnel may perform.

2007.13(3) Broker supervision and improper use of license and office. While individual and designated brokers are responsible for supervising the real estate-related activities of all support personnel, an affiliated licensee employing a personal assistant has the primary responsibility for supervision of that personal assistant. A broker is not held responsible for inadequate supervision if:

a. The unlicensed person violated a provision of Iowa Code chapter 543B or of commission rules that is in conflict with the designated broker's specific written policies or instructions;

b. Reasonable procedures have been established to verify that adequate supervision was being provided;

c. The broker, upon hearing of the violation, attempted to prevent or mitigate the damage;

d. The broker did not participate in the violation; and

e. The broker did not attempt to avoid learning of the violation.

2007.13(4) In order to provide reasonable assistance to licensees and their support personnel, but without defining every permitted activity, the commission has identified certain tasks that unlicensed support personnel under the direct supervision of a licensee affiliated with a firm or broker may not perform.

a. Permitted activities include but are not limited to the following:

(1)	Answer the telephone, provide information about a listing to licensees, and forward calls from the public to a licensee;
(2)	Submit data on listings to a multiple listing service;
(3)	Check on the status of loan commitments after a contract has been negotiated;
(4)	Assemble documents for closings;
(5)	Secure documents that are public information from the courthouse and other sources available to the public;
(6)	Have keys made for company listings;
(7)	Write advertisements and promotional materials for the approval of the licensee and designated broker;
(8)	Place advertisements in magazines, newspapers, websites, social media, and other media as directed by the designated broker;
(9)	Record and deposit earnest money, security deposits, and advance rents, and perform other bookkeeping duties;
(10)	Type contract forms as directed by the licensee or the designated broker;
(11)	Monitor personnel files;
(12)	Compute compensation checks;

(13)	Place signs on property;
(14)	Order items of routine repair as directed by a licensee;
(15)	Act as courier for such purposes as delivering documents or picking up keys. The licensee remains responsible for ensuring delivery of all executed documents obligated by Iowa law and commission rules;
(16)	Schedule appointments with the seller or the seller's agent in order for a licensee to show a listed property;
(17)	Arrange dates and times for inspections;
(18)	Arrange dates and times for the mortgage application, the preclosing walk-through, and the closing;
(19)	Schedule an open house;
(20)	Perform physical maintenance on a property;
(21)	Accompany a licensee to an open house or a showing and perform the following functions as a host or hostess: 1. Open the door and greet prospects as they arrive; 2. Hand out or distribute prepared printed material; 3. Have prospects sign a register or guest book to record names, addresses and telephone numbers; 4. Accompany prospects through the home for security purposes and not answer any questions pertaining to the material aspects of the house or its price and terms;
(22)	Independently host open houses for tours attended by licensed brokers and salespersons only;
(23)	Advertise and list property for rent;
(24)	Show property for rent;
(25)	Collect rent and deposits for the rental of property; or
(26)	Complete and execute form agreements for the rental of property.

b. Barred activities include but are not limited to the following:

(1)	Making cold calls by telephone or in person or otherwise contacting the public for the purpose of securing prospects for listings, sale, or exchanges;
(2)	Independently hosting open houses, kiosks, home show booths, or fairs attended by the public;
(3)	Preparing promotion materials or advertisements without the review and approval of licensee and designated broker;
(4)	Showing property for sale independently;
(5)	Answering any questions on title, financing, or closings (other than time and place);
(6)	Answering any questions regarding a listing except for information on price and amenities expressly provided in writing by the licensee;
(7)	Discussing or explaining a contract, listing, agreement, or other real estate document with anyone outside the firm;
(8)	Negotiating or agreeing to any compensation, management fee, or referral fee on behalf of a licensee, seller, or buyer with another licensee, client, or customer;
(9)	Discussing with the owner of real property the terms and conditions of the real property offered for sale or lease;
(10)	Collecting or holding deposit moneys, other moneys or anything of value received from the owner of real property or from a prospective buyer;
(11)	Providing owners of real property or prospective buyers with any advice, recommendations or suggestions as to the sale, purchase, or exchange of real property that is listed, to be listed, or currently available for sale; or
(12)	Holding one's self out in any manner, orally or in writing, as being licensed or affiliated with a particular firm or real estate broker as a licensee.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.14(543B) Information provided by nonlicensed support personnel limited. Nonlicensed support personnel may, on behalf of the employer licensee, provide information concerning the sale, exchange, purchase, or advertising of real estate only to another licensee. Support personnel provides information only to another licensee that has been provided to the personnel by the employer licensee either verbally or in writing.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2007.15(543B) Presenting purchase agreements. All written offers to purchase received by a listing broker or listing agent are promptly presented to the seller for formal acceptance or rejection. The formal acceptance or rejection of the offer is promptly communicated to the prospective buyers. Unless there is written agreement between the seller and the listing broker directing otherwise, the listing broker is obligated to present back-up offers until the transaction has closed.

2007.15(1) A client's broker seeking compensation from another broker will obtain authorization and agreement from the cooperating broker prior to closing of the real estate transaction.

2007.15(2) Immediately upon receiving an offer to purchase signed and dated by the buyer with consideration, if any, the listing agent provides a copy of the offer to purchase to the buyer as a receipt.

2007.15(3) A client's agent or representative cannot negotiate directly or indirectly with a seller or buyer, or landlord or tenant, if the agent knows, or acting in a reasonable manner should have known, that the seller or buyer, or landlord or tenant, has a written unexpired brokerage agreement for services on an exclusive basis.

2007.15(4) A listing agent cannot refuse to permit a client's agent or representative to be present at any step in a real estate transaction, including but not limited to viewing a property, seeking information about a property, or negotiating directly or indirectly with an agent about a property listed by such agent, and an agent cannot refuse to show a property listed by that agent or otherwise deal with a represented client who requests that the client's agent or representative be present at any step in the real estate transaction, except as provided in this subrule.

a. The client's agent or representative does not have the right to be present at any discussion of confidential matters or evaluation of the offer by the seller and the listing agent.

b. Unless the seller provides written instructions to the listing agent to exclude a client's agent or representative from being present when the offer is presented, it is not unlawful for the client's agent or representative to be present.

c. Compliance with this rule does not need or obligate a listing broker to split any compensation or to otherwise compensate a client's agent.

[**ARC 7769C**, IAB 4/17/24, effective 5/22/24; **ARC 8102C**, IAB 7/10/24, effective 8/14/24; **ARC 9247C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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1 Effective date of amendment to rule 1.21 delayed 70 days by the Administrative Rules Review Committee.

2 Effective date of 1.31(543B) delayed 70 days by the Administrative Rules Review Committee at its meeting held July 8, 1993.

3 Effective date of 1.1, definition of "referral fee"; 1.41, introductory paragraph; and subrules 1.41(3) and 1.41(7) delayed 70 days by the Administrative Rules Review Committee at its meeting held April 7, 2000; rescinded IAB 6/28/00, effective 6/9/00.

CHAPTER 2008
CLOSING A REAL ESTATE BUSINESS

[Prior to 6/10/26, see Real Estate Commission[193E] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2008.1(543B) Closing a real estate firm. The following steps are necessary for the voluntary closing of a real estate brokerage firm. The individual broker or the designated broker:

2008.1(1) Notifies the commission via electronic application upon closing the firm. The following information may be included:

a. The date the firm closed or will close;

b. The location where records and files will be stored for a minimum of five years; and

c. The name, address, and telephone number of the custodian who will be storing the records and files;

2008.1(2) Notifies all licensees associated with the firm in writing of the effective date of the closing. The former affiliated broker makes every reasonable effort to return the licenses of any licensees associated with the firm at the time of closing to the commission within 72 hours, with written notice that the firm is closed;

2008.1(3) Notifies all clients as well as parties and co-brokers to existing contracts, in writing, advising of the date the firm will close. All clients are advised in writing that they may enter into a new brokerage or management agreement with the broker of their choice;

2008.1(4) Removes advertising signs from all properties that were listed with or managed by the firm. Arranges to cancel advertising in the name of the firm, including office signs, Internet to include websites and social media, and telephone listing advertisements;

2008.1(5) Maintains all escrow or trust accounts until all moneys are transferred to the lending institution, an escrow company or an attorney for closing of the transaction, or are otherwise properly disbursed as agreed to in writing by the parties having an interest in the funds; and

2008.1(6) Arranges for pending contracts to be closed by a lending institution, an escrow company or an attorney. In the case of a sale, transfer or merger of an existing brokerage, the acquiring broker may close the pending transactions acquired from the selling broker after having first obtained the express written consent of all parties to the transactions. The broker notifies all parties involved in pending transactions as to the name, address, and telephone number of the closing agent.

[**ARC 7770C**, IAB 4/17/24, effective 5/22/24; **ARC 9248C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2008.2(543B) Involuntary closing of a sole-proprietor brokerage. Upon the death or disability of a sole-proprietor broker in which the affairs of the broker cannot be carried on, the following steps are necessary for closing the real estate brokerage business:

2008.2(1) All licensees associated with the broker cease all brokerage activity until their licenses have been transferred to another broker;

2008.2(2) The executor or legal representative of the broker's estate, if an attorney or a broker, may conclude pending business; and

2008.2(3) The administrator or executor of the broker's estate or the legal representative of the broker may follow the procedures established in rule 481—2008.1(543B) for voluntary closing.

[**ARC 7770C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2008.3(543B) Involuntary closing of a corporation, partnership, or association brokerage firm.

2008.3(1) In the event of an involuntary closing of a brokerage firm as a result of the death or incapacity of one or more of the licensed broker officers, broker partners or broker associates of a real estate corporation, partnership or association in which the affairs of the broker, partnership, corporation or association cannot be carried on, the following steps are necessary for closing the real estate brokerage business:

a. All licensees associated with the firm cease all brokerage activity until their licenses have been transferred to another broker;

b. The executor of the broker's estate, if an attorney, or the legal representative of the firm may conclude pending business; and

c. The administrator or executor of the broker's estate or the legal representative of the broker may follow the procedures established in rule 481—2008.1(543B) for voluntary closing.

2008.3(2) In the event of the death or incapacity of a designated broker for a firm, the affairs of the firm may be carried on by naming a new designated broker. The commission is notified of the change within 72 hours.

[**ARC 7770C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2009
FEES
[Prior to 9/4/02, see 193E—2.9(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 9]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2009.1(543B) Fees.

2009.1(1) Original license or renewal.

Broker license	$170
Additional officer or partner license	$50
Firm license	$170
Branch office license	$50
Trade name license	$50
Salesperson license	$125

2009.1(2) Fee for renewal of broker and salesperson license between January 1 and January 30 following expiration of license is the regular renewal fee plus $25 reinstatement fee.

Broker license	$195
Salesperson license	$150

Reinstatement fee is not applicable to a firm license, additional officer license, additional partner license, trade name license, or branch office license.

2009.1(3) Fee for certification of license is $25.

[**ARC 7771C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2009.2(543B) Refunds and bad payments.

2009.2(1) Fees remitted with an application for license will be refunded if the commission finds the applicant is not qualified for a license.

2009.2(2) Fees will not be refunded for the unexpired term of a license that has been issued and is in effect.

2009.2(3) A fee remitted in error will be refunded if it is received as a separate check. If not received as a separate check, a fee remitted in error will be refunded if a written request is received within 30 days of receipt of the fee.

2009.2(4) Payment of a fee with a bad payment is prima facie evidence of a violation of Iowa Code section 543B.29(1) or 543B.34(8) or both.

2009.2(5) If a bad payment is received for an original license, the application for license is deemed incomplete and the license null and void.

2009.2(6) If a bad payment is received for renewal of a license, the application is deemed incomplete and the license issued for the new term is deemed null and void. If a replacement payment is not received by the commission by the date of expiration of the license (December 31), the appropriate reinstatement fee is added to the unpaid renewal fee.

[**ARC 7771C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2009.3(543B) Examination fee. The examination fee is paid directly to the testing service at the prevailing rate established by contract between the commission and the testing service.

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These rules are intended to implement Iowa Code section 543B.27.

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CHAPTER 2010
ADVERTISING

[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2010.1(543B) Advertising. A broker cannot advertise to sell, buy, exchange, rent, or lease property in a manner indicating that the offer is being made by a private party not engaged in the real estate business, and no real estate advertisement can show only a post office box number, telephone number or street address. Every licensee, when advertising real estate, will use the licensed business name or the name under which the broker is licensed and affirmatively and unmistakably indicate that the party is a real estate licensee and not a private party. Each broker when operating under a franchise or trade name other than the broker's own name may license the franchise or trade name with the commission or clearly reveal in all advertising that the broker is the licensed individual who owns the entity using the franchise or trade name. An individual licensee or real estate team that is not a principal broker or firm is not required to register a trade name. An individual licensee or real estate team shall conspicuously display the name of the brokerage immediately preceding or immediately following the individual licensee's name or real estate team name in any advertising or information made available to the public. For purposes of this rule, "conspicuously display" shall mean advertisement that, when presented, a reasonable person would be able to identify or observe.

2010.1(1) Advertising includes all forms of identification, representation, promotion and solicitation disseminated in any manner and by any means of communication to the public for any purpose related to licensed real estate activity. Forms of advertising include, but are not limited to, real estate brokerage checks, letterhead, email, signs, websites, social media and business cards.

2010.1(2) Real estate advertising cannot be misleading or deceptive or intentionally misrepresent any property, terms, values, or policies and services of the brokerage.

2010.1(3) All advertising is conducted under the supervision of the broker. The broker ensures the accuracy of the information and, upon becoming aware of a material error or an advertisement that is in violation of this chapter or Iowa Code chapter 543B, the broker promptly corrects the error or problem within ten calendar days.

2010.1(4) A licensed firm advertising or marketing on a website or social media account that is either owned by or controlled by the licensed firm includes the following data on each page of the site on which the firm's advertisement or information appears:

a. Conspicuously display, in a font size that is readable to a reasonably prudent person, the firm or tradename as registered with the commission (abbreviations are not permitted) immediately preceding or immediately following the individual licensee's name or real estate team name;

b. The city and state in which the firm's main office is located; and

c. The states in which the firm holds a real estate brokerage license.

2010.1(5) A licensee advertising or marketing on a website or social media account that is either owned by or controlled by the licensee includes the following data on each page of the site on which the licensee's advertisement or information appears:

a. The licensee's legal name;

b. Conspicuously display the name of the firm or trade name with which the licensee is affiliated as that firm name is registered with the commission (abbreviations are not permitted) immediately preceding or immediately following the individual licensee's name or real estate team name;

c. The city and state in which the licensee's office is located; and

d. The states in which the licensee holds a real estate broker or salesperson license.

2010.1(6) A firm using any Internet electronic communication for advertising or marketing, including but not limited to email, websites, and social media accounts, includes the information in 481—subrule 2010.1(4).

2010.1(7) A licensee using any Internet electronic communication for advertising or marketing, including but not limited to email, websites, and social media accounts, includes on the first or last page of all communications the information in subrule 2010.1(5).

[**ARC 7772C**, IAB 4/17/24, effective 5/22/24; **ARC 9249C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2010.2(543B) Advertising under own name. Salespersons and broker associates are barred from advertising under their own names unless they are the owners of the property they are advertising for sale, rent, lease or exchange, and on which no brokerage fees are to be paid. The sale is completely a "for sale by owner" transaction. The property cannot be listed or advertised in any way that would make it appear to be listed with a brokerage. The affiliated licensee cannot function in any capacity that needs a real estate license, and the licensee is responsible for all advertising conducted on the licensee's own behalf.

[**ARC 7772C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2010.3(543B) Signs on property. Placing a sign on any property offering it for sale, rent, lease, or exchange without the written consent of the owner is not considered in the best interest of the general public.

2010.3(1) When a listing expires, unless a new written listing or extension is obtained, the licensee immediately ceases advertising and active marketing of the property. The licensee makes every reasonable effort to remove signs as quickly as possible.

2010.3(2) The licensee makes every reasonable effort to remove signs from the property after the transaction is closed. Sold signs and other signs are not left on properties without the written consent of the new owner of record.

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CHAPTER 2011
BROKERAGE AGREEMENTS AND LISTINGS

[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2011.1(543B) Brokerage agreements. All brokerage agreements will be in writing, including the amount of compensation to be paid with disclosure that states compensation is negotiable and not set by law, the signatures of all parties concerned and a definite expiration date not to exceed one calendar year in length from the effective date, for residential properties. An exclusive brokerage agreement or exclusive right to sell agreement clearly indicates that it is such an agreement. A legible copy of every written brokerage agreement or other written authorization is given to the client by a licensee as soon as the signature of the client is obtained.

1. A listing agreement should properly identify the property and contain the terms and conditions under which the property is to be sold, including but not limited to the list price and any compensation to be earned from the sale of the property.

2. A buyer representation agreement is required for all residential properties. Open houses, auctions, and commercial properties are exempt from usage of a buyer representation agreement.

2011.1(1) A licensee cannot solicit or enter into a brokerage agreement with a buyer or seller if the licensee knows or has reason to know that the buyer or seller has a written unexpired exclusive brokerage agreement or exclusive right to sell listing agreement to the property with another broker unless the buyer or seller initiates the discussion and the licensee has not directly or indirectly solicited the brokerage agreement.

a. However, if the buyer or seller initiates the discussion, the licensee may negotiate and enter into a brokerage agreement that will take effect after the expiration of the current brokerage agreement.

b. If the buyer or seller initiates the discussion, the licensee may inform the buyer or seller that the buyer or seller needs to allow the current brokerage agreement to expire or obtain a mutually acceptable cancellation from the broker before any further discussion can take place.

2011.1(2) A real estate licensee cannot negotiate a sale, exchange, or lease of real property directly with a seller if it is known that the seller has a written unexpired contract in connection with the property that grants an exclusive right to sell to another broker.

2011.1(3) A real estate licensee cannot negotiate a sale, purchase, exchange, or lease of real property directly with a buyer or seller if it is known that the buyer or seller has a written unexpired exclusive brokerage agreement with another broker.

2011.1(4) All brokerage agreements are written and cannot be assigned, sold, or otherwise transferred to another broker without the express written consent of all parties to the original agreement, unless the terms of the agreement state otherwise. Upon termination of association or employment with the principal broker, the affiliated broker associate or salesperson cannot solicit, take, or use any written brokerage agreements secured during the association or employment. Said brokerage agreements remain the property of the principal broker and may be canceled only by the broker and the client.

2011.1(5) Net listing barred. No licensee makes or enters into a net listing agreement for the sale of real property or any interest in real property. A net listing agreement is an agreement that specifies a net sale price to be received by the owner with the excess over that price to be received by the broker as compensation. The taking of a net listing is unprofessional conduct and constitutes a violation of Iowa Code sections 543B.29(3) and 543B.34(8).

[**ARC 7773C**, IAB 4/17/24, effective 5/22/24; **ARC 8102C**, IAB 7/10/24, effective 8/14/24; **ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.2(543B) Cooperation, compensation, and compliance.

2011.2(1) Every written brokerage agreement includes, at a minimum, the criteria set forth in Iowa Code section 543B.56A and the following provisions:

a. Brokerage agreements will contain a statement disclosing the brokerage policy on cooperating with and compensating other brokerages or the other parties' agent in the sale, lease, rental, or purchase of real estate, including whether the brokerage intends to split the compensation with other brokerages and any other method for negotiating compensation for another party's broker. Such disclosure serves to inform the client of any policy that would limit the participation of any other brokerage; and

b. All brokerage agreements comply with Iowa real estate law and commission rules, including but not limited to rules 481—2011.1(543B) and 481—2011.4(543B) and 481—Chapter 2015.

2011.2(2) Duration of relationship. The relationships commence at the time of the brokerage agreement and continue until closing of the transaction or performance or completion of the agreement by which the broker was engaged within the term of the agreement and not exceeding 12 months. If the transaction does not close, or the agreement for which the broker was engaged is not performed or completed for any reason, the relationship ends at the earlier of the following:

a. The date of expiration agreed upon by the parties; or

b. Any termination by written agreement of the parties.

2011.2(3) Obligation terminated. In addition to any continuing duty or obligation provided in the written agreement or pursuant to Iowa law and commission rules, a broker or brokerage engaged as a seller's or landlord's agent, buyer's or tenant's agent, or dual agent and affiliated licensees have the duty after termination, expiration, completion, or performance of the brokerage agreement to:

a. Account for all moneys and property related to and received during the engagement; and

b. Keep confidential all information received during the course of the engagement which was made confidential by request or instructions from the engaging party or is otherwise confidential by statute or rule.

2011.2(4) Compensation. In any real estate transaction, the broker's compensation may be paid by the seller, the buyer, the landlord, the tenant, a third party, or splitting of compensation between brokers.

a. Payment of compensation is not to be construed to determine or establish an agency relationship. The payment of compensation to a broker does not determine whether a brokerage relationship has been created between any broker and a seller, landlord, buyer, or tenant paying such compensation.

b. Written permission of the client is needed as follows:

(1) A seller's or landlord's agent may split compensation paid by such seller or landlord with another broker, with the written consent of the seller or landlord.

(2) A buyer's or tenant's agent may split compensation paid by such buyer or tenant with another broker, with the written consent of the buyer or tenant.

(3) Without the written approval of the client, a seller's or landlord's agent cannot propose to the buyer's or tenant's agent that such seller's or landlord's agent may be compensated by splitting compensation paid by such buyer or tenant.

(4) Without the written approval of the client, a buyer's or tenant's agent cannot propose to the seller's or landlord's agent that such buyer's or tenant's agent may be compensated by splitting compensation paid by such seller or landlord.

c. A broker may be compensated by more than one party for services in a transaction.

d. A licensee cannot accept, receive or charge an undisclosed compensation for a transaction.

e. A licensee cannot give or pay an undisclosed compensation to any other licensee for a transaction, except payment for referrals to other licensees, including franchise affiliates, to provide real estate brokerage services, if there is no direct or beneficial ownership interest of more than 1 percent in the business entity providing the service.

f. A licensee cannot pay any undisclosed rebate to any party to a transaction.

g. A licensee cannot give any undisclosed credit against compensation due from a client or licensee to any party to a transaction.

h. A licensee cannot accept, receive or charge any undisclosed payments for any services provided by any third party to any party to a transaction including but not limited to payments for procuring insurance or for conducting a property inspection related to the transaction.

i. The provisions of these rules do not apply to a gratuitous gift, such as flowers or a door knocker, to a buyer or tenant subsequent to closing and not promised or offered as an inducement to buy or lease, as long as any client relationship has terminated.

j. The provisions of these rules do not apply to a free gift, such as prizes, money, or other valuable consideration, to a potential party to a transaction or lease prior to the parties' signing a contract to purchase or lease and not promised or offered as an inducement to sell, buy, or lease, as long as no client relationship has been established with the buyer or lessee.

k. The seller or landlord may authorize a portion of the proceeds of the sale of real property or other negotiated term of an agreement or contract to pay compensation to other brokers who are part of the same real estate transaction as the seller or landlord, including a buyer's or tenant's broker solely representing the buyer or tenant. The payment of compensation may be a direct payment from the seller or landlord to the other brokers who are part of the same real estate transaction as the seller or landlord, including a buyer's or tenant's broker solely representing the buyer or tenant.

2011.2(5) Any compensation or fee in any brokerage agreement is fully negotiable among the parties to that brokerage agreement. Once the parties to a brokerage agreement have agreed to a compensation or fee, no licensee other than a party to that brokerage agreement attempts to alter, modify, or change or induce another person to alter, modify, or change a compensation or fee that has previously been agreed upon without the prior written consent of the parties to that brokerage agreement.

2011.2(6) The seller or landlord may, in the brokerage agreement, authorize the seller's or landlord's broker to disburse part of the broker's compensation to other brokers, including a buyer's or tenant's broker solely representing the buyer or tenant.

2011.2(7) Nothing contained in this rule shall obligate any buyer or tenant or seller or landlord to pay compensation to a licensee representing the buyer or tenant or seller or landlord in a real estate transaction unless the buyer or tenant or seller or landlord has entered into a written brokerage agreement with the broker specifying the compensation terms and conditions, in accordance with Iowa real estate license law and commission rules.

[**ARC 7773C**, IAB 4/17/24, effective 5/22/24; **ARC 8102C**, IAB 7/10/24, effective 8/14/24; **ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.3(543B) Terms or conditions. A licensee cannot write, prepare or otherwise use a contract containing terms or conditions that would violate real estate laws in Iowa Code chapter 543B or commission rules. The broker is responsible to ensure that all preprinted documents and forms used follow these rules.

[**ARC 7773C**, IAB 4/17/24, effective 5/22/24; **ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.4(543B) Distribution of executed instruments. Upon execution of any instrument in connection with a real estate transaction, a licensee, as soon as practicable, delivers a legible copy of the original instrument to each of the parties thereto. It is the responsibility of the licensee to prepare sufficient copies of such instruments to satisfy this criteria. The broker retains copies for five years.

[**ARC 7773C**, IAB 4/17/24, effective 5/22/24; **ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.5(543B) Enforcing a protective clause. To enforce a protective clause beyond the expiration of an exclusive brokerage agreement, there must be a provision for the protective clause in the brokerage agreement that establishes a definite protection period. In writing and prior to the expiration of the brokerage agreement, the broker furnishes to the party the names and available contact information of persons to whom the property was presented or a list of each property that was shown during the active term of the brokerage agreement and for whom protection is sought. Delivery is by personal or electronic service with written acknowledgment of receipt, or by regular mail or certified mail postmarked prior to the expiration of the brokerage agreement, return receipt requested.

[**ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.6(543B) Rebates and inducements.

2011.6(1) A licensee cannot pay compensation, any part of compensation, or valuable consideration to an unlicensed third party for performing brokerage functions or engaging in any activity that needs a real estate license. Referral fees or finder's fees paid to unlicensed third parties for performing brokerage activities, or engaging in any activity that needs a real estate license, are barred.

2011.6(2) In a brokerage agreement, the broker is principal party to the contract. The broker may, with proper disclosure, pay a portion of the compensation earned to an unlicensed seller, landlord, buyer, or tenant that is a principal party to the brokerage agreement. This will be deemed a reduction in the amount of the earned compensation.

2011.6(3) A licensee may present a gratuitous gift, such as flowers or a door knocker, to the buyer or tenant subsequent to closing and not promised or offered as an inducement to buy or lease. The permission and disclosure criteria of rule 481—2011.3(543B) do not apply as long as any client relationship has terminated.

2011.6(4) A licensee may present free gifts, such as prizes, money, or other valuable consideration, to a potential party to a transaction or lease, prior to that party's signing a contract to purchase or lease and not promised or offered as an inducement to buy or lease. It is the licensee's responsibility to ensure that the promotion is in compliance with other Iowa laws, such as gaming regulations. The permission and disclosure criteria of rule 481—2011.3(543B) do not apply as long as no client relationship has been established with the buyer or lessee.

2011.6(5) The offering by a licensee of a free gift, prize, money, or other valuable consideration as an inducement is free from deception and does not serve to distort the true value of the real estate service being promoted.

2011.6(6) A licensee may make donations to a charity, or other not-for-profit organization, for each listing or closing, or both, that the licensee has during a specific time period. The receiving entity may be selected by the licensee or by a party to the transaction. The contribution may be in the name of the licensee or in the name of a party to the transaction. Contributions are permissible only if the following conditions are met:

a. There are no limitations placed on the payment;

b. The donation is for a specific amount;

c. The receiving entity does not act or participate in any manner that would need a license;

d. The licensee exercises reasonable care to ensure that the organization or fund is a bona fide nonprofit;

e. The licensee exercises reasonable care to ensure that the promotional materials clearly explain the terms under which the donation will be made; and

f. All necessary disclosures are made.

[**ARC 7773C**, IAB 4/17/24, effective 5/22/24; **ARC 8102C**, IAB 7/10/24, effective 8/14/24; **ARC 9477C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2011.7(543B) New construction. A contract with a builder to construct or attach personal property or other type of structure to land and thereby produce an improvement to real estate is a real estate transaction. A licensee makes written disclosure revealing that the licensee and the licensee's broker or brokerage firm will receive a commission, compensation, or valuable consideration for its efforts in the transaction, as obligated by paragraph 2011.3(6)*"d."* Written disclosure is necessary regardless of the type of representation provided by the licensee or if the licensee provides no representation.

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These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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CHAPTER 2012
DISCLOSURE OF RELATIONSHIPS

[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 12]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2012.1(543B) Written company policy needed. Every licensed sole-proprietor single broker, firm, partnership, limited liability company, association, or corporation has a written company policy. Regardless of the type or types of agency relationships offered, a written company policy is needed.

2012.1(1) The written company policy identifies and describes the types of real estate brokerage relationships in which the broker and affiliated licensees may engage with seller, landlord, buyer, or tenant as a part of any real estate brokerage business activities.

2012.1(2) In addition, every real estate brokerage that offers representation to both buyers and sellers, and tenants and landlords, also specifically addresses the following:

a. The appointed agent's policy and brokerage procedures intended to prevent any mishandling of information through both formal and informal sharing of information within the brokerage; and

b. The arrangement of brokerage office space and the personal relationships of affiliated licensees who are representing clients with adverse interests.

2012.1(3) A broker is not obligated to offer or engage in more than one type of brokerage relationship as enumerated in rules 481—2012.3(543B) through 481—2012.5(543B).

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2012.2(543B) Disclosure of agency.

2012.2(1) A licensee cannot represent any party or parties to a real estate transaction or otherwise act as a real estate broker or salesperson unless that licensee makes disclosure to all obligated parties to the transaction identifying which party or parties, if any, that licensee represents in the transaction. Disclosure pursuant to this rule is made by the licensee at the time the licensee provides specific assistance to the client or nonrepresented customer.

2012.2(2) Verbal disclosure needed. The disclosure obligated by subrule 2012.2(1) is made verbally by the licensee prior to the licensee's providing specific assistance to the client or nonrepresented customer. A change in the licensee's representation that makes the initial verbal disclosure incomplete, misleading, or inaccurate obligates that a new verbal disclosure be made immediately.

2012.2(3) Written disclosure needed. The written disclosure obligated by subrule 2012.2(1) is made by the licensee to all parties to a real estate transaction identifying which party the licensee represents in the transaction.

a. The written disclosure is needed to be made to the buyer or tenant prior to any offer, lease, or rental agreement being made or signed by the buyer or tenant, and prior to any offer, lease, or rental agreement being signed or accepted by the seller or landlord.

b. The written disclosure is acknowledged by separate signatures. A change in the licensee's representation that makes the initial written disclosure incomplete, misleading, or inaccurate obligates that a new verbal disclosure be made that is followed by a new written disclosure signed by all parties to the transaction as soon as practical.

2012.2(4) A licensee representing a buyer or tenant informs the listing broker, the listing agent, or the seller or landlord of the agency relationship in accordance with Iowa Code section 543B.57(5). If the property is not listed, the obligated disclosure is made to the unrepresented seller or landlord.

2012.2(5) The obligation of either the seller or landlord or buyer or tenant to pay compensation to a broker does not establish an agency relationship or affect any agency relationship.

2012.2(6) Nothing contained in this rule bars a party from entering into a written brokerage agreement with a broker that contains duties, obligations, and responsibilities that are in addition to those specified in Iowa real estate license law and commission rules.

2012.2(7) A licensee cannot be the agent for both the buyer or tenant without following Iowa Code section 543B.58(1).

2012.2(8) A licensee may work with and establish different types of agency relationships with the same client, in separate transactions. Examples of different agency relationships with the same client in separate transactions include, but are not limited to, the following:

a. A common example includes a licensee acting as a listing or seller's agent selling a property in one transaction and also working with and representing this same person in another transaction as a buyer's agent in the purchase of a different property.

b. A licensee may act as a dual agent in either of the separate transactions, or both, with the written permission of the parties to the specific transaction and if the broker or brokerage has a written company policy that includes disclosed dual agency for in-house transactions or same agent transactions.

c. Regardless of the type of agency relationship provided in each transaction, the licensee complies with the criteria of Iowa Code chapter 543B and this rule in establishing the relationships for each separate transaction.

2012.2(9) An agency relationship disclosure is not needed when the licensee is acting solely as a principal and not as an agent for another or when a written communication from the licensee is a solicitation of business.

2012.2(10) If the seller, landlord, buyer, or tenant refuses to sign the agency disclosure document, or refuses to sign acknowledging receipt of the disclosure, the licensee notes that fact and includes the date, place, time, and the names of others in attendance on a copy of the agency disclosure document and obtains other documentation establishing delivery of the disclosure and maintains the written documentation, including but not limited to copies of facsimile, restricted delivery certified mail, and other communications, in the transaction file.

2012.2(11) A licensee who is offering real estate brokerage services as an auctioneer makes the written disclosure to the buyer and obtains the acknowledgment of receipt obligated by law and rules, prior to the buyer's entering into a written purchase agreement for the property. For the purposes of this rule, the identification of the successful bidder constitutes the first meaningful contact with a buyer when specific assistance is provided. After the first meaningful contact, the first practical opportunity to make the necessary disclosures to the buyer depends upon the circumstances. While it is not necessary, it is recommended that licensees disclose in all advertisements and flyers that they are licensed agents representing the seller and, prior to crying the auction, announce that they are licensed real estate agents representing the seller.

a. Disclosure under this rule applies only to the day of the auction.

b. If the licensee provides brokerage services prior to the auction, the disclosure is made either orally or in writing prior to or at the time of specific assistance being provided.

2012.2(12) The licensee retains a copy of the disclosure form signed by the prospective buyer, seller, landlord or tenant, or the documentation and copies as obligated in subrule 2012.2(10) as follows:

a. If an offer is accepted, the signed or noted copy is retained by the broker in the closed transaction file for a period of five years from the date of the signature or note.

b. If the offer is not accepted, a signed and noted copy is retained with the rejected offer for a period of five years.

2012.2(13) Failure of a licensee to comply with this rule is prima facie evidence of a violation of Iowa Code section 543B.34(4).

2012.2(14) Failure of a licensee to act consistent with disclosure representations made pursuant to this rule is prima facie evidence of a violation of Iowa Code section 543B.34(4).

2012.2(15) Nothing in this rule affects the validity of title to real property transferred based solely on the reason that any licensee failed to conform to the provisions of this rule.

2012.2(16) A sole-proprietor single broker or firm is not obligated to offer or engage in more than one type of brokerage relationship as enumerated in rules 481—2012.3(543B) through 481—2012.5(543B).

2012.2(17) The licensee offering brokerage services to a person as a buyer's or tenant's agent, or who is providing brokerage services to a person as a seller's or landlord's agent, discloses in writing to that person the type or types of brokerage relationships the broker and affiliated licensees are offering to that person before entering into a brokerage agreement with that person.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 8102C**, IAB 7/10/24, effective 8/14/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2012.3(543B) Single agent representing a seller or landlord.

2012.3(1) *Duty to seller or landlord.* A licensee representing a seller or landlord as an exclusive seller's agent or an exclusive landlord's agent have the following duties and obligations:

a. Perform the terms of the written agreement made with the seller or landlord;

b. Exercise reasonable skill and care for the seller or landlord;

c. Promote the interests of the seller or landlord with the utmost care, integrity, honesty, and loyalty, including but not limited to the following:

(1) Seeking a price and terms which are acceptable to the seller or landlord, except that the licensee is not obligated to seek additional offers to purchase the property while the property is subject to a contract for sale or to seek additional offers to lease the property while the property is subject to a lease or letter of intent to lease;

(2) Presenting all written offers to and from the seller or landlord in a timely manner regardless of whether the property is subject to a contract for sale or lease or a letter of intent to lease, unless it is provided for by the brokerage agreement;

(3) Disclosing to the seller or landlord all material adverse facts pursuant to Iowa Code section 543B.56(1);

(4) Advising the client to obtain expert advice as to material matters about which the licensee knows but the specifics of which are beyond the expertise of the licensee;

(5) Preserving the seller's or landlord's confidential information as defined in rule 481—2002.1(543B), unless disclosure is mandated by law or unless failure to disclose such information would constitute fraud or dishonest dealing, including but not limited to the following:

1. Information concerning the seller or the landlord that, if disclosed to the other party, could place the seller or landlord at a disadvantage when bargaining;

2. That the seller or landlord is willing to accept less than the asking price or lease price for the property;

3. What the motivating factors are for the client's selling or leasing the property;

4. That the seller or landlord will agree to sale, lease, or financing terms other than those offered;

5. The seller's or landlord's real estate needs;

6. The seller's or landlord's financial information;

(6) Accounting in a timely manner for all money and property received;

(7) Providing brokerage services honestly and in good faith;

(8) Complying with all criteria of Iowa Code chapter 543B and all commission rules and regulations;

(9) Complying with any applicable federal, state, or local laws, rules, or ordinances, including fair housing and civil rights statutes and regulations.

2012.3(2) *Duty to a buyer or tenant.* A licensee acting as an exclusive seller's or exclusive landlord's agent discloses to any customer all material adverse facts actually known by the licensee pursuant to Iowa Code section 543B.56.

a. The licensee owes no duty to conduct an independent inspection of the property for the benefit of the buyer or tenant and owes no duty to independently verify the accuracy or completeness of any statement made by the seller or landlord or any independent inspector, unless the licensee knows or has reason to believe the information is not accurate.

b. Nothing in this rule precludes the obligation of a buyer or tenant from the responsibility of protecting the buyer's or the tenant's own interest by means of, but not limited to, inspecting the physical condition of the property and verifying important information.

c. A real estate brokerage engaged by a seller or landlord in a real estate transaction may provide assistance to an unrepresented buyer or tenant by providing information and assistance concerning professional services not related to real estate brokerage services.

2012.3(3) *Alternative properties.* The licensee may show alternative properties not owned by the seller or landlord to buyers or tenants and may list competing properties for sale or lease without breaching any duty or obligation to the seller or landlord.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2012.4(543B) Single agent representing a buyer or tenant.

2012.4(1) *Duty to buyer or tenant.* A licensee representing a buyer or tenant as an exclusive buyer's or an exclusive tenant's agent have the same duties and obligations as mentioned in subrule 2012.3(1).

a. Perform the terms of any written agreement made with the client;

b. Exercise reasonable skill and care for the client;

c. Promote the interests of the client with the utmost good faith, loyalty, and fidelity, including but not limited to the following:

(1) Seeking a property at a price and terms which are acceptable to the buyer or tenant, except that the licensee is not obligated to seek other properties while the client is a party to a contract to purchase property, or to a lease or letter of intent to lease, unless it is provided for by the brokerage agreement;

(2) Presenting all written offers to and from the client in a timely manner regardless of whether the client is already a party to a contract to purchase property or is already a party to a contract or letter of intent to lease;

(3) Disclosing to the buyer or tenant material adverse facts concerning the property and the transaction that are actually known by the licensee, pursuant to Iowa Code section 543B.56;

(4) Advising the buyer or tenant to obtain expert advice on material matters about which the licensee knows but the specifics of which are beyond the expertise of the licensee;

(5) Preserving the buyer's or tenant's confidential information as defined in rule 481—2002.1(543B), unless disclosure is mandated by law or unless failure to disclose such information would constitute fraud or dishonest dealing, including but not limited to the following:

1. Information concerning the buyer or the tenant that, if disclosed to the other party, could place the client at a disadvantage when bargaining;
2. That the buyer or tenant is willing to pay more than the asking price or lease price for the property;
3. What the motivating factors are for the party's buying or leasing the property;
4. That the buyer or tenant will agree to sale, lease, or financing terms other than those offered;
5. The buyer's or tenant's real estate needs;
6. The buyer's or tenant's financial qualifications;

(6) Accounting in a timely manner for all money and property received;

(7) Providing brokerage services honestly and in good faith;

(8) Complying with all criteria of Iowa Code chapter 543B and all commission rules;

(9) Complying with any applicable federal, state, or local laws, rules, and ordinances, including fair housing and civil rights statutes and regulations.

2012.4(2) *Duty to a seller or landlord.* A licensee acting as an exclusive buyer's or an exclusive tenant's agent discloses to any customer all material adverse facts actually known by the licensee, pursuant to Iowa Code section 543B.56.

a. The licensee owes no duty to conduct an independent investigation of the buyer's or tenant's financial condition for the benefit of the seller or landlord and owes no duty to verify the accuracy or completeness of any statement made by the buyer or tenant or any independent source, unless the licensee knows or has reason to believe the information is not accurate.

b. Nothing in this rule limits the obligation of a seller or landlord from the responsibility of protecting the seller's or landlord's own interest by means of, but not limited to, verifying information concerning or provided by the buyer or tenant.

c. A real estate brokerage engaged by a buyer or tenant in a real estate transaction may provide assistance to an unrepresented seller or landlord by providing information and assistance concerning professional services not related to real estate brokerage services.

2012.4(3) *Competing buyers or tenants.* The licensee may show properties in which the buyer or tenant is interested to other buyers or tenants, may assist other competing buyers or tenants, and may enter into brokerage agreements with other competing buyers or tenants without breaching any duty or obligation to the buyer or tenant.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2012.5(543B) Disclosed dual agent.

2012.5(1) A brokerage which has a company policy that permits disclosed dual agency for in-house transactions provides a disclosed dual agency consent agreement to the client or prospective client prior to engaging in any activities of a dual agent. If any seller, landlord, buyer, or tenant rejects dual agency, or refuses to sign consent to dual agency, the licensee cannot act as a dual agent. The dual agency consent agreement complies with Iowa law and commission rules including, but not limited to, the criteria to inform the prospective clients that they are not obligated to consent to dual agency representation as provided by subrule 2012.5(2).

a. A licensee may act as a dual agent only with the informed consent of all parties to the transaction. The informed consent is evidenced by a written agreement pursuant to Iowa law and commission rules.

b. A dual agent is an agent for both the seller and buyer or the landlord and tenant and has the duties and obligations needed for a single agent representing a seller or landlord and for a single agent representing a buyer or tenant, unless otherwise provided for in this rule.

c. A dual agent discloses to the client all material adverse facts concerning the property that are actually known by the licensee, pursuant to Iowa Code section 543B.56.

d. A dual agent cannot disclose to one client confidential information about the other client and preserves a seller's or a landlord's, or a buyer's or a tenant's, confidential information as defined in rule 481—2002.1(543B), unless disclosure is mandated by law, or failure to disclose such information would constitute fraud or dishonest dealing, or disclosure is authorized by express instruction. A dual agent does not terminate the dual agency relationship by making the disclosures mandatory or permitted by the dual agency consent agreement. Confidential information includes the same information as 481—subrule 2012.3(1) or 2012.4(1).

e. In any transaction, a licensee may withdraw from representing a client who has not consented to a disclosed dual agency at any time prior to the existence of the dual agency, which is prior to discussing any seller's or landlord's property with a potential buyer or tenant and prior to discussing any potential buyer or tenant with a seller or landlord, when both the seller or landlord and the buyer or tenant are represented by and are clients of the licensee.

(1) All withdrawals are made in writing and acknowledged by the separate signatures of the clients.

(2) Such withdrawal does not prejudice the ability of the licensee to continue to represent the other client in the transaction or limit the licensee from representing the client in other transactions not involving a dual agency.

2012.5(2) A dual agency consent agreement:

a. Fairly and accurately describes the type of representation the licensee will provide each client;

b. Contains a statement of the licensee's duties under Iowa Code section 543B.56(1);

c. Contains a statement of the licensee's duties under Iowa Code section 543B.56(2);

d. Informs the clients that representing more than one party to a transaction may present a conflict of interest;

e. Informs the clients that they are not obligated to consent to dual agency;

f. Provides additional information that the licensee determines is necessary to clarify the licensee's relationship with each client, including any changes from prior types of representation;

g. Describes the confidential information a dual agent will not disclose to one client about the other client; and

h. Includes a statement that the clients understand the licensee's duties and consent to the licensee's providing brokerage services to more than one client.

2012.5(3) No particular disclosure language is needed. The commission recommends use of the following sample language to satisfy the mandatory disclosure regarding conflict of interest:

Representing more than one party to a transaction can create a conflict of interest since both clients may rely upon the broker's advice and the clients' respective interests may be adverse to each other. Broker will endeavor to be impartial between seller and buyer and will not represent the interest of either the seller or buyer to the exclusion or detriment of the other.

2012.5(4) Potential dual agency agreement. A brokerage which has a company policy that permits disclosed dual agency for in-house transactions and that elects to use a potential dual agency agreement

provides the agreement to the client or prospective client prior to engaging in any activities of a dual agent. Such consent agreement complies with Iowa law and commission rules.

a. The potential dual agency agreement should be provided to the seller or landlord prior to entering into a listing agreement or a contract for seller or landlord brokerage services.

b. The potential dual agency agreement should be provided to the buyer or tenant prior to entering into a buyer or tenant agreement .

c. If the parties to a proposed transaction or contract have agreed in writing to potential dual agency, a dual agency consent disclosure is presented to the buyer or tenant prior to the buyer's or tenant's signing an offer to purchase or a rental or lease agreement. The buyer or tenant may accept or reject dual agency at this point in the transaction.

d. If the parties to a proposed transaction or contract have agreed in writing to potential dual agency, a dual agency consent disclosure is presented to the seller or landlord prior to the seller's or landlord's signing or accepting an offer to purchase or a rental or lease agreement. The seller or landlord may accept or reject dual agency at this point in the transaction.

e. If the parties to a proposed transaction or contract have agreed in writing to potential dual agency, the obligated subsequent dual agency consent disclosure is property-specific and complies with Iowa law and commission rules.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2012.6(543B) Appointed agents within a brokerage. Iowa Code section 543B.59 authorizes a designated broker to elect to appoint in writing one or more different licensees affiliated with the broker to act as agent to represent exclusively different clients in the same transaction, to the exclusion of all other affiliated licensees within the real estate brokerage. A licensee cannot disclose, except to the licensee's designated broker, information made confidential by request or instructions of the client the licensee is representing or otherwise confidential by statute or rule, except information allowed by this chapter or mandated to be disclosed by law.

2012.6(1) The designated broker may want to include in the written company policy some or all of the appointed agents within the brokerage and may want to include the procedure by which the appointment of the agent or agents is made.

2012.6(2) The designated broker may decide that since both seller and buyer, or landlord and tenant, brokerage relationships are being offered to consumers by the broker's company, only the affiliated licensee who, on behalf of the designated broker, entered into the listing agreement with the seller or leasing agreement with the landlord will represent the seller or landlord as that client's agent. In that scenario, other licensees affiliated with the designated broker may represent buyers or tenants as their agents in any transactions dealing with the subject property.

2012.6(3) The designated broker may decide that since both seller and buyer, or landlord and tenant, brokerage relationships are being offered to consumers by the broker's company, only the affiliated licensee who, on behalf of the designated broker, entered into the buyer representation agreement with the buyer or leasing agreement with the tenant will represent the buyer or tenant as that client's agent. In that scenario, other licensees affiliated with the designated broker may represent sellers or landlords as their agents in any transactions dealing with the subject property.

2012.6(4) If any seller, landlord, buyer, or tenant who is a client of the broker refuses to sign and consent to the appointed agent within the brokerage appointed by that same broker for the other party to the transaction, then the broker and licensees affiliated with the broker cannot act as an appointed agent for that other party.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2012.7(543B) Appointed agent procedures and disclosure.

2012.7(1) Prior to entering into a brokerage agreement, a real estate brokerage notifies a client in writing of the real estate brokerage's appointed agent policy and those affiliated licensees in accordance

with Iowa Code section 543B.59(1). The appointed agent disclosure includes, at a minimum, the following provisions:

a. The name of the appointed agent(s);

b. A statement that the appointed agent will be representing the client as the client's agent and will owe the client duties as set forth in Iowa Code section 543B.56(1) and 543B.56(2);

c. A statement that the brokerage may be representing both the seller and the buyer in connection with the sale or purchase of real estate;

d. A statement that other affiliated licensees may be appointed during the term of the brokerage agreement should the appointed agent not be able to fulfill the terms of the brokerage agreement or as by agreement between the designated broker and the client. An appointment of another affiliated licensee or an additional affiliated licensee does not relieve the first appointed agent of any of the duties owed to the client. At any time of the appointment of the new or additional agents, the designated broker complies with the provisions of this rule; and

e. A provision for the client to consent or not consent in writing to the appointment.

2012.7(2) Implementation of the appointed agent within a brokerage relationship. Any broker may elect to offer the appointed agent relationship. The broker cannot implement the use of the relationship until such time as the broker has fully complied with all Iowa laws and commission rules.

a. The broker cannot, without the written consent of the clients, appoint an affiliated licensee to act as an appointed agent in any transaction involving a written exclusive single agent or dual agent brokerage agreement that was in effect prior to the broker's implementing the appointed agent relationship.

b. If the client of an appointed agent wants to consider a property on which the broker has a prior existing exclusive single agent or dual agent brokerage agreement, the broker cannot allow the use of the appointed agent without first obtaining the written consent of that particular seller or landlord to the appointed agent relationship.

c. If the written consent of the client to allow the appointed agency relationship is not given or cannot be obtained, the broker refers the client of the appointed agent to another broker for representation at least for the purpose of considering such property.

2012.7(3) A designated broker cannot be considered to be a dual agent solely because the designated broker makes an appointment under this rule, except that any licensee who, with prior written consent of all parties, personally represents both the seller and buyer or both the landlord and tenant in a transaction is a dual agent and needs to comply with the rules governing dual agents.

2012.7(4) Appointed agent and designated broker responsibilities.

a. A designated broker appointing an affiliated licensee(s) to act as an agent of a client takes ordinary and necessary care to protect confidential information disclosed by the client to the appointed agent.

b. An appointed agent may disclose to the brokerage's designated broker, or a designee specified by the designated broker, confidential information of a client for the purpose of seeking advice or assistance for the benefit of the client in regard to a possible transaction, or to comply with the broker's supervisory duties. Confidential information is treated as such by the designated broker or other specified representative of the broker and is not disclosed unless otherwise obligated by Iowa law and related commission rules or requested or permitted in writing by the client who originally disclosed the confidential information.

c. If a designated broker elects to use the appointed agent within a firm authority set forth in Iowa Code section 543B.59, and when the affiliated licensee appointed also acts in a supervisory capacity under the designated broker, such as branch managers, sales managers and the like, these appointed licensees may be treated in the same manner as the designated broker for purposes of determining dual agency under Iowa Code section 543B.59(2), only if the designated broker authorizes and provides for such supervisory positions in the written company policy.

(1) A designated broker may elect to authorize and appoint an affiliated licensee in a supervisory capacity to supervise and assist licensees appointed to exclusively represent a seller or landlord in a transaction.

(2) A designated broker may elect to authorize and appoint an affiliated licensee in a supervisory capacity to supervise and assist licensees appointed to exclusively represent a buyer or tenant in a transaction.

(3) A licensee in a supervisory capacity that is authorized and appointed to supervise and assist licensees appointed to represent a seller or landlord, or buyer or tenant, exclusively, have the same duties, obligations, and responsibilities as the designated broker.

(4) The use of an authorized appointed agent does not relieve the designated broker of duties, obligations, and responsibilities mandated by law or rules.

2012.7(5) Licensee's duty to designated broker or designee. A licensee keeps the brokerage's designated broker or that broker's designee fully informed of all activities conducted on behalf of the brokerage and notifies the designated broker or that broker's designee of any other activities that might impact on the responsibility of the designated broker or that broker's designee.

[**ARC 7774C**, IAB 4/17/24, effective 5/22/24; **ARC 9478C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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CHAPTER 2013
TRUST ACCOUNTS AND CLOSINGS

[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 13]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2013.1(543B) Trust account. All earnest payments, all rents collected, property management funds, and other trust funds received by the broker in such capacity or broker associate or salesperson on behalf of the broker's client are deposited in a trust account maintained by the broker in an identified trust account, with the word "trust" in the name of the account, in a federally insured depository institution and, for the purposes of this rule, may be referred to as the "depository."

2013.1(1) All money belonging to others received by the broker, broker associate or salesperson on the sale, rental, purchase, or exchange of real property located in Iowa are trust funds and are deposited in a trust account as directed by the principals to a transaction constituting dealing in real estate. This includes, but is not limited to, receipts from property management contracts; rental or lease contracts; advance fee contracts; escrow contracts; collection contracts; earnest money contracts; or money received by a broker for future investment or other purpose, except a nonrefundable retainer need not be placed in an escrow account if specifically provided for in the written agreement between the broker and the broker's principal.

a. All trust funds are deposited into the trust account no later than five banking days after the date indicated on the document that the last signature of acceptance of the offer to purchase, rent, lease, exchange, or option is obtained unless otherwise specified in the contract.

b. Money belonging to others cannot be invested in any type of fixed-term maturity account, security or certificate without the written consent of the party or parties to whom the money belongs.

c. A broker cannot commingle personal funds in a trust account unless authorized by Iowa Code section 543B.46(4).

The broker ensures that personal funds are deposited to cover bank service charges as specified in Iowa Code section 543B.46 and that at no time are trust moneys used to cover any charges. Upon notification that the broker's personal funds are not sufficient to cover service charges initiated by the bank that are above the normal maintenance charges, the broker deposits personal funds to correct the deficiency within 15 calendar days of the closing date of that bank statement.

d. Money held in the trust account, which becomes due and payable to the broker, is promptly withdrawn by the broker.

e. The broker cannot use the trust account as a business operating account or for personal use. Commissions, salaries, related items and normal business expenses are not disbursed directly from the trust account.

2013.1(2) As authorized by Iowa Code section 543B.46(1), all interest earned on the trust account is transferred on a calendar quarter basis to the state. The amount to be remitted to the state will be the amount of interest earned less any service charges directly attributable to the criteria of maintaining an interest-bearing account and of remitting the interest to the state. The broker may have the depository remit the interest directly or the broker may remit the interest but, in either case, it is the responsibility of the broker to see that the interest is remitted.

a. If the interest is remitted by the broker, the broker should use the commission-approved Real Estate Interest Remittance Form and include a copy of the applicable bank statement(s) showing the interest paid and the service charges attributable to maintaining the account.

b. If the interest is remitted by the broker, the broker mails the interest remittance check and mandatory documentation to:

The State of Iowa
c/o Bankers Trust Company
P.O. Box 4686
Des Moines, Iowa 50306

c. The depository should use the name "Iowa Finance Authority" and the federal tax identification number (TIN) 52-1699886 on the 1099 reporting form when reporting interest to the IRS.

d. The depository should send the 1099 reporting form to:

Iowa Finance Authority
2015 Grand Avenue
Des Moines, Iowa 50312

e. If the property management or rental account is interest-bearing, the interest is transferred on a calendar quarter basis to the state unless there is a written agreement paying the interest to the property owner.

f. A broker enters into a written agreement to pay interest to a buyer or seller in a transaction, or to a third party if requested by the parties to the contract and agreed to by the broker, if the client's trust funds can earn net interest. In determining whether a client can earn net interest on funds placed in trust, the broker takes into consideration all relevant factors including the following:

(1) The amount of interest that the funds would earn during the period in which they are reasonably expected to be deposited;

(2) The cost of establishing and administering an individual interest-bearing trust account in which the interest would be transmitted to the client, including any needed tax forms; and

(3) The capability of the financial institution to calculate and pay interest to individual clients through subaccounting or otherwise.

2013.1(3) With disclosure to and the written agreement of all parties, a trust account may bear interest to be disbursed to (1) the buyer or seller involved in a real estate purchase, sale or exchange transaction, or (2) the property owner, if the property management or rental contract contains this specific provision, or (3) as otherwise specifically allowed or provided in Iowa Code sections 562A.12(2) and 562B.13(2), or (4) a third party if requested by the parties to the contract and agreed to by the broker. Disbursements of interest on trust funds are subject to all provisions of law that obligate a broker to safeguard and account for the handling of funds of others.

2013.1(4) Receipts from property management and rental account transactions may be deposited in a trust account separate from real estate transaction funds. If separately maintained, this account does not need to be an interest-bearing account.

a. The broker provides to the broker's client a complete accounting of all moneys received and disbursed from the trust account(s) not less often than annually.

b. A broker may only utilize a separate property management or rents trust account for those moneys received by a broker pursuant to a written property management or rental agreement.

2013.1(5) A broker is needed to open and maintain one or more trust accounts if the broker is in the practice of depositing funds in a trust account. For each separate trust account opened, the broker files with the commission a written Consent to Examine and Audit Trust Account form, which irrevocably authorizes the commission to examine and audit the trust account. The form of consent is prescribed by and available from the commission and includes the account names and number and the name and address of the depository.

a. If the broker is not in the practice of depositing trust funds in a trust account, the broker files an affidavit with the commission on a form prescribed by and available from the commission.

b. If trust funds are received by the broker after filing an affidavit, the broker immediately opens a trust account and files the appropriate Consent to Examine and Audit Trust Account form with the commission.

c. As provided by Iowa Code section 543B.46(3), a consent to examine is not necessary for a separate farm business operating account or a separate property management account.

2013.1(6) Each broker obligated to maintain a trust account maintains at all times a record of each account, as mandated by these rules, in the place of business, consisting of at least the following:

a. A record called a journal which records in chronological order all receipts and disbursements of moneys in the trust account.

(1) For receipts, the journal for each trust account includes the date, name of depositor, the check number and the amount deposited, and the name of principal or identify the property.

(2) For disbursements, the journal for each trust account includes the date, name of payee, name of principal or identify the property, the check number and the amount disbursed.

(3) The journal provides a means for monthly reconciliation on a written worksheet of the general ledger balance with the bank balance and with the individual ledger accounts to ensure agreement.

b. Real estate sales transactions additionally need an individual ledger account identified by the property or the principal, which records all receipts and disbursements of the transaction and clearly separates the transaction from all others. The individual ledger account includes the date, check number, amount, name of payee or depositor or explanation of activity with a running balance.

c. Property management trust account records additionally include an individual ledger account for each tenant, identifying the tenant's rental unit and security deposit and including all receipts and disbursements together with check number and date. The journal for each account is maintained as an owner's ledger account for all properties owned by each owner showing receipts and disbursements applicable to each property managed.

(1) All disbursements are documented by bids, contracts, invoices or other appropriate written documentation.

(2) The running balance may be determined at the time of monthly reconciliation.

d. Trust account supporting documents include, but are not limited to, the following:

(1) Bank statements;

(2) Canceled checks;

(3) Copies of contracts, listing, sales, rental and leasing;

(4) Closing statements;

(5) Pertinent correspondence; and

(6) Any additional items necessary to verify or explain an entry.

2013.1(7) Funds, including interest on trust funds, are only disbursed from the trust account as provided in Iowa Code section 543B.46(1) and by the terms and conditions of the contract or escrow agreement. No funds are disbursed from the trust account prior to the closing, or other than as provided by the terms of the escrow agreement, without the informed written consent of all the parties. In the event of a dispute over the return or forfeiture of an earnest money deposit or the disbursement of an escrow deposit held by a broker, the broker continues to hold the deposit in the trust account until one of the following conditions is met:

a. The broker is in receipt of a written release from all parties to the transaction consenting to the disposition of the deposit or escrow funds; or

b. The broker is in receipt of a final judgment of the court directing the disposition of the deposit or escrow funds; or

c. There is a final decision of a binding alternative dispute resolution process, or mediation directing the disposition of the deposit or escrow funds; or

d. A civil court action is filed by one or more of the parties to determine the disposition of the deposit or escrow funds, at which time the broker may seek court authorization to pay the deposit or escrow funds into court.

2013.1(8) No funds are disbursed from the trust account prior to the closing without the informed written consent of all the parties to the transaction as provided in subrule 2013.1(7), except in accordance with this rule. Nothing in this rule obligates a broker to remove money from the broker's trust account when the disposition of such money is disputed by the parties to the transaction. The commission will not take disciplinary action against a broker who in good faith disburses trust account moneys pursuant to this rule.

a. In the absence of a pending civil court action or written agreement, it is not grounds for disciplinary action when, upon passage of 30 days from the date of the dispute, a broker disburses the earnest money deposit to a buyer, renter, or lessee in a transaction based upon a good faith decision that a contingency has not been met, but disbursement is made only after the broker has given 30 days' written notice by certified mail to all parties concerned at their last-known addresses, setting forth the broker's proposed action and the grounds for the decision.

b. In the absence of a pending civil action or written agreement, it is not grounds for disciplinary action when, upon passage of six months from the date of the dispute, a broker disburses the earnest money deposit to a seller or landlord in a transaction based upon a good faith decision that the buyer, renter, or lessee has failed to perform as agreed, but disbursement is made only after the broker has given 30 days' written notice by certified mail to all parties concerned at their last-known addresses, setting forth the broker's proposed action and grounds for the decision.

c. If a buyer or seller, or a landlord or lessee, or a renter demands the return of the earnest money deposit, the broker consults with the other party who may agree or disagree with the return.

2013.1(9) Under no circumstances is the broker entitled to withhold any portion of the earnest money when a transaction fails to consummate even if a commission is earned. The earnest money is disposed of as provided in subrule 2013.1(7), 2013.1(8), or 2013.1(10), and the broker pursues any claim for commission or compensation against the broker's client.

2013.1(10) Interpleader. Anytime the broker in good faith believes that the parties disputing the return of the deposit will not agree on the disposition of the deposit or file a civil court action to determine the disposition of the deposit, then the broker may elect to file an interpleader action with the appropriate court pursuant to Iowa Rules of Civil Procedure and pay the deposit into court. The broker may, in filing such an interpleader court action:

a. Attempt to claim a part of the deposit pursuant to the listing contract with the seller, if the seller is successful in the suit.

b. Disclaim any part of the deposit and request the court to restrain the buyer and the seller from naming the broker in the civil suit and order them to litigate their claims to the deposit.

2013.1(11) A trust account may bear interest to be disbursed to the buyers or sellers or to a third party if requested by the parties to the contract and agreed to by the broker with the written approval of all parties to the contract or to the owner if the trust account is for a property management account and the management contract so specifies, or as otherwise specifically allowed or provided in Iowa Code sections 562A.12(2) and 562B.13(2). The account is a separate account from the account(s) which is to accrue interest to the state. Interest is disbursed to the owner or owners of the funds at the time of settlement of the transaction or as agreed to in the management contract and is properly accounted for on closing statements. A broker does not disburse interest on trust funds except as provided in subrules 2013.1(3) and 2013.1(7). Service charges for the account are a business expense of the broker and are not deducted from the proceeds.

2013.1(12) Property management account funds may be withdrawn at any time for the purpose of returning the funds to the payee in accordance with the terms of the contract or receipt.

2013.1(13) Property management funds may be withdrawn when and if the broker reasonably believes, from evidence available, that the tenant has obtained a rental or lease through information supplied by or on behalf of the broker.

2013.1(14) Trust funds that are not traceable to any individual for disbursement from the trust account are unclaimed property. In accordance with Iowa Code chapter 556, after three years, unclaimed trust funds are reported and remitted to the Treasurer, State of Iowa, Unclaimed Property Division.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2013.2(543B) Closing transactions. It is mandatory for every broker to deliver to the seller in every real estate transaction, at the time the transaction is consummated, a complete detailed statement, showing all of the receipts and disbursements handled by the broker. Also, the broker at the same time delivers to the buyer a complete statement showing all moneys received in the transaction from the buyer and how and for what the same were disbursed.

2013.2(1) In the event all funds being held by the broker for a transaction cannot be disbursed at the time of closing, the broker obtains an escrow agreement signed by both parties to the transaction which directs the broker regarding the future disbursement of the funds.

2013.2(2) The broker retains all trust account records and a complete file, which includes but is not limited to the records mandated by rule 481—2013.5(543B), on each transaction for a period of at least five years after the date of the closing. Records mandated by this rule may be retained as an electronic record as provided by rule 481—2013.5(543B).

2013.2(3) The listing broker is responsible for the closing even though the closing may be completed by another licensee.

2013.2(4) If the closing transaction is handled through an unlicensed escrow agent and the escrow agent renders a closing statement, the listing broker ensures that funds which the broker has received or paid as part of the transaction are accounted for properly.

2013.2(5) In the case of a cooperative sale between brokers, the listing broker may elect to close the transaction or, by prior agreement, authorize the selling broker to close.

a. If the listing broker so elects, the selling broker has the buyer make the earnest money check or money order payable to the listing broker and immediately delivers the earnest money check or money order along with the offer to purchase to the listing broker or listing agent.

b. Unless by prior agreement the listing broker has authorized the selling broker to close, the offer to purchase designates that the earnest money is held in trust by the listing broker.

c. Unless by prior agreement the listing broker has authorized the selling broker to close, when cash is accepted as earnest money by the selling agent, the selling agent deposits the money in the selling broker's trust account in accordance with commission rules, and then immediately transfers the earnest money deposit to the listing broker by issuing a check drawn on the selling broker's trust account.

2013.2(6) Any means other than cash or an immediately cashable check are not accepted as earnest money unless that fact is communicated to the seller prior to the acceptance of the offer to purchase, and is stated in the offer to purchase.

2013.2(7) Brokers acting as agents for the buyer in a specific real estate transaction have the same criteria for retention of copies as stated in this rule, except that a buyer's agent who is not a party to the listing contract is not obligated to retain a copy of the listing contract or the seller's settlement statement.

2013.2(8) Iowa Court Rule 37.5, limited real estate practice. All Iowa real estate licensees should be aware that Iowa Court Rule 37.5 authorizes nonlawyers to select, prepare, and complete certain legal documents incident to residential real estate transactions of four units or less. The preparation of documents beyond that authorized by this court rule may constitute the unauthorized practice of law.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2013.3(543B) Salesperson cannot handle closing. A salesperson cannot handle the closing of any real estate transaction except under the direct supervision or with the consent of the employing broker.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2013.4(543B) Consent to return earnest money not necessary. When an offer to purchase is withdrawn or the acceptance is revoked without liability pursuant to Iowa Code chapter 558A, any earnest money deposit is promptly returned to the buyer without delay. The seller's consent and agreement to release the funds is not necessary. A copy of the written revocation or withdrawal is retained with the trust account supporting documents.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2013.5(543B) File recordkeeping. Every broker retains for a period of at least five years true copies of all business books; accounts, including voided checks; records; contracts; closing statements; disclosures; signed documents; the listing; any offers to purchase; and all correspondence relating to each real estate transaction that the broker has handled and each property managed. The records are made available for reproduction and inspection by the commission, staff, and commission-authorized representatives at all times during usual business hours at the broker's regular place of business. If the brokerage closes, the records are made available for reproduction and inspection by the commission, staff, and commission-authorized representatives upon request.

2013.5(1) Contracts and other documents that have been changed or altered to the point where the language is unreadable and faxed contracts and documents in which the language is unreadable are not acceptable records and are redrafted and signed by the parties.

2013.5(2) Copies of unreadable documents are not acceptable as true copies of the originals regardless of the medium.

2013.5(3) Electronic records. The files, records, and other documents mandated by this chapter may be stored in electronic format for convenience and efficiency in a system for electronic record storage, analysis, and retrieval.

a. A record obligated by this chapter may be retained as an electronic record only if the record storage medium can be easily accessed and the records can be readily retrieved and transferred to a legible printed form upon request.

b. The scanning or electronic generation of a record is monitored to ensure that the copy is clear, legible and true before the original is shredded.

c. Once the original record is transferred to the appropriate electronic storage medium consistent with this rule, the commission will no longer need the retention of the record in its original medium. For the purposes of this chapter, electronic records are considered the same as originals.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2013.6(543B) Licensee acting as a principal. When a licensee is acting in the capacity of a real estate broker, broker associate or salesperson and is also a principal in the sale, lease, rental or exchange of property owned by the licensee, all payments, rent, or security deposits received from the lessee, renter or buyer are deposited into the broker's trust account. The use of the broker's trust account is not needed if all of the following exist:

1. The sale, rental, or exchange is strictly, clearly and completely a "by owner" transaction and there is not a listing or brokerage agreement;
2. No commission or other compensation is paid to or received by the licensee; and
3. The licensee does not function throughout the transaction in any capacity requiring a real estate license.

[**ARC 7775C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2014
SELLER PROPERTY CONDITION DISCLOSURE

[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 14]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2014.1(543B) Property condition disclosure. The criteria of this chapter applies to transfers of real estate subject to Iowa Code chapter 558A. For purposes of this chapter, "transfer" means the same as Iowa Code section 558A.1(5) and "agent" means the same as Iowa Code section 558A.1(1).

2014.1(1) *Additional disclosure.* Nothing in this rule is intended to prevent any additional disclosure or to relieve the parties or agents in the transaction from making any disclosure otherwise mandated by law or contract.

2014.1(2) *Licensee responsibilities to seller.* At the time a licensee obtains a listing, the listing licensee obtains a completed disclosure signed and dated by each seller represented by the licensee.

a. A licensee representing a seller delivers the executed statement to a potential buyer, a potential buyer's agent, or any other third party who may be representing a potential buyer, prior to the seller's making a written offer to sell or the seller's accepting a written offer to buy.

b. The licensee representing a seller attempts to obtain the buyer's signature and date of signature on the statement and provides the seller and the buyer with fully executed copies of the disclosure and maintains a copy of the written acknowledgment in the transaction file. If the licensee is unable to obtain the buyer's signature, the licensee obtains other documentation establishing delivery of the disclosure and maintains the written documentation in the transaction file.

c. If the transaction closes, the listing broker maintains the completed disclosure statement for a minimum of five years.

d. The executed disclosure statement is delivered to the buyer(s) or the buyer's agent in accordance with Iowa Code section 558A.2(2). If there is more than one buyer, any one buyer or buyer's agent may accept delivery of the executed statement.

2014.1(3) *Licensee responsibilities to buyer.* A licensee representing a buyer in a transfer notifies the buyer of the seller's obligation to deliver the property disclosure statement.

a. If the disclosure statement is not delivered when mandated, the licensee notifies the buyer that the buyer may revoke or withdraw the offer and follows Iowa Code section 558A.2(2).

b. Reserved.

2014.1(4) *Inclusion of written reports.* A written report or opinion prepared by a person qualified to render the report or opinion may be included in a disclosure statement. A report may be prepared by those authorized by Iowa Code section 558A.4(1)*"b."*

a. The seller identifies the necessary disclosure items which are to be satisfied by the report.

b. If the report is prepared for the specific purpose of satisfying the disclosure criteria, the preparer of the report follows Iowa Code section 558A.4(1)*"b."*

c. A licensee representing a seller provides the seller with information on the proper use of reports if reports are used as part of the disclosure statement.

2014.1(5) *Amended disclosure statement.* A licensee's obligations with respect to any amended disclosure statement are the same as the licensee's obligations with respect to the original disclosure statement. A disclosure statement is amended if authorized by Iowa Code section 558A.3(2).

2014.1(6) *Acknowledgment of receipt of disclosure statement by electronic means.* Whether or not a licensee assists in a real estate transaction, electronic delivery of any property disclosure statement mandated by Iowa Code chapter 558A is not deemed completed until written acknowledgment of receipt is provided to the transferor by the transferee or the transferee's agent. Acceptable acknowledgment of receipt includes return of a fully executed copy of the property disclosure statement to the transferor by the transferee or the transferee's agent; or a letter, electronic mail, text message, or other written correspondence to the transferor from the transferee or the transferee's agent acknowledging receipt. A

computer-generated read receipt, facsimile delivery confirmation, or other automated return message is not deemed acknowledgment of receipt for purposes of this rule.

2014.1(7) *Minimum disclosure statement contents for all transfers.* All property disclosure statements, whether or not a licensee assists in the transaction, contain at a minimum the information mandated by the following sample statement. No particular language is necessary in the disclosure statement provided that the necessary disclosure items are included and the disclosure complies with Iowa Code chapter 558A. To assist real estate licensees and the public, the commission recommends use of the following sample language:

RESIDENTIAL PROPERTY SELLER DISCLOSURE STATEMENT

Property address: _____

PURPOSE:

Use this statement to disclose information as mandated by Iowa Code chapter 558A. This law obligates certain sellers of residential property that includes at least one and no more than four dwelling units to disclose information about the property to be sold. The following disclosures are made by the seller(s) and not by any agent acting on behalf of the seller(s).

INSTRUCTIONS TO SELLER(S):

1. Seller(s) completes this statement. Respond to all questions, or attach reports allowed by Iowa Code section 558A.4(2);
2. Disclose all known conditions materially affecting this property;
3. If an item does not apply to this property, indicate that it is not applicable **(N/A)**;
4. Please provide information in good faith and make a reasonable effort to ascertain the necessary information. If the necessary information is **unknown** or is **unavailable** following a reasonable effort, use an **approximation** of the information, or indicate that the information is **unknown (UNK)**. All **approximations** are identified as **approximations (AP)**;
5. Additional pages may be attached as needed;
6. Keep a copy of this statement with your other important papers.

1. Basement/Foundation: Any known water or other problems?	Yes [ ]	No [ ]
2. Roof: Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____		
3. Sewer System: Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____		
4. Heating System(s): Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____		
5. Central Cooling System(s): Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____ If N/A check here [ ]		
6. Plumbing System(s): Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____		
7. Electrical System(s): Any known problems?	Yes [ ]	No [ ]
Any known repairs?	Yes [ ]	No [ ]
If yes, date of repairs/replacement: ____/____/____		
8. Pest Infestation (e.g., termites, carpenter ants): Any known problems?	Yes [ ]	No [ ]
If yes, date(s) of treatment: ____/____/____		
Any known structural damage?	Yes [ ]	No [ ]
If yes, date(s) of repairs/replacement: ____/____/____		
9. Asbestos: Any known to be present in the structure?	Yes [ ]	No [ ]
If yes, explain: _____		
10. Radon: Any known tests for the presence of radon gas?	Yes [ ]	No [ ]

If yes, date of last report: ____/____/____
and results: _____

11. Lead-Based Paint: Any known to be present in the structure? Yes [ ] No [ ]
12. Flood Plain: Do you know if the property is located in a flood plain? Yes [ ] No [ ]
13. Are there currently, or have there ever been, any lead water service lines present? Yes [ ] No [ ] Unknown [ ]

If yes, please provide more information: _____

14. Zoning: Do you know the zoning classification of the property? Yes [ ] No [ ]
If yes, what is the zoning classification? _____
15. Covenants: Is the property subject to restrictive covenants? Yes [ ] No [ ]
If yes, attach a copy or state where a true, current copy of the covenants can be obtained:
_____
16. Shared or Co-Owned Features: Any features of the property known to be shared in common with adjoining landowners, such as walls, fences, roads, and driveways whose use or maintenance responsibility may have an effect on the property? Yes [ ] No [ ]
Any known *"common areas"* such as pools, tennis courts, walkways, or other areas co-owned with others, or a Homeowner's Association which has any authority over the property? Yes [ ] No [ ]
17. Physical Problems: Any known settling, flooding, drainage or grading problems? Yes [ ] No [ ]
18. Structural Damage: Any known structural damage? Yes [ ] No [ ]
19. Well and Pump: Any known problems? Yes [ ] No [ ]
If N/A check here [ ]
Any known repairs? Yes [ ] No [ ]
If yes, date of repairs/replacement: ____/____/____
Any known water tests? Yes [ ] No [ ]
If yes, date of last report: ____/____/____
and results: _____
20. Septic Tanks/Drain Fields: Any known problems? Yes [ ] No [ ]
If N/A check here [ ]
Location of tank:
_____
Date tank last cleaned: ____/____/____

You need to explain any *"YES"* response(s) above. Use the back of this statement or additional sheets as necessary: _____
_____
_____
_____

SELLER(S) DISCLOSURE:

Seller(s) discloses the information regarding this property based on information known or reasonably available to the Seller(s).
The Seller(s) has owned the property since ____/____/____. The Seller(s) certifies that as of the date signed this information is true and accurate to the best of my/our knowledge.
Seller(s) acknowledges that Buyer(s) be provided with the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Health and Human Services.

Seller_____ Seller_____
Date ____/____/____ Date ____/____/____

BUYER(S) ACKNOWLEDGMENT:
Buyer(s) acknowledges receipt of a copy of this Real Estate Disclosure Statement. This statement is not intended to be a warranty or to substitute for any inspection Buyer(s) may wish to obtain.
Buyer(s) acknowledges receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Health and Human Services.

Buyer_____ Buyer_____

Date ____/____/____ Date ____/____/____

This rule is intended to implement Iowa Code chapters 17A, 272C, 543B, and 558A.

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CHAPTER 2015
PROPERTY MANAGEMENT
[Prior to 9/4/02, see 193E—Ch 1]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 15]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2015.1(543B) Property management. A licensee cannot rent or lease real estate, offer to rent or lease real estate, negotiate or offer or agree to negotiate the rental or leasing of real estate, list or offer to list real estate for the leasing or rental of real estate, assist or direct in the negotiation of any transaction calculated or intended to result in the leasing or rental of real estate or show property to prospective renters or lessees of real estate unless the licensee's broker holds a current written property management agreement or other written authorization signed by the owner of the real estate or the owner's authorized agent.

2015.1(1) Every property management agreement or other written authorization between a broker and an owner of real estate includes, but is not limited to, the following:

a. Proper identification of the property to be managed.

b. All terms and conditions under which the property is to be managed and the powers and authority given to the broker by the owner.

c. Terms and conditions under which the broker will remit property income to the owner and when the broker will provide periodic written statements of property income and expenses to the owner, which is done no less than annually.

d. Which payments of property-related expenses are to be made by the broker to third parties.

e. Amount of fee or commission to be paid to the broker and when it will be paid.

f. Amount of security deposits and prepaid rents to be held by the broker or the owner.

g. Effective date of the agreement.

h. Terms and conditions for termination of the property management agreement by the broker or the owner of the property.

i. Signatures of the broker and owner or the owner's authorized agent.

2015.1(2) The licensee gives the owner or the owner's authorized agent a legible copy of every written property management agreement or written authorization at the time the signature of the owner is obtained, and the licensee's broker retains a copy.

2015.1(3) A licensee who is managing the leasing or rental of real estate may act as an agent in the sale or exchange of that real estate only if the property management agreement clearly grants the specific authorization and contains all of the necessary elements for a listing as set forth in rule 481—2011.1(543B) or if a separate listing agreement is secured.

2015.1(4) The broker deposits all funds received on behalf of the owner, by no later than five banking days after receipt of the funds, into a trust account maintained by the broker, under the broker's control and in compliance with Iowa Code section 543B.46 and rule 481—2013.1(543B).

2015.1(5) If the property management agreement is terminated or transferred for any reason, the property manager:

a. Terminates the management activities of the property as provided in the agreement and except as otherwise provided by the agreement;

b. Notifies the owner and any tenants of the property of the termination;

c. Provides the owner, not later than 30 days after the effective date of the termination, with any unobligated funds due the owner under the agreement and not later than 60 days after the effective date of the termination, provides the owner with a final accounting of the owner's ledger account, the amount of any obligated funds held in the property manager's client trust account under the agreement, a statement that explains why obligated funds are being held by the property manager and a statement of when and to whom the obligated funds will be disbursed by the property manager;

d. May disburse any unobligated funds only to the owner or, with the proper written authorization of the owner, to another property manager designated in writing by the owner;

e. Immediately notifies each tenant that the conditionally refundable deposit will be transferred to the owner or to a new property manager and, at the same time, provides the name and address of the owner or the new property manager to whom these deposits will be transferred.

2015.1(6) If any of the unobligated funds held by the property manager under the terminated agreement represent tenants' conditionally refundable deposits received from current tenants, the property manager:

a. Cannot expend any tenant's conditionally refundable deposits for payment of any expenses or fees not otherwise allowed by the tenant's rental or lease agreements, and

b. If any tenant terminates tenancy at the same time as or prior to the termination of the management of the rented or leased property, the licensee completes any final accounting, inspection or other procedure obligated by the tenant's rental or lease agreement, by the Uniform Residential Landlord and Tenant Law, Mobile Home Parks Residential Landlord and Tenant Law, or by the property management agreement, unless the owner directs otherwise in writing.

2015.1(7) Financial dealings under a property management agreement are conducted subject to the following:

a. A check is not issued or presented for payment prior to sufficient funds being in the owner's account to cover the check.

b. Transfers of funds between two or more accounts maintained for the same owner may be made if proper entries are made on the ledgers of the accounts affected and the broker maintains the specific written authorization of the owner.

Transfers of funds between an individual owner's accounts are done by writing billings and receipts debiting and crediting the appropriate accounts. Transfers are not done by ledger entries alone.

c. The broker cannot withdraw, pay or transfer money from the owner's account in excess of the remaining credit balance at the time of withdrawal, payment or transfer.

d. Management fees are withdrawn from the owner's account at least once a month unless the agreement provides otherwise. The fees are identified by property name or account number for which the fees were earned and withdrawn by the broker and deposited into the broker's business operating account. Fees are not paid directly from the owner's trust account to the broker.

e. Conditionally refundable deposits are placed in a trust account until refund is made or until all or a portion of the deposit accrues to the owner under the tenant's agreement.

If refundable deposits are not maintained in a separate trust account, the running balance of the account does not, at any time, go below the total of the refundable deposits being held in the account.

f. The total of balances of the individual property management accounts of the broker equals the balance shown on the journal, the account ledgers, and the reconciled bank balance of the broker.

All accounts and records are in compliance with Iowa Code section 543B.46 and rule 481—2013.1(543B).

g. Except as otherwise specifically allowed or provided in Iowa Code sections 562A.12(2) and 562B.13(2), if refundable deposits and funds are received from others pursuant to a property management agreement, deposited in an interest-bearing trust account, and there is not a separate written agreement to pay the interest earned to the owner or tenant, the interest is paid to the state pursuant to Iowa Code section 543B.46. The property manager does not receive or benefit from the interest.

The written approval agreement is signed by each party having an interest in the funds, fully disclosing how the funds are to be handled by the property manager, who will benefit from the interest earnings, how and when interest earnings will be paid and any limitations that may be provided for on the withdrawal of the funds deposited in the interest-bearing trust account.

This rule is intended to implement Iowa Code chapters 17A, 272C, and 543B.

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CHAPTER 2016
PRELICENSE EDUCATION AND CONTINUING EDUCATION

[Prior to 9/4/02, see 193E—Ch 3]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 16]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2016.1(543B) Definitions. For the purpose of these rules, the following definitions apply:

"Affirmative marketing" means the entire scope of social laws and ethics that are concerned with civil rights as they apply especially to housing and to the activities of real estate licensees.

"Approved program, course, or activity" means a continuing education program, course, or activity meeting the standards set forth in these rules which has received advance approval by the commission pursuant to these rules.

"Approved provider" means a person or an organization that has been approved by the commission to conduct continuing education activities pursuant to these rules.

"Broker" means any person holding an Iowa real estate broker license as defined in Iowa Code section 543B.3.

"Commission" means the real estate commission.

"Continuing education" means education needed as a condition to license renewal.

"Credit hour" means the value assigned by the commission to a prelicense or continuing education program, course, or activity.

"Distance learning" or *"online learning"* means a planned teaching/learning experience with a geographic separation of student and instructor that utilizes a wide spectrum of technology-based systems, including computer-based instruction, to reach learners at a distance. Home-study courses that include written materials, exercises and tests mailed to the provider for review are included in this definition.

"Guest speaker" means an individual who teaches a real estate education course on a one-time-only or very limited basis and who possesses a unique depth of knowledge and experience in the subject matter the individual proposes to teach.

"Hour" means 50 minutes of instruction.

"Inactive license" means the same as defined in Iowa Code section 543B.5(12).

"Licensee" means the same as defined in Iowa Code section 543B.5(13).

"Live instruction" means an educational program delivered in a traditional classroom setting or by electronic means whereby the instructor and student have real-time visual and audio contact to carry out their essential tasks.

"Prelicense course" means instruction consisting of one or more courses meeting the criteria of Iowa Code section 543B.15.

"Salesperson" means any person holding an Iowa real estate salesperson license as defined in Iowa Code section 543B.5(3).

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.2(543B) Salesperson prelicense criteria.

2016.2(1) *Mandatory course of study.*

a. The mandatory course of study for the salesperson licensing examination consists of 60 live instruction or distance/online learning hours of real estate principles and practices to comply with the criteria of Iowa Code section 543B.15. The curriculum includes, but is not limited to, the following subjects:

Introduction to Real Estate and Iowa License Law	12 hours
Ownership, Encumbrances, Legal Descriptions, Transfer of Title and Closing	12 hours
Contracts, Agency and Antitrust	12 hours
Valuation, Finance and Real Estate Math	12 hours
Property Management/Leasing, Fair Housing, Environmental Risks and Health Issues	12 hours

b. At the time of submission of an application, an applicant applying for an original salesperson license also provides evidence of the following live instruction courses: 12 hours of Developing Professionalism and Ethical Practices, 12 hours of Buying Practices and 12 hours of Listing Practices. All the necessary education is completed during the 12 months prior to the date the application is postmarked or received.

2016.2(2) *Completion of prelicense education.* Successful completion of the salesperson prelicense education includes passage of an examination(s) designed by the approved provider that is sufficiently comprehensive to measure the student's knowledge of all aspects of the course(s). Times allotted for examinations may be regarded as hours of instruction.

2016.2(3) *Substitution of courses.* Written requests for substitution of the salesperson prelicense education courses specified in subrule 2016.2(1) may be granted if the applicant submits evidence of successful completion of a course or courses which are substantially similar to the courses specified in subrule 2016.2(1). Courses completed more than 12 months prior to commission consideration for approval do not qualify for substitution.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.3(543B) Broker prelicense education criteria.

2016.3(1) *Mandatory course of study.* The mandatory course of study to take the broker examination consists of Iowa Code section 543B.15(7). Approved courses include the following subjects:

Contract Law and Contract Writing	6 hours
Iowa Real Estate Trust Accounts	6 hours
Principles of Appraising and Market Analysis	6 hours
Real Estate Law and Agency Law	6 hours
Real Estate Finance	6 hours
Federal and State Laws Affecting Iowa Practice	6 hours
Real Estate Office Organization, Administration and Human Resources	12 hours
Real Estate Technology and Data Security	6 hours
Ethics and Safety Issues for Brokers	6 hours

2016.3(2) *Completion of prelicense education.* Successful completion of the broker prelicense education includes passage of an examination(s) designed by the approved provider that is sufficiently comprehensive to measure the student's knowledge of all aspects of the course(s). Times allotted for examinations may be regarded as hours of instruction.

2016.3(3) *Substitution of courses.* Written requests for substitution of the broker prelicense education courses specified in subrule 2016.3(1) may be granted if the applicant submits evidence of successful completion of a course or courses which are substantially similar to the courses specified in subrule 2016.3(1). Any course completed more than 24 months prior to commission consideration for approval does not qualify for substitution.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.4(543B) Continuing education criteria.

2016.4(1) All individual real estate licenses are issued for three-year terms, counting the remaining portion of the year of issue as a full year. All individual licenses expire on December 31 of the third year of the license term.

2016.4(2) As a criteria of license renewal in an active status, each real estate licensee completes a minimum of 36 hours of approved programs, courses or activities. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course nor the four-hour ethics course. Approved courses in the following subjects are completed to renew a license to active status:

Law Update	8 hours
Ethics	4 hours
Electives	24 hours

2016.4(3) During each three-year renewal period a course may be taken for credit only once. A course may be repeated for credit only if the course numbers and instructors are different.

2016.4(4) A maximum of 24 hours of continuing education may be taken by distance/online learning each three-year renewal period.

2016.4(5) A licensee unable to attend educational offerings because of a disability may make a written request to the commission setting forth an explanation and verification of the disability. Licensees making requests need to meet the definition of a person with a disability found in the Americans with Disabilities Act as amended by the ADA Amendments Act of 2008 (ADAAA).

2016.4(6) In addition to courses approved directly by the commission, the following will be deemed acceptable as continuing education:

a. Credits earned in a state which has a continuing education criteria for renewal of a license if the course is approved by the real estate licensing board of that state for credit for renewal. However, state-specific courses are not acceptable.

b. Courses sponsored by the National Association of Realtors (NAR) or its affiliates.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; **ARC 9480C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2016.5(543B) Continuing education records. Applicants for license renewal pursuant to Iowa Code section 543B.15 certify that the number of hours of continuing education needed to renew a license was completed as described in rule 481—2016.4(543B).

2016.5(1) The commission will verify by random audit or on a test basis the education claimed by the licensee. It is the responsibility of the licensee to maintain records that support the continuing education claimed and the validity of the credits. Documentation is retained by the licensee for a period of six years after the effective date of the license renewal.

2016.5(2) It will not be acceptable for a licensee to include on a renewal application continuing education which has not yet been completed, is outside the renewal period, or for which prior approval or postapproval has not been previously granted.

2016.5(3) Failure to provide necessary evidence of completion of claimed education within 30 days of the written notice from the commission results in the license's being placed on inactive status. Prior to activating a license that has been placed on inactive status pursuant to this provision, the licensee submits to the commission satisfactory evidence that all necessary continuing education has been completed.

2016.5(4) Filing a false affirmation is prima facie evidence of a violation of Iowa Code section 543B.29(1).

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; **ARC 9480C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2016.6(543B) Reactivating an inactive license. A license may be renewed without the necessary continuing education, but it is only renewed to an inactive status. Prior to reactivating a license that has been issued inactive due to failure to submit evidence of continuing education, the licensee submits evidence that all deficient continuing education hours have been completed. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 18 hours from the previous renewal period. Licensees cannot carry over any hours toward the mandatory eight-hour law update course nor the four-hour ethics course.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; **ARC 9480C**, IAB 8/6/25, effective 9/10/25; Editorial change: IAC Supplement 6/10/26]

481—2016.7(543B) Full-time attendance. Successful completion of continuing education needs full-time attendance throughout the program, course or activity. A student who arrives late, leaves during class or leaves early does not receive a certificate.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.8(543B) Education criteria for out-of-state licensees. Subrule 2016.4(2) applies to every Iowa real estate licensee unless exempted by Iowa Code section 272C.2(5).

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.9(543B) Examination as a substitute for continuing education.

2016.9(1) A salesperson may satisfy all continuing education deficiencies by taking and passing the real estate salesperson examination. An authorization letter is obtained from the commission prior to scheduling the examination with the examination administrator.

a. If the salesperson takes and passes the salesperson examination within the six months immediately preceding the expiration of the license, the salesperson examination score report may be substituted for the necessary hours of continuing education credit for the current license term and will satisfy all previous deficiencies.

b. A salesperson who is otherwise qualified to be a broker and who passes the broker licensing examination is not needed to furnish evidence of credit for continuing education earned as a salesperson.

2016.9(2) A broker may satisfy all continuing education deficiencies by taking and passing the real estate broker examination. An authorization letter is obtained from the commission prior to scheduling the examination with the examination administrator. If the broker takes and passes the broker examination within the six months immediately preceding the expiration of the license, the broker examination score report may be substituted for the necessary hours of continuing education credits for the current license term and will satisfy all previous deficiencies.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.10(543B) Use of prelicense courses as continuing education.

2016.10(1) Salespersons and brokers may take up to 24 hours of the salesperson prelicense courses specified in subrule 2016.2(1) as continuing education. However, a newly licensed salesperson cannot use credits from the salesperson prelicense course(s) to meet the continuing education criteria of the first renewal term.

2016.10(2) Broker prelicense courses taken by a salesperson may be applied as continuing education for renewal of the salesperson license and also may be used as prelicense credit to qualify for a broker license.

2016.10(3) A broker may take broker prelicense courses as continuing education, but a newly licensed broker cannot use as continuing education credits from the prelicense courses taken to qualify for the broker license.

[**ARC 7778C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2016.11(543B) Requests for prior approval or postapproval of a course(s). A licensee seeking credit for attendance and participation in a course, program, or other continuing education activity that is to be conducted by a school not otherwise approved by the commission may apply for approval to the commission at least 21 days in advance of the beginning of the activity. The commission approves or denies the application in writing within 14 days of receipt of the application.

2016.11(1) The application for prior approval of a course or an activity includes the following information:

a. School or organization or person conducting the activity.

b. Location of the activity.

c. Title and brief description of the activity or title and course outline.

d. Credit hours requested.

e. Date of the activity.

f. Principal instructor(s).

2016.11(2) The application for postapproval of a course or an activity includes the following information:

a. School, firm, organization or person conducting the activity.

b. Location of the activity.

c. Title, description of activity, and course outline.

d. Credit hours requested for approval.

e. Date of the activity.

f. Principal instructor(s).

g. Verification of attendance.

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◊ Two or more ARCs

1 Effective date (8/14/91) of amendments to 3.1, unnumbered paragraphs 3, 8; 3.2(1-4); 3.3(2-9); 3.4(1); 3.4(2)*"o"*; 3.4(5)*"h"*; and rules 3.5 and 3.6 delayed 70 days by the Administrative Rules Review Committee. Delay lifted 8/21/91, effective 8/22/91.

CHAPTER 2017
APPROVAL OF SCHOOLS, COURSES AND INSTRUCTORS

[Prior to 9/4/02, see 193E—3.5(543B)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 17]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2017.1(543B) Administrative criteria for schools, courses and instructors. All schools, courses and instructors of prelicense and continuing education receive advance approval of the commission.

2017.1(1) Schools, courses and instructors are approved on forms prescribed by the commission for 24-month periods, including the month of approval. Approval is obtained for each course that an instructor proposes to teach.

2017.1(2) A course outline and all necessary forms are submitted for approval at least 30 days prior to the first offering of the program, course or activity.

2017.1(3) Evidence of compliance with or exemption from Iowa Code sections 714.18 through 714.25 is furnished to the commission.

2017.1(4) Potential participants of all approved courses are clearly informed of the hours to be credited, policies concerning registration, payment of fees, refunds and attendance criteria.

2017.1(5) School staff and instructors allow access to any classes conducted to any member of the commission or its duly appointed representatives.

2017.1(6) No part of any approved course is used to advertise or solicit orally or in writing any product or service.

2017.1(7) The school shows that procedures are in place to ensure that the student who completes an approved course is the student who enrolled in the course.

2017.1(8) School staff and instructors are available during normal business hours to answer student questions and provide assistance as necessary.

2017.1(9) The commission may at any time evaluate an approved school or instructor. If the commission finds there is a basis for consideration of revocation of the approval of the school or the instructor, the commission gives notice by ordinary mail or email to the coordinator of that school or to the instructor of a hearing on the possible revocation at least 20 days prior to the hearing.

2017.1(10) The commission may deny or withdraw approval of a program, course, or activity, but the decision to deny or withdraw approval may be appealed within 20 days of the date of mailing the notice of denial or withdrawal.

2017.1(11) Each application for approval designates an individual as coordinator for the school in responsible charge of its operation who is also the contact for the commission. The coordinator is responsible for complying with the commission’s rules relating to schools and for submitting reports and information if needed by the commission.

2017.1(12) An approved school cannot apply to itself either as part of its name or in any other manner the designation of “college” or “university” in such a way as to give the impression that it is an educational institution conforming to the standards and qualifications prescribed for colleges and universities unless the school, in fact, meets those standards and qualifications.

2017.1(13) Advertising and prospectus information. No approved school provides any information to the public or to prospective students that is misleading.

2017.1(14) Maximum hours of instruction. There is no more than eight classroom hours in any single day of instruction.

2017.1(15) Each approved school establishes and maintains for each student a complete, accurate and detailed record of instruction undertaken and satisfactorily completed in the areas of study prescribed by these rules. The records are maintained for a period of not less than five years. The commission assigns a number to each approved school and assigns a number to each approved program, course or activity. The approved school includes these reference numbers in correspondence with the commission and includes these numbers on certificates of attendance issued by the approved school.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.2(543B) Certificates of attendance.

2017.2(1) Each approved school under rule 481—2017.1(543B) provides an individual certificate of attendance to each licensee upon completion of the program, course, or activity. The certificate contains the following information:

a. School name and number;

b. Program, course or activity name and number;

c. Name and address of licensee;

d. Date on which the program, course or activity was completed;

e. Number of approved credit hours;

f. Instructor's name;

g. Signature of coordinator or other person authorized by the commission; and

h. A notation as to whether credit hours are to be used as distance learning or as live instruction.

2017.2(2) An attendance certificate is not issued to a licensee who is absent from a continuing education program, course, or activity. The program, course, or activity is completed in its entirety. A student who arrives late, leaves during class or leaves early does not receive an attendance certificate.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.3(543B) Instructors taking license examinations for auditing purposes.

2017.3(1) Instructors who take the salesperson or broker examination for auditing purposes first obtain written consent from the commission.

2017.3(2) Any instructor who wishes to retake an examination for auditing purposes may be granted permission after 12 months have passed.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.4(543B) Continuing education credit for instructors.

2017.4(1) Commission-approved instructors may receive up to six hours of continuing education credit toward renewal of a real estate license for verified attendance at an instructor development workshop approved by the commission. The instructor may use continuing education credit only once in each three-year renewal period.

2017.4(2) An instructor may receive continuing education credit for approved education courses that the instructor teaches, but not more than six hours of credit in any three-year license renewal period.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.5(543B) Acceptable course topics.

2017.5(1) The commission will consider courses in the following areas to be acceptable for approval:

a. Real estate ethics;

b. Legislative issues that influence real estate practice, including both pending and recent legislation;

c. The administration of licensing provisions of real estate law and rules, including compliance and regulatory practices;

d. Real estate financing, including mortgages and other financing techniques;

e. Real estate market analysis and evaluation, including site evaluations, market data, and feasibility studies;

f. Real estate brokerage administration, including office management, trust accounts, and employee contracts;

g. Real estate mathematics;

h. Real property management, including leasing agreements, accounting procedures, and management contracts;

i. Real property exchange;

j. Land use planning and zoning;

k. Real estate securities and syndications;

l. Estate building and portfolio management;

m. Accounting and taxation as applied to real property;

n. Land development;

o. Market analysis;
p. Real estate market procedures;
q. Technology and the practice of real estate;
r. Safety;
s. Fair housing; and
t. Diversity, equity and inclusion.

2017.5(2) Other course topics. A course topic may be approved if it is determined that it includes such facts, concepts and current information about which licensees are knowledgeable to conduct real estate negotiations and transactions and better protect client, customer and public interest. The same criteria will be used to evaluate courses that do not otherwise qualify under rule 481—2017.5(543B).

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.6(543B) Nonqualifying courses. The following course offerings do not qualify as continuing education:

2017.6(1) Courses of instruction designed to prepare a student for passing the real estate salesperson examination;

2017.6(2) Sales promotion or other meetings held in conjunction with a licensee's general business;

2017.6(3) A course certified by the use of a challenge examination. All students complete the necessary number of classroom hours to receive certification;

2017.6(4) Meetings which are a normal part of in-house staff or employee training;

2017.6(5) Orientation courses for licensees, such as those offered through local real estate boards.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.7(543B) Standards for approval of courses of instruction. The commission may approve live classroom instruction, distance education programs and paper and pencil home-study courses, subject to the following conditions:

2017.7(1) The course pertains to real estate topics that are integrally related to the real estate industry; and

2017.7(2) The course allows the participants to achieve a high level of competence in serving the objectives of consumers who engage the services of licensees; and

2017.7(3) The course qualifies for at least one credit hour.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.8(543B) Responsibilities of instructors and course developers.

2017.8(1) Instructors are competent in the subject matter and skilled in the use of appropriate teaching methods that have been proven effective through educational research and development.

2017.8(2) Course content and materials are accurate and consistent with currently accepted standards relating to the program's subject matter.

2017.8(3) Instructor and student materials are updated no later than 30 days after the effective date of a change in standards, laws or rules. Course content will not be considered current and up-to-date unless the new standards have been incorporated into the course or the instructor informs the participants of the new standards.

2017.8(4) Instructors attend workshops or instructional programs, as reasonably requested by the commission, to ensure that effective teaching techniques are used and current, relevant and accurate information is taught.

2017.8(5) All courses have an appropriate means of written evaluation by the participants. Evaluations include but are not limited to relevance of material, effectiveness of presentation and course content.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.9(543B) Standards for approval of classroom courses.

2017.9(1) The commission may approve live classroom courses, subject to the following criteria.

2017.9(2) The course application is accompanied by a comprehensive course outline that includes:

a. Description of course.

b. Purpose of course.

c. Level of difficulty.

d. Detailed learning objectives for each major topic that specify the level of knowledge or competency the student should demonstrate upon completing the course.

e. Description of the instructional methods utilized to accomplish the learning objectives.

f. Copies of all instructor and student course materials.

g. Course examination(s) or the diagnostic assessment method(s) utilized to achieve the course learning objectives, when applicable.

h. A description of the plan in place to periodically review course material with regard to changing federal and state statutes.

i. A statement of any attendance make-up policy that the school has in place.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.10(543B) Standards for approval of distance learning courses. The commission may approve distance learning courses, subject to the following criteria:

2017.10(1) The provider's purpose or mission statement is available to the public.

2017.10(2) The course outline includes clearly stated learning objectives and desired student competencies for each module of instruction and a description of how the program promotes interaction between the learner and the program.

2017.10(3) The course content is accurate and up-to-date. The provider describes the plan in place to periodically review course material with regard to changing federal and state statutes.

2017.10(4) The course is designed to ensure that student progress is evaluated at appropriate intervals and mastery of the material is achieved before a student can progress through the course material.

a. Students completing distance learning continuing education complete a final examination containing 10 questions for a one-hour course, 20 questions for a two-hour course, 30 questions for a three-hour course, 40 questions for a four-hour course, and 60 questions for a six- or eight-hour course.

b. A passing score of 80 percent is needed for course credit to be granted. There is no limit to the number of times a final examination may be taken to achieve a passing score.

2017.10(5) The provider shows that qualified individuals are involved in the design of the course.

2017.10(6) The provider lists individuals who provide technical support to students and state the specific times when support is available.

2017.10(7) A manual is provided to each registered student. It includes, but is not limited to, faculty contact information, student assignments and course criteria, broadcast schedules, testing information, passing scores, resource information, fee schedule and refund policy.

2017.10(8) The provider retains a statement signed by the student that affirms that the student completed the necessary work and examinations.

2017.10(9) The provider states in the course materials that the information presented in the course should not be used as a substitute for competent legal advice.

2017.10(10) Courses submitted for approval are sufficient in scope and content to justify the hours requested by the provider.

2017.10(11) Courses that have obtained approval from the Association of Real Estate License Law Officials (ARELLO) are automatically approved in Iowa.

2017.10(12) All computer-based continuing education and prelicense courses are completed within six months of the date of purchase.

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481—2017.11(543B) Standards for approval of paper and pencil home-study courses. The commission may approve paper and pencil home-study courses, subject to the following criteria:

2017.11(1) Courses are arranged in chapter format and include a table of contents.

2017.11(2) Overview statements that preview the content of the chapter are included for each chapter.

2017.11(3) Courses are designed to ensure that student progress is evaluated at appropriate intervals. The assessment process measures what each student has learned and not learned at regular intervals

throughout each module of the course. The student completes and returns quizzes to the provider to receive credit for the course.

2017.11(4) Students completing paper and pencil home-study continuing education complete a final examination containing 10 questions for a one-hour course, 20 questions for a two-hour course, 30 questions for a three-hour course, 40 questions for a four-hour course, and 60 questions for a six- or eight-hour course.

2017.11(5) A passing score of 80 percent is needed for course credit to be granted. There is no limit to the number of times a final examination may be taken to achieve a passing score.

2017.11(6) A licensee has six months from the date of purchase to complete all quizzes and assignments and to pass the final examination.

2017.11(7) The provider includes information that clearly informs the licensee of the course completion deadline, passing score needed, chapter quiz completion criteria and any other relevant information regarding the course.

2017.11(8) The provider states in the course materials that the information presented in the course should not be used as a substitute for competent legal advice.

2017.11(9) The provider retains a statement signed by the student that affirms that the student completed the necessary work and examinations.

2017.11(10) The provider is available to answer student questions or provide assistance as necessary during normal business hours.

2017.11(11) Courses submitted for approval are sufficient in scope and content to justify the hours requested by the provider.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2017.12(543B) Qualifying as an instructor.

2017.12(1) Individuals may be approved to teach prelicense and continuing education when they have shown proof of attendance of six hours at an instructor development workshop approved by the commission within 12 months preceding approval and have met the instructor qualification criteria.

2017.12(2) Guest speakers and individuals currently certified by a nationally recognized organization, such as a DREI, that has similar instructor standards are exempt, with prior approval of the commission, from the instructor qualification criteria and the instructor development workshop criteria.

2017.12(3) An applicant may be approved as an instructor when it is determined that the applicant evidences the ability to teach and communicate and possesses in-depth knowledge of the subject matter to be taught.

a. The applicant demonstrates the ability to teach by meeting at least one of the following criteria:

(1) Holds a bachelor's degree or higher in education from an accredited college (copy(ies) of transcript(s) to be attached); or

(2) Holds a current teaching credential or certificate in any field (copy to be attached); or

(3) Holds a certificate of completion from a real estate instructor institute, workshop or school approved by the real estate commission and has experience in the area of instruction (specific teaching experiences to be detailed); or

(4) Holds a full-time current appointment to the faculty of an accredited college; or

(5) Holds a current teaching designation from an organization approved by the real estate commission (evidence to be attached).

b. The applicant demonstrates in-depth knowledge of the subject matter by meeting at least one of the following criteria:

(1) Holds a bachelor's degree or higher from an accredited college with a major in a field of study directly related to the subject matter of the course the applicant proposes to teach, such as business, economics, accounting, real estate or finance (copy of transcript to be attached); or

(2) Holds a bachelor's degree or higher from an accredited college and five years of real estate experience directly related to the subject matter of the course the applicant proposes to teach (copy of transcript to be attached and documentation to explain how applicant's experience is directly related to the subject matter the applicant proposes to teach); or

(3) Be a licensed attorney in practice for at least three years in an area directly related to the subject matter of the course the applicant proposes to teach; or

(4) Be a highly qualified professional with a generally recognized professional designation such as, but not limited to, FLI, MAI, SIOR, SREA, CRB, CRS, CPM, but not including GRI, and two years of education from a postsecondary institution (evidence of both to be attached); or

(5) Have extensive instructional background in real estate education and experience in real estate as evidenced by a valid broker's license or five years of active real estate experience as a salesperson (evidence to be provided). In addition, three recently written letters of recommendation that attest to the applicant's in-depth knowledge combined with the ability to teach and communicate the subject the applicant proposes to teach; or

(6) Other, as the commission may determine.

[**ARC 7779C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C, and 543B.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2018
INVESTIGATIONS AND DISCIPLINARY PROCEDURES

[Prior to 9/4/02, see 193E—Ch 4]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 18]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2018.1(17A,272C,543B) Disciplinary and investigative authority. The commission is empowered to administer Iowa Code chapters 17A, 272C, and 543B and related administrative rules for the protection and well-being of those persons who may rely upon licensed individuals for the performance of real estate services within this state or for clients in this state. To perform these functions, the commission is broadly vested with authority, pursuant to Iowa Code sections 17A.13, 272C.3 through 272C.6, 272C.10, 543B.9, 543B.29, 543B.34 to 543B.41, and 543B.61 to review and investigate alleged acts or omissions of licensees, determine whether disciplinary proceedings are warranted, initiate and prosecute disciplinary proceedings, establish standards of professional conduct, and impose discipline.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.2(17A,272C,543B) Grounds for discipline. The commission may initiate disciplinary action against a licensee on any of the following grounds:

1. All grounds set forth in Iowa Code sections 543B.29, 543B.34 and 543B.61.
2. A violation of the rules of professional and business conduct described in 481—Chapters 2006 through 2008, 2010 through 2015 and 2019.
3. Failure to comply with an order of the commission imposing discipline.
4. Violation of Iowa Code sections 272C.3(2) and 272C.10.
5. Continuing to practice real estate with an expired or inactive license, or without satisfying the continuing education mandated by 481—Chapter 2016 or the errors and omissions insurance mandated by 481—Chapter 2019.
6. Knowingly aiding or abetting a licensee, license applicant or unlicensed person in committing any act or omission which is a ground for discipline under this rule or otherwise knowingly aiding or abetting the unlicensed practice of real estate in Iowa.
7. Failure to fully cooperate with a licensee disciplinary investigation, including failure to respond to a commission inquiry within 14 calendar days of the date of mailing by certified mail of a written communication directed to the licensee's last address on file at the commission office.
8. A violation of one or more of the acts or omissions upon which civil penalties may be imposed, as described in subrule 2018.14(5).

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.3(17A,272C,543B) Initiation of disciplinary investigations. The commission may initiate a licensee disciplinary investigation upon the commission's receipt of information suggesting that a licensee may have violated a law or rule enforced by the commission which, if true, would constitute a ground for licensee discipline.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.4(272C,543B) Sources of information. Without limitation, the following nonexclusive list of information sources may form the basis for the initiation of a disciplinary investigation or proceeding:

1. News articles or other media sources.
2. Reports filed with the commission by the commissioner of insurance pursuant to Iowa Code section 272C.4(9).
3. Complaints filed with the commission by any member of the public.
4. License applications or other documents submitted to the commission.
5. Reports to the commission from any regulatory or law enforcement agency from any jurisdiction.
6. Commission audits of licensee compliance, such as those involving continuing education, trust accounts, or errors and omissions insurance.

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.5(17A,272C,543B) Conflict of interest. If the subject of a complaint is a member of the commission, or if a member of the commission has a conflict of interest in any disciplinary matter before the commission, that member abstains from participation in any consideration of the complaint and from participation in any disciplinary hearing that may result from the complaint.

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.6(272C,543B) Complaints. Written complaints may be submitted to the commission office by mail, email, online via the commission's website, or personal delivery by any member of the public with knowledge of possible law or rule violations by licensees. Timely filing is encouraged to ensure the availability of witnesses and to avoid initiation of an investigation under conditions which may become substantially altered during a period of delay.

2018.6(1) *Contents of a written complaint.* Written complaints may be submitted on forms provided by the commission which are available from the commission office and on the commission's website. Written complaints, whether submitted on a commission complaint form or in other written medium, contain the following information:

a. The full name, address, and telephone number of the complainant (person complaining).

b. The full name, address, and telephone number of the respondent (licensee against whom the complaint is filed).

c. A statement of the facts and circumstances giving rise to the complaint, including a description of the alleged acts or omissions which the complainant believes demonstrates that the respondent has violated or is violating laws or rules enforced by the commission.

d. If known, citations to the laws or rules allegedly violated by the respondent.

e. Evidentiary supporting documentation.

f. Steps, if any, taken by the complainant to resolve the dispute with the respondent prior to filing a complaint.

g. The address of the property involved.

2018.6(2) *Immunity.* A person is not civilly liable for filing a complaint unless such act is done with malice as provided by Iowa Code section 272C.8(1)*"a."* Employees cannot be discriminated against as a result for filing a complaint as provided by Iowa Code section 272C.8(1)*"c."*

2018.6(3) *Role of complainant.* The role of the complainant in the disciplinary process is limited to providing the commission with factual information relative to the complaint. A complainant is not party to any disciplinary proceeding which may be initiated by the commission based in whole or in part on information provided by the complainant.

2018.6(4) *Role of the commission.* The commission does not act as an arbiter of disputes between private parties, nor does the commission initiate disciplinary proceedings to advance the private interests of any person or party. The role of the commission in the disciplinary process is to protect the public by investigating complaints and initiating disciplinary proceedings in appropriate cases. The commission possesses sole decision-making authority throughout the disciplinary process, including the authority to determine whether a case will be investigated, the manner of the investigation, whether a disciplinary proceeding will be initiated, and the appropriate licensee discipline to be imposed, if any.

2018.6(5) *Initial complaint screening.* All written complaints received by the commission are initially screened by the commission's administrator or designated staff to determine whether the allegations of the complaint fall within the commission's investigatory jurisdiction and whether the facts presented, if true, would constitute a basis for disciplinary action against a licensee. Complaints which are clearly outside the commission's jurisdiction, which clearly do not allege facts upon which disciplinary action would be based, or which are frivolous may be closed by the commission administrator or may be referred by the commission administrator to the commission for closure at the next scheduled commission meeting. All other complaints are referred by the commission administrator to the commission's disciplinary committee for committee review as described in rule 481—2018.9(17A,272C,543B). If a complainant objects in writing to the closure of the complaint by the commission administrator, the administrator will refer the objection to the disciplinary committee or commission for reconsideration.

2018.6(6) *Withdrawal or amendment.* A complaint may be amended or withdrawn at any time prior to official notification of the respondent and thereafter at the sole discretion of the commission. The commission may choose to pursue a matter even after a complaint has been withdrawn.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.7(272C,543B) Case numbers. Whether based on a written complaint received by the commission or a complaint initiated by the commission, all complaint files are tracked by a case numbering system. Complaints are assigned case numbers in chronological order with the first two digits representing the year in which the complaint was received or initiated, and the second three digits representing the order in which the case file was opened (e.g., 01-001, 01-002, 01-003). The commission's administrator maintains a case file log noting the date each case file was opened, whether disciplinary proceedings were initiated in the case, and the final disposition of the case. Once a case file number is assigned to a complaint, all persons communicating with the commission regarding that complaint are encouraged to include the case file number to facilitate accurate records and prompt response.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.8(272C,543B) Confidentiality of complaint and investigative information. All complaint and investigative information received or created by the commission is privileged and confidential pursuant to Iowa Code section 272C.6(4) and as such is not subject to discovery, subpoena, or other means of legal compulsion for release to any person except as provided in Iowa Code section 272C.6.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.9(17A,272C,543B) Investigation procedures.

2018.9(1) *Disciplinary committee.* The commission chair may appoint two members of the commission to serve on a commission disciplinary committee. The chair may appoint a standing committee or may appoint different members to serve on the committee on an as-needed basis. The disciplinary committee is a purely advisory body which reviews complaint files referred by the commission's administrator, generally supervises the investigation of complaints, and makes recommendations to the full commission on the disposition of complaints. Except as provided by rule 481—2018.10(17A,272C,543B), members of the committee do not personally investigate complaints, but they may review the investigative work product of others in formulating recommendations to the commission.

2018.9(2) *Committee screening of complaints.* Upon the referral of a complaint from the commission's administrator or from the full commission, the committee determines whether the complaint presents facts which, if true, suggest that a licensee may have violated a law or rule enforced by the commission. If the committee concludes that the complaint does not present facts which suggest such a violation or that the complaint does not otherwise constitute an appropriate basis for disciplinary action, the committee refers the complaint to the full commission with the recommendation that it be closed with no further action. If the committee determines that the complaint does present a credible basis for disciplinary action, the committee may either immediately refer the complaint to the full commission recommending that a disciplinary proceeding be commenced or initiate a disciplinary investigation.

2018.9(3) *Committee procedures.* If the committee determines that additional information is necessary or desirable to evaluate the merits of a complaint, the committee may assign an investigator or expert consultant, appoint a peer review committee, provide the licensee an opportunity to appear before the disciplinary committee for an informal discussion as described in rule 481—2018.10(17A,272C,543B) or request commission staff to conduct further investigation. Upon completion of an investigation, the investigator, expert consultant, peer review committee or commission staff presents a report to the committee. The committee reviews the report and determines what further action is necessary. The committee may:

a. Request further investigation.

b. Determine there is not probable cause to believe a disciplinary violation has occurred and refer the case to the full commission with the recommendation of closure.

c. Determine there is probable cause to believe that a law or rule enforced by the commission has been violated, but that disciplinary action is unwarranted on other grounds, and refer the case to the full

commission with the recommendation of closure. The committee may also recommend that the licensee be informally cautioned or educated about matters which could form the basis for disciplinary action in the future.

d. Determine there is probable cause to believe a disciplinary violation has occurred and either attempt informal settlement, subject to approval by the full commission, or refer the case to the full commission with the recommendation that the commission initiate a disciplinary proceeding (contested case).

e. Stay further action on the complaint if, for instance, there is a pending criminal case or civil litigation and the committee feels it would be in the best interest of the public and respondent to await the final outcome of the litigation. Additionally, the committee may stay further action on a complaint when the respondent's license is expired or revoked.

2018.9(4) *Subpoena authority.* The commission is authorized in connection with a disciplinary investigation to issue subpoenas to compel witnesses to testify or persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, which the commission deems necessary as evidence in connection with a disciplinary proceeding or relevant to the decision of whether to initiate a disciplinary proceeding, pursuant to Iowa Code sections 17A.13(1), 272C.6(3) and 543B.36. Commission procedures concerning investigative subpoenas are set forth in rule 481—503.5(17A,272C).

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.10(17A,272C,543B) Informal discussion. If the disciplinary committee considers it advisable, or if requested by the affected licensee, the committee may grant the licensee an opportunity to appear before the committee for a voluntary informal discussion of the facts and circumstances of an alleged violation, subject to the provisions of this rule.

2018.10(1) An informal discussion is intended to provide a licensee an opportunity to share the licensee's side of a complaint in an informal setting before the commission determines whether probable cause exists to initiate a disciplinary proceeding. Licensees are not obligated to attend an informal discussion. Because disciplinary investigations are confidential, the licensee cannot bring other persons to an informal discussion, but licensees may be represented by legal counsel. When an allegation is made against a firm, the firm may be represented by the designated broker, a managing partner, member or other firm representative.

2018.10(2) Unless disqualification is waived by the licensee, commission members or staff who personally investigate a disciplinary complaint are disqualified from making decisions or assisting the decision makers at a later formal hearing. Because commission members generally rely upon investigators, peer review committees, or expert consultants to conduct investigations, the issue rarely arises. An informal discussion, however, is a form of investigation because it is conducted in a question and answer format. In order to preserve the ability of all commission members to participate in commission decision making and to receive the advice of staff, licensees who desire to attend an informal discussion therefore waive their right to seek disqualification of a commission member or staff based solely on the commission member's or staff's participation in an informal discussion. Licensees would not be waiving their right to seek disqualification on any other ground. By electing to attend an informal discussion, a licensee accordingly agrees that a participating commission member or staff person is not disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision maker.

2018.10(3) Because an informal discussion constitutes a part of the commission's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the commission in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence.

2018.10(4) The disciplinary committee, subject to commission approval, may propose a consent order at the time of the informal discussion. If the licensee agrees to a consent order, a statement of charges is filed simultaneously with the consent order, as provided in rule 481—506.35(17A, 272C).

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.11(17A,272C,543B) Closing complaint files.

2018.11(1) *Grounds for closing.* Upon the recommendation of the administrator pursuant to subrule 2018.6(5), the recommendation of the disciplinary committee pursuant to rule 481—2018.9(17A,272C,543B), or on its own motion, the commission may close a complaint file, with or without prior investigation. Given the broad scope of matters about which members of the public may complain, it is not possible to catalog all possible reasons why the commission may close a complaint file. The commission will take into consideration the severity of the alleged violation, the sufficiency of the evidence, the possibility that the problem can be better resolved by other means available to the parties, whether the matter has been the subject of a local board proceeding, the clarity of the laws and rules which support the alleged violation, whether the alleged violation is likely to recur, the past record of the licensee, whether the licensee has previously received a cautionary letter concerning the act or omission at issue, and other factors relevant to the specific facts of the complaint. The following nonexclusive list illustrates the grounds upon which the commission may close a complaint file:

a. The complaint alleges matters outside the commission's jurisdiction.

b. The complaint does not allege a reasonable or credible basis to believe that the subject of the complaint violated a law or rule enforced by the commission.

c. The complaint is frivolous or trivial.

d. The complaint alleges matters more appropriately resolved in a different forum, such as civil litigation to resolve a contract dispute, or more appropriately addressed by alternative procedures, such as outreach education or rulemaking.

e. The matters raised in the complaint are situational, isolated, or unrepresentative of a licensee's typical practice, and the licensee has taken appropriate steps to ensure future compliance and prevent public injury.

f. Resources are unavailable or better directed to other complaints or commission initiatives in light of the commission's overall budget and mission.

g. Extenuating factors exist which weigh against the imposition of public discipline.

2018.11(2) *Closing orders.* The commission's administrator may enter an order stating the basis for the commission's decision to close a complaint file. If entered, the order cannot contain the identity of the complainant or the respondent, and cannot disclose confidential complaint or investigative information. If entered, closing orders will be indexed by case number and are a public record pursuant to Iowa Code section 17A.3(1)*"d."* A copy of the order may be mailed to the complainant, if any, and to the respondent. The commission's decision whether or not to pursue an investigation, to institute disciplinary proceedings, or to close a file is not subject to judicial review.

2018.11(3) *Cautionary letters.* When a complaint file is closed, the commission may issue a confidential letter of caution to a licensee which informally cautions or educates the licensee about matters which could form the basis for disciplinary action in the future if corrective action is not taken by the licensee. Informal cautionary letters do not constitute disciplinary action, but the commission may take such letters into consideration in the future if a licensee continues a practice about which the licensee has been cautioned.

2018.11(4) *Reopening closed complaint files.* The commission may reopen a closed complaint file if, after closure, additional information arises which provides a basis to reassess the merits of the initial complaint.

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.12(17A,272C,543B) Initiation of disciplinary proceedings. Disciplinary proceedings may only be initiated by the affirmative vote of a majority of a quorum of the commission at a public meeting. Commission members who are disqualified are not included in determining whether a quorum exists. When two or more members of the commission are disqualified or otherwise unavailable for any reason, the administrator may request the special appointment of one or more substitute commission members pursuant to Iowa Code section 17A.11(5).

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.13(17A,272C,543B) Disciplinary contested case procedures. Unless in conflict with a provision of Iowa Code chapter 543B or commission rules in this chapter, all of the procedures set forth in 481—Chapter 506 applies to disciplinary contested cases initiated by the commission.
[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2018.14(272C,543B) Disciplinary sanctions.

2018.14(1) *Type of sanctions.* The commission has authority to impose, alone or in combination, the following disciplinary sanctions:

a. Revocation of a license.

b. Suspension of a license for a period of time or indefinitely.

c. Nonrenewal of a license.

d. Ban permanently, until further order of the commission, or for a specified period of time, the engagement in specified procedures, methods or acts.

e. Probation. As a condition to a period of probation, the commission may impose terms and conditions deemed appropriate by the commission including, but not limited to, substance abuse evaluation and such care and treatment as recommended in the evaluation or otherwise appropriate under the circumstances.

f. Mandate additional continuing education. The commission may specify that a designated amount of continuing education be taken in specific subjects and may specify the time period for completing these courses. The commission may also specify whether this continuing education be in addition to the continuing education routinely needed for license renewal. The commission may also specify that additional continuing education be a condition for the termination of any suspension or reinstatement of a license.

g. Require reexamination.

h. Impose a monitoring or supervision arrangement.

i. Downgrade a license from a broker license to a salesperson license.

j. Issue a reprimand.

k. Order a physical or mental examination with periodic reports to the commission, if deemed necessary.

l. Impose civil penalties, the amount of which is at the discretion of the commission, but does not exceed $2,500 per violation as authorized by Iowa Code section 543B.48. Civil penalties may be imposed for any of the disciplinary violations specified in rule 481—2018.2(17A,272C,543B) and as listed in subrule 2018.14(5).

2018.14(2) *Imposing discipline.* Discipline may only be imposed against a licensee by the authorization of Iowa Code section 272C.6(5). When determining the nature and severity of the sanction to be imposed against a particular licensee or groups of licensees, the commission may consider the following factors:

a. The relative seriousness of the violation as it relates to assuring the citizens of this state professional competency.

b. The facts of the particular violation.

c. Number of prior violations.

d. Seriousness of prior violations.

e. Whether remedial action has been taken.

f. The impact of the particular activity upon the public.

g. Such other factors as may reflect upon the competency, ethical standards and professional conduct of the licensee, including those listed in subrule 2018.14(6).

2018.14(3) *Voluntary surrender.* The commission may accept the voluntary surrender of a license to resolve a pending disciplinary contested case or pending disciplinary investigation. The commission cannot accept a voluntary surrender of a license to resolve a pending disciplinary investigation unless a statement of charges is filed along with the order accepting the voluntary surrender. Such a voluntary surrender is considered disciplinary action and is published in the same manner as is applicable to any other form of disciplinary order.

2018.14(4) *Notification criteria.* Whenever a broker's license is revoked, suspended, limited, or voluntarily surrendered under this chapter, the licensee follows the procedures set forth in rule 481—2007.3(543B). Strict compliance with these procedures is a condition for an application for reinstatement. Whenever a salesperson's or broker associate's license is revoked, suspended, limited, or voluntarily surrendered under this chapter, the licensee immediately notifies the licensee's broker, and:

a. Within seven days of receipt of the commission's final order, notifies in writing all clients of the fact that the license has been revoked, suspended, limited, or voluntarily surrendered. Such notice advises the client to immediately contact the broker, unless the limitation at issue would not impact the real estate services provided for that client.

b. Within 30 days of receipt of the commission's final order, the licensee files with the commission copies of the notices sent pursuant to paragraph 2018.14(4)*"a."* Compliance with this criteria is a condition for an application for reinstatement.

2018.14(5) *Violations for which civil penalties may be imposed.* The following is a nonexclusive list of violations upon which civil penalties may be imposed:

a. Engaging in activities requiring a license when license is inactive.

b. Failing to maintain a place of business.

c. Improper care and custody of license:

(1) Failing to properly display license(s).

(2) Failing to return license in a timely manner (received within 72 hours as provided by 481—subrules 2006.1(1) and 2006.1(2)).

(3) Failing to notify associate when license is returned.

(4) Failing to provide mailing address of associate when license is returned.

d. Failing to inform commission and remit necessary fees if appropriate:

(1) When changing business address (five working days).

(2) When changing status (five working days).

(3) When changing form of firm (five working days).

(4) When opening a trust account by not filing a consent to examine for the account.

(5) When changing residence address or mailing address (five working days).

(6) When independently obtained errors and omissions insurance status, coverage or provider changes (five working days).

e. Maintaining inadequate transaction records such as:

(1) Failing to maintain a general ledger.

(2) Failing to maintain individual account ledgers.

(3) Failing to retain records on file.

f. Improper trust account and closing procedures:

(1) Failing to deposit funds as necessary.

(2) Disbursing trust funds prior to closing without written authorization.

(3) Withholding earnest money unlawfully when the transaction fails to consummate.

(4) Failing to obtain escrow agreement for undisbursed funds.

(5) Failing to remit and account for interest on closing statements.

(6) Computing closing statements improperly.

(7) Failing to provide closing statements.

(8) Retaining excess personal funds in the trust account.

(9) Failing as a salesperson or broker associate to immediately turn funds over to the broker.

(10) Failing to deposit trust funds in interest-bearing account in accordance with Iowa Code section 543B.46.

(11) Failing to account for and remit to the state accrued interest due in accordance with Iowa Code section 543B.46.

g. Failing to immediately present offer.

h. Advertising without identifying broker or clearly indicating advertisement is by a licensee.

i. Failing to provide information to the commission when requested relative to a complaint (14 calendar days).

j. Failing to obtain all signatures needed on contracts or to obtain signatures or initials of all parties to changes in a contract.

k. Placing a sign on property without consent, or failure to remove a sign when requested.

l. Failing to furnish a progress report when requested.

m. Failing by a broker to supervise salespersons or broker associates.

n. Failing by a broker associate or salesperson to keep the employing broker informed.

o. Issuing an insufficient funds check to the commission for any reason or to anyone else in the individual's capacity as a real estate licensee.

p. Issuing an insufficient funds check on the broker's trust account.

q. Engaging in conduct which constitutes a barred practice or tying arrangement as banned by these rules.

r. Failing to inform clients of real estate brokerage firm of the date the firm will cease to be in business and the effect upon sellers' listing agreements.

s. Failing to have a brokerage agreement signed as outlined in Iowa Code section 543B.56A.

t. Violating any of the remaining provisions in 481—Chapters 2001 through 2022 that have not heretofore been specified in this rule.

2018.14(6) *Amount of civil penalties.* Factors the commission may consider when determining whether to assess and the amount of civil penalties include:

a. Whether other forms of discipline are being imposed for the same violation.

b. Whether the amount imposed will be a substantial deterrent to the violation.

c. The circumstances leading to the violation.

d. The severity of the violation and the risk of harm to the public.

e. The economic benefits gained by the licensee as a result of the violation.

f. The interest of the public.

g. Evidence of reform or remedial action.

h. Time elapsed since the violation occurred.

i. Whether the violation is a repeat offense following a prior cautionary letter, disciplinary order, or other notice of the nature of the infraction.

j. The clarity of the issues involved.

k. Whether the violation was willful and intentional.

l. Whether the licensee acted in bad faith.

m. The extent to which the licensee cooperated with the commission.

n. Whether the licensee with a lapsed, inactive, suspended, limited or revoked license improperly engaged in practices which need licensure.

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; **ARC 9250C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2018.15(17A,272C,543B) Reinstatement. The term "reinstatement" as used in this rule includes both the reinstatement of a suspended license and the issuance of a new license following the revocation, voluntary revocation, or voluntary surrender of a license.

2018.15(1) Any person whose license has been revoked or suspended by the commission, or who has voluntarily surrendered a license to the commission or has agreed to a voluntary revocation of a license, may apply to the commission for reinstatement in accordance with the terms of the order of revocation, voluntary surrender, voluntary revocation, or suspension.

2018.15(2) Unless otherwise provided by law, if the order of revocation, voluntary revocation, voluntary surrender, or suspension did not establish terms upon which reinstatement might occur, initial application for reinstatement cannot be made until at least two years have elapsed from the date of the order or the date the commission accepted the order.

2018.15(3) Following the revocation or surrender of a broker or salesperson license, an applicant for reinstatement, as a condition of reinstatement, start over as an original applicant for a salesperson license, regardless of the type of license the applicant previously held. The applicant is obligated to satisfy all preconditions for licensure as a salesperson.

2018.15(4) In addition to the provisions of rule 481—506.32(272C), the following provisions apply to license reinstatement proceedings:

a. The commission may grant an applicant's request to appear informally before the commission prior to the issuance of a notice of hearing on an application to reinstate if the applicant requests an informal appearance in the application and agrees not to seek to disqualify, on the ground of personal investigation, commission members or staff before whom the applicant appears.

b. An order granting an application for reinstatement may impose such terms and conditions as the commission deems desirable, which may include one or more of the types of disciplinary sanctions described in rule 481—2018.14(272C,543B).

c. The commission cannot grant an application for reinstatement when the initial order which revoked, suspended or limited the license; denied license renewal; or accepted a voluntary surrender was based on a criminal conviction and the applicant cannot demonstrate to the commission's satisfaction that:

(1) All terms of the sentencing or other criminal order have been fully satisfied;

(2) The applicant has been released from confinement and any applicable probation or parole; and

(3) Restitution has been made or is reasonably in the process of being made to any victims of the crime.

[**ARC 7780C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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[1] Effective date (8/14/91) of amendments to 4.40(4)*"e," "f"*; and 4.40(17-19) delayed 70 days by the Administrative Rules Review Committee. Delay lifted 8/21/91, effective 8/22/91.

CHAPTER 2019
REQUIREMENTS FOR MANDATORY ERRORS AND OMISSIONS INSURANCE

[Prior to 9/4/02, see 193E—Ch 6]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 19]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2019.1(543B) Insurance definitions.

"Aggregate limit" is a provision in an insurance contract limiting the maximum liability of an insurer for a series of losses in a given time period such as the policy term.

"Claims-made" means policies written under a claims-made basis will cover claims made (reported or filed) during the year the policy is in force for incidents which occur that year or during any previous period the policyholder was insured under the claims-made contract. This form of coverage is in contrast to the occurrence policy which covers today's incident regardless of when a claim is filed even if it is one or more years later.

"Extended reporting period" is a designated period of time after a claims-made policy has expired during which a claim may be made and coverage triggered as if the claim had been made during the policy period.

"Licensee" is any active individual broker, broker associate, or salesperson; any partnership; or any corporation.

"Per claim limit" means the maximum limit payable, per licensee, for damages arising out of the same error, omission, or wrongful act.

"Prior acts coverage" applies to policies on a claims-made versus occurrence basis. Prior acts coverage responds to claims which are made during a current policy period, but the act or acts causing the claim or injuries for which the claim is made occurred prior to the inception of the current policy period.

"Proof of coverage" means a copy of the actual policy of insurance, a certificate of insurance or a binder of insurance.

"Retroactive date" is a provision found in many claims-made policies. The policy will not cover claims for injuries or damages that occurred prior to the retroactive date even if the claim is first made during the policy period.

"Umbrella type coverage" means a policy that provides insurance coverage for the broker or firm and all licensees assigned.

[Editorial change: IAC Supplement 6/10/26]

481—2019.2(543B) Insurance criteria—general. The group coverage insurance policy selected by the commission is approved by the Iowa insurance division. As a condition of licensure, all active real estate licensees follow Iowa Code section 543B.47(1) regarding mandatory errors and omissions insurance.

2019.2(1) Who submits plan of coverage. The following persons submit proof of insurance when needed or when requested:

a. Any active individual broker, broker associate, broker sole proprietor or salesperson.

b. Any active firm.

2019.2(2) Inactive status. Individuals whose licenses are on inactive status as defined in Iowa Code section 543B.5(12) do not need to carry errors and omissions insurance as authorized by Iowa Code section 543B.47(1).

2019.2(3) Territory. All resident Iowa licensees are covered for activities contemplated under Iowa Code chapter 543B both in and out of the state of Iowa. Nonresident licensees participating under the state plan are not covered both in and out of the state of Iowa unless the state plan selected by the commission will cover participating nonresidents when involved in real estate activities in the nonresident state.

2019.2(4) Insurance form. Licensees may obtain errors and omissions coverage through the insurance carrier selected by the commission to provide the group policy coverage. The following are minimum criteria of the group policy to be issued to the Iowa real estate commission including, as named insureds, all licensees who have paid the necessary premium:

a. All activities contemplated under Iowa Code chapter 543B are included as covered activities;

b. A per claim limit is not less than $100,000;

c. An annual aggregate limit is not less than $100,000;

d. Limits are to apply per licensee, per claim;

e. Defense costs are to be payable in addition to damages;

f. The contract of insurance pays, on behalf of the insured person(s), liabilities owed.

2019.2(5) Contract period. The contract between the insurance carrier or program manager and the commission may be written for a one- to three-year period with the option to renew or renegotiate each year thereafter. The commission reserves the right to terminate the contract after written notice to the carrier at least 120 days prior to the end of any policy term and place the contract out for bid.

a. Policy periods are not less than 12-month policy terms.

b. The policy provides full and complete prior acts coverage.

(1) If the licensee purchased full prior acts coverage on or after July 1, 1991, that licensee continues to be guaranteed full prior acts coverage if insurance carriers are changed in the future.

(2) The retroactive date of the master policy is never later than July 1, 1991, for those that can provide proof of continuous coverage to that date.

(3) The retroactive date for each licensee is individually determined by the inception date of coverage and proof of continuous coverage to that date.

(4) The retroactive date for any new licensee who first obtains a license after July 1, 1991, is individually determined by the effective date of the license, the inception date of coverage, and proof of continuous coverage to that date.

2019.2(6) Any licensee insured in the state selected program whose license becomes inactive will not be charged an additional premium if the license is reinstated during the policy period.

2019.2(7) Any licenses issued other than at renewal and insured by the state selected program are subject to a pro-rata premium.

[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2019.3(543B) Other coverage. Licensees are not mandated to purchase insurance coverage through the group policy selected by the commission and may obtain errors and omissions coverage independently if the coverage contained in the policy complies with the following:

2019.3(1) For active individual licensees, all provisions of Iowa Code section 543B.47 apply.

If the other coverage is an individual policy, it is each licensee's responsibility to provide proof of independently carried insurance coverage to the Iowa real estate commission when needed.

2019.3(2) For all active partnerships and corporations, otherwise known as firms, all provisions of Iowa Code section 543B.47 apply.

a. If the other coverage is an individual policy covering the firm, it is the designated broker's responsibility to provide proof of the firm's independently carried insurance coverage to the Iowa real estate commission when needed.

b. If the other coverage is an umbrella type policy covering the firm and all licensees assigned that perform real estate activities, it is the responsibility of the designated broker of the firm to provide a list of licensees assigned to the firm that are covered under the firm's insurance policy to the Iowa real estate commission when needed.

2019.3(3) For sole-proprietor single license brokers, all provisions of Iowa Code section 543B.47 apply.

a. If the broker's other coverage is an individual policy, it is each licensee's responsibility to provide proof of the independently carried insurance coverage to the Iowa real estate commission when needed, as provided in subrule 2019.3(1).

b. If the other coverage is an umbrella type policy covering the broker and all licensees assigned that perform real estate activities, it is the responsibility of the broker to provide a list of licensees assigned to the broker that are covered under the broker's insurance policy to the Iowa real estate commission when needed.

2019.3(4) For independently carried individual type coverage, the following apply:

a. All activities contemplated under Iowa Code chapter 543B are included as covered activities.

b. A per claim limit is not less than $100,000.

c. The maximum deductible for an individual policy for damages and defense, each licensee, and each claim is not more than the deductible of the commission group policy for the current policy term.

2019.3(5) For firms and sole-proprietor brokerages with independently carried firm umbrella type coverage, the following apply:

a. All activities contemplated under Iowa Code chapter 543B are included as covered activities.

b. A per claim limit is not less than $100,000.

c. An aggregate limit is:

(1) Not less than $250,000 for a broker or firm with two through ten licensees;

(2) Not less than $500,000 for a broker or firm with 11 through 40 licensees;

(3) Not less than $1,000,000 for a broker or firm with 41 or more licensees.

d. There is no maximum deductible limit for firm umbrella type coverage policy.

e. If a firm size change or a sole-proprietor brokerage size change results in a higher aggregate minimum criteria, that firm or broker corrects the deficiency within one year, or the next renewal term of the insurance policy, whichever comes first.

2019.3(6) To comply with the provisions of the Iowa errors and omissions law, if other independently carried insurance is provided, as proof of errors and omissions coverage for individual or firm umbrella type coverage, the other insurance carrier agrees to either a noncancelable policy, or provides a letter of commitment to notify the Iowa real estate commission 30 days prior to the intention to cancel the policy.

2019.3(7) Whenever commission criteria, coverage, or limits change, the commission provides a reasonable transition period to allow the licensee or firm with other coverage the opportunity to change carriers or coverage to comply with all criteria and limits, providing the present policy was in effect and in compliance with all prior criteria. The licensee or firm corrects the deficiency within one year, or not later than the next renewal term of the insurance policy, whichever comes first.

2019.3(8) It is the responsibility of each individual licensee to notify the commission when changing insurance status, coverage, or provider when necessary or when requested.

2019.3(9) It is the responsibility of the designated broker of the firm to notify the commission when changing insurance status, coverage, or provider when necessary or when requested.

2019.3(10) Self-insurance does not comply with the provisions of the Iowa errors and omissions insurance law.

[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2019.4(543B) Administrative criteria—general.

2019.4(1) It is the responsibility of the insurance carrier or program manager to obtain approval from the Iowa division of insurance for the group policy before inception of the program or policy period.

2019.4(2) It is the responsibility of the insurance carrier or program manager to handle administrative duties relative to operation of the program selected by the commission, including billing and premium collection, toll-free access for questions, and claim processing and general informational mailings.

2019.4(3) It is the responsibility of the insurance carrier or program manager to send a billing notice to each licensee.

2019.4(4) It is the responsibility of the insurance carrier or program manager to collect all premiums due and verify proper payment.

A schedule of licensees who have paid the proper premium and who have coverage in force is provided electronically to the commission at agreed time intervals.

2019.4(5) It is the responsibility of the insurance carrier or program manager to issue individual certificates to each licensee and a master policy to the commission.

2019.4(6) It is the responsibility of the insurance carrier or program manager to market its program and to develop and distribute informational brochures about the coverages provided, services available and criteria of Iowa Code section 543B.47.

a. The content of any brochures or other literature provided is the responsibility of the insurance carrier or program manager.

b. Advertising materials may be reviewed by the executive officer for the commission or appropriate staff person for content only and not for a legal determination of compliance with Iowa law or division of insurance criteria.

2019.4(7) It is the responsibility of the insurance carrier or program manager to provide educational seminars in the state of Iowa at the request of the commission and subject to terms and conditions agreeable to each party involved.

[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2019.5(543B) Commission responsibilities. The commission provides the insurance carrier or program manager an electronic schedule of all active licensees approximately three months in advance of inception (or renewal), or as otherwise agreed upon, which the insurance carrier or program manager may use to issue billing notices.

2019.5(1) The insurance carrier or program manager provides the commission with a schedule of insured licensees. The commission will be responsible for comparing this schedule against its own records to determine which licensees elected not to participate in the state program and those that have failed to furnish the commission with acceptable proof of insurance necessary for continued licensure.

2019.5(2) It is the responsibility of the commission to review proof of other insurance received from licensees not participating in the state program and to confirm that the other insurance meets the minimum criteria of these rules.

2019.5(3) The commission may mandate that an approved standard form be used to submit proof of other insurance coverage for review.

[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2019.6(543B) Compliance.

2019.6(1) The commission needs receipt of proof of errors and omissions insurance from new licensees before the license is issued.

2019.6(2) The commission needs receipt of proof of errors and omissions insurance from the applicant before reinstating an expired license.

2019.6(3) The commission needs receipt of proof of errors and omissions insurance before reactivating an inactive status license to active status.

2019.6(4) Applicants for license renewal need to attest and certify that they have current errors and omissions insurance in effect that meets Iowa insurance criteria.

a. The commission will verify by random audit or on a test basis the insurance compliance attested to by the licensee.

b. Licensees participating in the state group program cannot be audited if commission records indicate the insurance carrier or program manager has submitted current proof of coverage.

c. Licensees with other insurance coverage cannot be audited if commission records indicate the current proof of coverage has been submitted.

d. The commission may randomly audit by any factor as will provide a reasonable sampling given the volume, purpose and scope of audit.

e. The commission may randomly audit as the result of any complaint filed with the commission whether or not adequate insurance coverage was questioned in the complaint.

f. The commission may audit compliance with insurance coverage at any time the commission has reasonable cause to question a licensee's compliance.

2019.6(5) A licensee is needed to carry insurance on an uninterrupted basis and cannot avoid discipline simply by acquiring insurance after receipt of an audit notice.

2019.6(6) Failure to comply with Iowa Code section 543B.47(6) within 20 calendar days of the commission's request is prima facie evidence of a violation of Iowa Code sections 543B.15(5) and 543B.47(1) and is grounds for the denial of an application for licensure, the denial of an application to renew a license, or the suspension or revocation of a license.

2019.6(7) Submitting false documentation of insurance coverage, or falsely claiming to have or attesting to having insurance coverage, is prima facie evidence of violation of Iowa Code sections 543B.29(1) and 543B.34(1).

2019.6(8) Failure to provide required proof of insurability within 30 days of written notice by the commission results in the placement of the license on inactive status. A license that has been placed on

inactive status pursuant to this provision is not reactivated until satisfactory evidence has been provided verifying that coverage is current and in full force and effect.
[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2019.7(543B) Records and retention. It is the responsibility of the licensee to maintain records which support the validity of the insurance. Documentation is retained by the licensee for a period of three years after the license renewal date or the anniversary of the license renewal date.
[**ARC 7781C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543B.

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CHAPTER 2020
TIME-SHARE FILING

[Prior to 9/4/02, see 193E—2.8(557A)]
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 20]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2020.1(557A) Time-share interval filing fees. Each initial filing made pursuant to Iowa Code sections 557A.11 and 557A.12 are accompanied by a basic filing fee of $100 plus $25 for every 100 time-share intervals or fraction thereof included in the offering.

2020.1(1) A registration fee is paid with the filing of an application for registration consolidating additional time-share intervals with a prior registration and a fee of $50 plus an additional fee of $25 for every 100 time-share intervals or fraction thereof included in the offering.

2020.1(2) A fee is not charged for amendments to the property report as a result of amendments to the initial filing, unless the commission determines the amendments are made for the purpose of avoiding the payment of a fee, in which event the amendment may be treated as an application for registration consolidating additional time-share intervals with a prior registration.

This rule is intended to implement Iowa Code chapter 557A.

[**ARC 7782C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

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CHAPTER 2021
ENFORCEMENT PROCEEDINGS AGAINST UNLICENSED PERSONS
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 21]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2021.1(17A,543B) Civil penalties against unlicensed persons.

2021.1(1) *Commission authority.* The commission is authorized to issue a cease and desist order and to impose a civil penalty as authorized by Iowa Code section 543B.34(3) against any person who is not licensed by the commission but who acts in the capacity of a real estate broker or salesperson.

2021.1(2) *Unlicensed person.* An "unlicensed person" includes any individual or business entity that has never been licensed by the commission, has voluntarily surrendered a license issued by the commission, or has allowed a license issued by the commission to lapse and the time in which the license could have been reinstated pursuant to rule 481—2003.6(272C,543B) or 481—2004.6(272C,543B) has passed.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.2(17A,543B) Unlawful practices. Practices by unlicensed persons that are subject to civil penalties include but are not limited to:

1. Acts or practices by unlicensed persons that need licensure pursuant to Iowa Code sections 543B.1, 543B.3, 543B.6, and 543B.56A and that do not fall into the exceptions listed in Iowa Code section 543B.7.
2. Violating Iowa Code section 543B.1.
3. Violating one or more of the provisions of Iowa Code section 543B.34 as they relate to acts or practices by unlicensed persons.
4. Use or attempted use of a licensee's license or an expired, suspended, revoked, or nonexistent license.
5. Falsely impersonating a licensed real estate professional.
6. Providing false or forged evidence of any kind to the commission in obtaining or attempting to obtain a license.
7. Knowingly aiding or abetting an unlicensed person in any activity identified in this rule.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; **ARC 9251C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2021.3(17A,543B) Investigations. The commission is authorized by Iowa Code sections 17A.13(1) and 543B.34(3) to conduct such investigations as are needed to determine whether grounds exist to issue a cease and desist order and to impose civil penalties against an unlicensed person. Such investigations conform to the procedures outlined in 481—Chapter 503 and 481—Chapter 2018. Complaint and investigatory files concerning unlicensed persons are not confidential except as may be provided in Iowa Code chapter 22.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.4(17A,543B) Subpoenas. Pursuant to Iowa Code sections 17A.13(1) and 543B.34, the commission is authorized in connection with an investigation of an unlicensed person to issue subpoenas to compel persons to produce books, papers, records and any other real evidence, whether or not privileged or confidential under law, which the commission deems necessary as evidence in connection with the civil penalty proceeding or relevant to the decision of whether to initiate a civil penalty proceeding. Commission procedures concerning investigatory subpoenas are set forth in rule 481—503.5(17A,272C).

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.5(17A,543B) Notice of intent to impose civil penalty. Prior to issuing a cease and desist order and imposing a civil penalty against an unlicensed person, the commission provides the unlicensed person written notice and the opportunity to request a contested case hearing. Notice of the commission's intent to issue a cease and desist order and to impose a civil penalty are served by certified mail, return receipt requested, or personal service in accordance with Iowa Rule of Civil Procedure 1.305. Alternatively, the

unlicensed person may accept service personally or through authorized counsel. The notice includes the following:

1. A statement of the legal authority and jurisdiction under which the proposed cease and desist order would be issued and the civil penalty would be imposed.
2. Reference to the particular sections of the statutes and rules involved.
3. A short, plain statement of the alleged unlawful practices.
4. The dollar amount of the proposed civil penalty and the nature of the intended order to obligate compliance with Iowa Code chapter 543B.
5. Notice of the unlicensed person's right to a hearing and the time frame in which hearing is requested.
6. The address to which written request for hearing is made.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.6(17A,543B) Requests for hearings.

2021.6(1) Unlicensed persons request a hearing within 30 days of the date the notice is received if served through certified mail, or within 30 days of the date of service if service is accepted or made in accordance with Iowa Rule of Civil Procedure 1.305. A request for hearing is in writing and is deemed made on the date of the nonmetered United States Postal Service postmark or the date of personal service.

2021.6(2) If a request for hearing is not timely made, the commission chair or the chair's designee may issue an order imposing a civil penalty and compliance with Iowa Code chapter 543B, as described in the notice. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose civil penalty.

2021.6(3) If a request for hearing is timely made, the commission issues a notice of hearing and conducts a contested case hearing in the same manner as applicable to disciplinary cases against licensees. Rules governing such hearings may be found in 481—Chapter 506 and 481—Chapter 2018.

2021.6(4) An unlicensed person who fails to timely request a contested case hearing has failed to exhaust "adequate administrative remedies" as that term is used in Iowa Code section 17A.19(1).

2021.6(5) An unlicensed person who is aggrieved or adversely affected by the commission's final decision following a contested case hearing may seek judicial review as provided in Iowa Code section 17A.19.

2021.6(6) An unlicensed person may waive the right to hearing and all attendant rights and enter into a consent order imposing a civil penalty and compliance with Iowa Code chapter 543B at any stage of the proceeding upon mutual consent of the commission.

2021.6(7) The notice of intent to issue an order and the order are public records available for inspection and copying in accordance with Iowa Code chapter 22. Copies may be published as provided in 481—subrule 506.31. Hearings are open to the public.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.7(17A,543B) Alternative procedure. The commission may, as an alternative to the notice and request for hearing procedures described in rules 481—2021.5(17A,543B) and 481—2021.6(17A,543B), issue a statement of charges and notice of hearing in a format similar to that used for licensee discipline.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.8(17A,543B) Factors to consider. The commission may consider the following when determining the amount of civil penalty to impose, if any:

1. Whether the amount imposed will be a substantial economic deterrent to the violation.
2. The circumstances leading to the violation.
3. The severity of the violation and the risk of harm to the public.
4. The economic benefits gained by the violator as a result of noncompliance.
5. The interest of the public.
6. The time lapsed since the unlawful practice occurred.
7. Evidence of reform or remedial actions.

8. Whether the violation is a repeat offense following a prior warning letter or other notice of the nature of the infraction.

9. Whether the violation involved an element of deception.

10. Whether the unlawful practice violated a prior order of the commission, court order, cease and desist agreement, consent order, or similar document.

11. The clarity of the issue involved.

12. Whether the violation was willful and intentional.

13. Whether the unlicensed person acted in bad faith.

14. The extent to which the unlicensed person cooperated with the commission.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2021.9(17A,543B) Enforcement options. In addition, or as an alternative, to the administrative process described in these rules, the commission may seek an injunction in district court, enter into a consent agreement with the unlicensed person, or issue an informal cautionary letter.

[**ARC 7783C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

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CHAPTER 2022
WHOLESALING OF RESIDENTIAL PROPERTY
[Prior to 6/10/26, see Real Estate Commission[193E] Ch 22]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/18/30

481—2022.1(543B) Real estate wholesaling. A licensed real estate broker may engage in residential real estate wholesaling or represent a nonlicensed wholesaler in a residential real estate transaction provided proper disclosure is made under the guidelines in Iowa Code section 543B.6A.
[**ARC 9252C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2022.2(543B) Disclosure of wholesaling. A real estate wholesaler shall provide disclosure to all parties to the residential real estate wholesaling transaction prior to executing a contract to purchase or conveying an equitable interest to another party, including but not limited to the following:

2022.2(1) The legal identities of all parties to the transaction, including the current titleholder for the residential property, the wholesaler, the purchaser of the equitable interest, and any real estate licensee who represents a party in the transaction.

2022.2(2) An explanation of the wholesaling process, including but not limited to the following:

a. A wholesaler holds an equitable interest in the property, not legal title.

b. A wholesaler is selling its equitable interest in the property to another party.

c. A wholesaler may earn a profit from the sale of its equitable interest in the property.

2022.2(3) Wholesaling disclosure: "This transaction constitutes real estate wholesaling, meaning the wholesaler holds only an equitable interest in the property and may not be able to convey title."
[**ARC 9252C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

481—2022.3(543B) Penalties. Residential real estate wholesalers who do not comply with the required disclosures or licensing requirements shall be subject to a civil fine of up to $10,000 or 10 percent of the sale price for each transaction in violation of Iowa Code section 543B.6A, and the seller or buyer may cancel the contract at any time prior to closing without penalty and retain any earnest money paid by the wholesaler. Civil penalties shall be enforced at the discretion of the real estate commission.
[**ARC 9252C**, IAB 5/14/25, effective 6/18/25; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code section 543B.6A.

[Filed ARC 9252C (Notice ARC 8861C, IAB 2/19/25), IAB 5/14/25, effective 6/18/25]
[Editorial change: IAC Supplement 6/10/26]

CHAPTERS 2023 to 2030
Reserved

REAL ESTATE APPRAISER EXAMINING BOARD

CHAPTER 2031
ORGANIZATION AND ADMINISTRATION

[Prior to 2/20/02, see 193F—Chapters 2, 9 and 11]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2031.1(543D) Description.

2031.1(1) The purpose of the real estate appraiser examining board is to administer and enforce the provisions of Iowa Code chapter 543D with regard to the appraisal of real property in the state of Iowa, examination of candidates, issuance of licenses, investigation of alleged violations by licensees, and discipline of those regulated by the board. Through its actions, the board seeks to promote and maintain a high level of public trust in professional appraisal practice.

2031.1(2) The board maintains an office at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

2031.1(3) All board action under Iowa Code chapter 543D will be taken under the supervision of the director, as provided in Iowa Code section 543D.23 and these implementing rules.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 1/22/25; Editorial change: IAC Supplement 6/10/26]

481—2031.2(543D) Administrative authority.

2031.2(1) The director is vested with authority to review, approve, modify, or reject all board action pursuant to Iowa Code chapter 543D. The director may exercise all authority conferred upon the board and has to have access to all records and information to which the board has access. In supervising the board, the director will independently evaluate the substantive merits of recommended or proposed board actions which may be anticompetitive.

2031.2(2) In performing its duties and in exercising its authority under Iowa Code chapter 543D, the board may take action without preclearance by the director if the action is ministerial or nondiscretionary. As used in this chapter, the words “ministerial or nondiscretionary” include any action expressly mandated by state or federal law, rule, or regulation; by the AQB; or by the appraisal subcommittee. The board may, for example, grant or deny an application for initial or reciprocal certification as a real estate appraiser, an application for registration as an associate real estate appraiser, or an application for a temporary practice permit by an out-of-state appraiser, on any ground expressly mandated by state or federal law, rule, or regulation; by the AQB; or by the appraisal subcommittee.

2031.2(3) Prior to taking discretionary action under Iowa Code chapter 543D, the board will secure approval of the director if the proposed action is or may be anticompetitive. As used in this chapter, the word “discretionary” includes any action that is authorized but not expressly imposed by state or federal law, rule, or regulation; by the AQB; or by the appraisal subcommittee. Examples of discretionary action include orders in response to petitions for rulemaking, declaratory orders, or waivers from rules, rulemaking, disciplinary proceedings against licensees, administrative proceedings against unlicensed persons, or any action commenced in the district court.

2031.2(4) Determining whether any particular action is or may be anticompetitive is necessarily a fact-based inquiry dependent on a number of factors, including potential impact on the market or restraint of trade. With respect to disciplinary actions, for instance, a proceeding against a single licensee for violating appraisal standards would not have an impact on the broader market and would accordingly not be an anticompetitive action. Commencement of disciplinary proceedings which affect all or a substantial subset of appraisers may have a significant market impact. When in doubt as to whether a proposed discretionary action is or may be anticompetitive, the board may submit the proposed action to the director for preclearance.

2031.2(5) A person aggrieved by any final action of the board taken under Iowa Code chapter 543D may appeal that action to the director within 20 days of the date the board issues the action.

a. The appeal process applies whether the board action at issue was ministerial or nondiscretionary, or discretionary, and whether the proposed action was or was not submitted through a preclearance process before the director.

b. No person aggrieved by a final action of the board may seek judicial review of that action without first appealing the action to the director.

c. Records, filings, and requests for public information. Final board action, regardless of whether such board action is ministerial, nondiscretionary, or discretionary, will be immediately effective when issued by the board but is subject to review or appeal to the director. If a timely review is initiated or a timely appeal is taken, the effectiveness of such final board action will be delayed during the pendency of such review or appeal.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.3(543D) Annual meeting. The annual meeting of the board will be the first meeting scheduled after April 30. At this time, the chairperson and vice chairperson are elected to serve until their successors are elected.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.4(543D) Other meetings. In addition to the annual meeting, and in addition to other meetings, the time and place of which may be fixed by resolution of the board, any meeting may be called by the chairperson of the board or by joint call of a majority of its members.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.5(543D) Executive officer's duties.

2031.5(1) The executive officer is to cause complete records to be kept of applications for examination and registration, certificates and permits granted, and all necessary information in regard thereto.

2031.5(2) The executive officer is to determine when the legal obligations for certification and registration have been satisfied with regard to issuance of certificates or registrations, and the executive officer will submit to the board any questionable application.

2031.5(3) The executive officer will keep accurate minutes of the meetings of the board. The executive officer will keep a list of the names of persons issued certificates as certified general real property appraisers, certified residential real property appraisers and associate real property appraisers.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.6(543D) Records, filings, and requests for public information. Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026.

481—2031.7(543D) Adoption, amendment or repeal of administrative rules. Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026.

481—2031.8(543D) Types of appraiser classifications. There are four types of appraiser classifications:

1. Associate residential real property appraiser. This classification consists of those persons who meet the obligations of 481—Chapter 2034.
2. Associate general property appraiser. This classification consists of those persons who meet the obligations of 481—Chapter 2034.
3. Certified residential real property appraiser. This classification consists of those persons who meet the obligations of 481—Chapter 2035.
4. Certified general real property appraiser. This classification consists of those persons who meet the obligations of 481—Chapter 2035.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.9(543D) Qualified state appraiser certifying agency.

2031.9(1) The real estate appraiser examining board is a state appraiser certifying agency in compliance with Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989

(FIRREA). As a result, persons who are issued certificates by the board to practice as certified real estate appraisers are authorized under federal law to perform appraisal services for federally related transactions and are identified as such in the National Registry maintained by the Appraisal Subcommittee (ASC).

2031.9(2) The board will adhere to the criteria established by the Appraiser Qualifications Board (AQB) of the Appraisal Foundation when registering associate appraisers or certifying certified appraisers under Iowa Code chapter 543D. To the extent that the rules conflict with the minimum obligations outlined in the current version of the AQB criteria, the minimum standards established in the criteria will apply and these rules will give way to the minimum obligations to comply with federal rule, law, or policy.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2031.10(543D) AQB criteria.

2031.10(1) No person may be certified as a certified appraiser unless the person is eligible under the January 1, 2026, AQB criteria.

2031.10(2) The January 1, 2026, AQB criteria outline the conditions under which applicants for certification are eligible to take the mandated examinations.

[**ARC 7837C**, IAB 4/17/24, effective 5/22/24; **ARC 0078D**, IAB 2/18/26, effective 3/25/26; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code sections 543D.4, 543D.5, 543D.7, 543D.17, 543D.20 and 543D.22 and chapter 272C.

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[Editorial change: IAC Supplement 6/24/26]
[Content rescinded by 2026 Iowa Acts, Senate File 2463, section 4—editorially removed in IAC Supplement 7/8/26, effective 7/1/26]

CHAPTER 2032
DEFINITIONS

[Prior to 2/20/02, see 193F—Chapter 1]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2032.1(543D) Applicability. The following definitions apply to the rules of the real estate appraiser examining board:

"Appraisal Foundation" means the same as defined in Iowa Code section 543D.2(3).

"Appraisal subcommittee" means the appraisal subcommittee of the Federal Financial Institutions Examination Council.

"AQB" means the Appraiser Qualifications Board of the Appraisal Foundation.

"AQB Criteria" or *"the Criteria"* means the Real Property Appraiser Qualification Criteria and Interpretations of the Criteria, effective as of January 1, 2026.

"ASB" means the Appraisal Standards Board of the Appraisal Foundation.

"Associate real property appraiser" means the same as defined in Iowa Code section 543D.2(6).

"Certified appraiser" means an individual who has been certified in one of the following two classifications:

1. The certified residential real property appraiser classification is qualified to appraise one to four residential units without regard to value or complexity.
2. The certified general real property appraiser classification is qualified to appraise all types of real property.

"Director" means the same as defined in Iowa Code section 543D.2(9)*"a."*

"FFIEC" means the Federal Financial Institutions Examination Council.

"FIRREA" means the Financial Institutions Reform Recovery and Enforcement Act of 1989.

"USPAP" means the Uniform Standards of Professional Appraisal Practice published by the Appraisal Foundation, effective as of January 1, 2024.

This rule is intended to implement Iowa Code section 543D.2.

[**ARC 7838C**, IAB 4/17/24, effective 5/22/24; **ARC 0079D**, IAB 2/18/26, effective 3/25/26; Editorial change: IAC Supplement 6/10/26]

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CHAPTER 2033
GENERAL PROVISIONS FOR EXAMINATIONS
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2033.1(543D) Examinations. Applicants for a license from the board need to take the examination from the board-approved testing service.

[**ARC 7839C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2033.2(543D) Conduct of applicant.

2033.2(1) Any individual who subverts or attempts to subvert the examination process may, at the discretion of the board, have the individual's examination scores declared invalid for the purpose of certification in Iowa, be barred from the appraisal certification examinations in Iowa, or be subject to the imposition of other sanctions that the board deems appropriate.

2033.2(2) Conduct that subverts or attempts to subvert the examination process includes, but is not limited to:

a. Conduct that violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the examination; aiding by any means in the reproduction or reconstruction of any portion of the examination; selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered examination.

b. Conduct that violates the standard of test administration, such as communicating with any other examination candidate during the administration of the examination; copying answers from another candidate or permitting one's answers to be copied by another candidate during the examination; or referencing any books, notes, written or printed materials or data of any kind, other than the examination materials distributed.

c. Conduct that violates the examination process, such as falsifying or misrepresenting educational credentials or other information needed for admission to the examination; impersonating an examination candidate or having an impersonator take the examination on one's behalf.

2033.2(3) Any examination candidate who challenges a decision of the board under this rule may request a contested case hearing. The request for hearing will be in writing, will briefly describe the basis for the challenge, and will be filed in the board's office within 30 days of the date of the board decision that is being challenged.

[**ARC 7839C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2033.3(543D) Application for certification or registration. Applicants for certification or registration have to successfully complete the appropriate examination.

2033.3(1) All initial applications for certification or associate registration will be made through the board's online system. The board may deny an application as described in Iowa Code sections 543D.12 and 543D.17. The board may also deny an application based on disciplinary action pending or taken against an applicant consistent with Iowa Code section 272C.12.

2033.3(2) Reserved.

[**ARC 7839C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code section 543D.8.

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2034
ASSOCIATE REAL ESTATE APPRAISER
[Prior to 2/20/02, see rule 193F—3.6(543D)]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 4]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2034.1(543D) Qualifications to register as an associate appraiser.

2034.1(1) *Education.* A person applying for registration as an associate appraiser will, at a minimum, satisfactorily complete all AQB-approved, qualifying education courses needed under the AQB criteria specifying educational standards applicable for registration as an associate appraiser.

2034.1(2) *Background check.* A state and national criminal history check will be performed on any new associate appraiser applicant. The applicant will authorize release of the results of the criminal history check to the board. If the criminal history check was not completed within 180 calendar days prior to the date the license application is received by the board, the board may perform a new state and national criminal history check or may reject and return the application to the applicant.

2034.1(3) *Application process.* After completing the AQB associate appraiser obligations, a person applying as an associate appraiser can then access the application through the board's online system. A sufficient application within the meaning of Iowa Code section 17A.18(2) will include all information as outlined in the board's online system and be accompanied by the applicable fee.

2034.1(4) *Registration denial.* The board may deny an application for registration as an associate appraiser on any ground identified in 481—subrule 2033.4(1) or on any ground upon which the board may impose discipline against an associate appraiser, as provided in 481—Chapter 2036.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.2(543D) Supervision of associate appraisers.

2034.2(1) *Direct supervision.* An associate appraiser is subject to the direct supervision obligations set by the AQB criteria.

2034.2(2) *Supervisor registration.* An associate appraiser, other than a PAREA associate, will identify all supervisors by whom the associate will be supervised through the board's online system and will promptly notify the board in the event of any change in supervisors. An associate appraiser, other than a PAREA associate, who does not have at least one approved active supervisor meeting the supervision obligations will be placed in inactive status until such time as the associate finds a supervisor. Associate appraisers wishing to maintain an inactive license have to continue to renew on a biennial basis in accordance with rule 481— 2034.3(543D).

2034.2(3) *Scope of practice.* The scope of practice for an associate appraiser is set by the AQB criteria.

2034.2(4) *Logs.* An associate appraiser will maintain an appraisal experience log consistent with the AQB criteria.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.3(543D) Renewal of associate appraiser registration. An associate appraiser registration has to be renewed on a biennial basis as more fully described in 481—Chapter 2038. An associate appraiser is subject to the same continuing education obligations applicable to a certified appraiser as a precondition for renewal. Continuing education obligations are outlined in 481—Chapter 2040.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.4(543D) Progress toward certification as a certified residential appraiser or certified general appraiser.

2034.4(1) *Associate classification.* The associate appraiser classification is intended for those persons training to become certified appraisers and is not intended as a long-term method of performing appraisal services under the supervision of a certified appraiser in the absence of progress toward certification. As

a result, the board may impose deadlines for achieving certification, or for satisfying certain prerequisites toward certification.

2034.4(2) *Progress reports.* In order to assess an associate appraiser's progress toward certification, the board may request periodic progress reports from the associate appraiser and from the associate appraiser's supervisory appraiser or appraisers.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.5(543D) Applying for certification as a certified residential appraiser or certified general appraiser. An associate appraiser may apply for certification as a certified residential real estate appraiser or as a certified general real estate appraiser as set by the AQB criteria and consistent with Iowa Code chapter 543D and the rules of the board.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.6(272C,543D) Reinstating or reactivating an associate registration.

2034.6(1) In order to reinstate or reactivate an associate registration that has lapsed or been placed in inactive or retired status, the applicant has to complete all continuing education obligations for reinstatement as required by board rule and the AQB criteria. Any qualifying education course taken under this rule as continuing education will also apply as qualifying education toward certification. If the applicant has completed all qualifying education prior to applying to reinstate a lapsed, retired, or inactive associate registration, the applicant may use any approved continuing education course as required by board rule and the AQB criteria.

2034.6(2) If an appraiser's registration is placed in inactive status as a result of the appraiser's failure to maintain at least one approved active supervisor meeting the obligations of this chapter pursuant to subrule 2034.2(2), the applicant will complete the continuing education in accordance with subrule 2034.6(1) in order to reinstate the associate registration but is not obligated to pay any reinstatement fee otherwise due so long as the associate has not renewed the registration to inactive status or allowed the registration to lapse prior to reinstating or reactivating the registration.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2034.7(543D) Supervisory appraiser requirements. Iowa follows the AQB criteria and USPAP concerning supervisory appraiser requirements.

[**ARC 7840C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

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[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2035
CERTIFIED REAL ESTATE APPRAISER

[Prior to 4/17/24, see 193F—Chapter 6]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2035.1(543D) General.

2035.1(1) Iowa Code chapter 543D regulates appraisal services performed in this state when appraiser certification is needed under federal law. Iowa recognizes two types of certification: certified residential real estate appraiser and certified general real estate appraiser. Iowa does not provide licenses for the "licensed real estate appraiser" category recognized under federal law. More information can be found in 12 CFR Section 34.43. Therefore, appraisal services involving federally related transactions in the state have to be performed by an Iowa certified real estate appraiser with the appropriate certification for the property at issue, or by a person holding an appropriate license or certification from a foreign jurisdiction who also has been issued a temporary practice permit under Iowa Code section 543D.11(2).

2035.1(2) The chart below outlines the differences between two certifications issued by the board.

	Certified Residential Real Estate Appraiser	**Certified General Real Estate Appraiser**
Property type that can be appraised	Residential units ranging from one to four tenants	All real estate, including commercial and agricultural
Qualifying education core curriculum	200 hours	300 hours
Qualifying education	Bachelor's degree or higher from an accredited college, junior college, community college, or university; or, an associate's degree in specific fields, 30 semester hours of college-level course working in specific areas, 30 semester hours of CLEP examinations, or any combination CLEP/college-level covering appropriate hours and topics	Bachelor's degree or higher from an accredited college, junior college, community college, or university
Experience	1,500 hours accumulated in no less than 12 months	3,000 hours with a minimum of 1,500 hours general accumulated in no less than 18 months
Examination	Certified residential real property appraiser examination or the certified general real property appraiser examination	Certified general real property appraiser examination

2035.1(3) All appraisers performing services regulated by the board are obligated to comply with USPAP.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.2(543D) Education. Applicants for certification by the board have to meet the educational obligations of the AQB criteria.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.3(543D) Examination. The prerequisites for taking the AQB-approved examination are collegiate education, experience, work product review, and completion of all creditable course hours as specified in this chapter. The core criteria hours, collegiate education, and all experience have to be completed as specified in this chapter. Equivalency will be determined in accordance with the AQB. USPAP qualifying education will be awarded only when the class is instructed by at least one AQB-certified USPAP instructor who holds a state-issued certified appraiser credential in active status and good standing.

2035.3(1) In order to qualify to sit for the appropriate certified real estate appraiser examination, the applicant has to complete the board's application form and provide copies of documentation of completion of all courses claimed that qualify the applicant to sit for the examination.

a. A sufficient application within the meaning of Iowa Code section 17A.18(2) has to:

(1) Be through the board's online system;

(2) Be signed by the applicant, be certified as accurate, or display an electronic signature by the applicant if submitted electronically;

(3) Be fully completed;

(4) Reflect, on its face, full compliance with all applicable continuing education obligations; and

(5) Be accompanied by the fee specified in 481—Chapter 2041.

b. The core criteria, collegiate education, experience, and work product review have to be completed and documentation submitted to the board at the time of application to sit for the examination.

2035.3(2) The board may verify educational credits claimed. Undocumented credits will be sufficient cause to invalidate the examination results.

2035.3(3) Responsibility for documenting the educational credits claimed rests with the applicant.

2035.3(4) An applicant has to supply a true and accurate copy of the original examination scores when applying for certification.

2035.3(5) If an applicant who has passed an examination does not obtain the related appraiser credential within 24 months after passing the examination, that examination result loses its validity to support issuance of an appraiser credential. To regain eligibility for the credential, the applicant has to retake and pass the examination. This obligation applies to individuals obtaining an initial certified credential or upgrading from an associate credential.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.4(543D) Supervised experience needed for initial certification. Except as otherwise permitted herein, all experience needed to obtain certification has to be obtained consistent with Iowa Code section 543D.9.

2035.4(1) *Acceptable experience.* The board will accept as qualifying experience the documented experience attained while the applicant for initial certification was in an educational program recognized by the Appraiser Qualifications Board and Appraisal Subcommittee as providing qualifying experience for certification, whether or not the applicant was registered as an associate real estate appraiser at the time the educational program was completed. Such programs approved by federal authorities (e.g., practical applications of real estate appraisal (PAREA)) will incorporate direct supervision by a certified real estate appraiser and such additional program features as to satisfy the purpose of requiring that qualifying experience be attained by the applicant as a real estate appraiser.

2035.4(2) *Exceptions.* Applicants for certified real estate appraiser certification in Iowa may utilize experience obtained in the absence of registration as an associate real estate appraiser under the following circumstances:

a. Subject to any obligations or limitations established by applicable federal authorities, including the AQB and appraisal subcommittee (ASC), or applicable federal law, rule, or policy, hours qualifying for experience in any jurisdiction will be considered qualifying hours for experience in Iowa without board approval or authorization, as long as the applicant is able to establish by clear and convincing evidence all of the following:

(1) The qualifying hours obtained were completed in another jurisdiction under the direct supervision of an appropriate active certified real estate appraiser in that jurisdiction in accordance with the AQB and the jurisdiction's laws, rules, or policies.

(2) The nature of the experience attained in another jurisdiction is qualitatively and substantially equivalent to the experience an associate real estate appraiser would receive under the direct supervision of a certified real estate appraiser in this state.

b. Reserved.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.5(543D) Demonstration of experience. The board applies the dictates of Iowa Code section 543D.9 and the AQB criteria in determining whether the experience necessary for certification has been met.

2035.5(1) An applicant is obligated to appear before the board to supplement or verify evidence of experience.

2035.5(2) The board may inspect documentation relating to an applicant's claimed experience.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.6(543D) Work product review.

2035.6(1) An applicant will submit a complete appraisal log at the time of application for examination and experience consistent with the AQB criteria. Three appraisal reports will be selected by the board from the log. The applicant will submit electronically one copy of each report and work file for each of the selected appraisals along with the appropriate fee. The work product submission will not be redacted by the applicant. The board reserves the right to request additional appraisals if those submitted by the applicant raise issues concerning the applicant's competency or compliance with applicable appraisal standards or the degree to which the submitted appraisals are representative of the applicant's work product.

2035.6(2) The board will treat all appraisals received as confidential pursuant to USPAP. While applicants are encouraged to submit appraisals actually performed for clients, applicants may submit demonstration appraisals if based on factual information and clearly marked as demonstration appraisals.

2035.6(3) An applicant seeking original certification as a certified general real estate appraiser will submit one residential appraisal and two nonresidential appraisals for review. An applicant seeking an upgrade certification to a certified general real estate appraiser will submit two nonresidential appraisals for review.

2035.6(4) The board will submit the appraisals to a peer review consultant for an opinion on the appraiser's compliance with applicable appraisal standards.

2035.6(5) The work product review process is not intended as an endorsement of an applicant's work product. No applicant or appraiser will represent the results of work product review in communications with a client or in marketing to potential clients in a manner that falsely portrays the board's work product review as an endorsement of the appraiser or the appraiser's work product. Failure to comply may be grounds for discipline.

2035.6(6) The board views work product review, in part, as an educational process. While the board may deny an application based on an applicant's failure to adhere to appraisal standards or otherwise demonstrate a level of competency upon which the public interest can be protected, the board will attempt to work with applicants deemed in need of assistance to arrive at a mutually agreeable remedial plan. A remedial plan may include additional education, desk review, a mentoring program, or additional precertification experience.

2035.6(7) An applicant who is denied certification based on the work product review described in this rule, or on any other ground, will be entitled to a contested case hearing. Notice of denial will specify the grounds for denial, which may include any of the work performance-related grounds for discipline against a certified appraiser.

2035.6(8) If probable cause exists, the board may open a disciplinary investigation based on the work product review of an applicant. A potential disciplinary action could arise, for example, if the applicant is a certified residential real estate appraiser seeking an upgrade to a certified general real estate appraiser, or where the applicant is uncertified and is working under the supervision of a certified real estate appraiser who cosigned the appraisal report.

2035.6(9) After accumulating a minimum of 500 hours of appraisal experience, an applicant may voluntarily submit work product to the board to be reviewed by a peer reviewer for educational purposes only. A maximum of three reports may be submitted for review during the experience portion of the certification process. Work product submitted for educational purposes only will not result in disciplinary action on either the associate appraiser or the associate appraiser's supervisor so long as the appraisal review did not reveal negligent or egregious errors or omissions. The fee for voluntary submissions of work product for review is provided in 481—Chapter 2041.

2035.6(10) The board will retain the appraisals for as long as needed as documentation of the board's actions for the Appraisal Subcommittee or as needed in a pending proceeding involving the work product of the applicant or the applicant's supervisor. When no longer needed for such purposes, the work product may be retained or destroyed at the board's discretion.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.7(543D) PAREA. PAREA utilizes simulated experience training and serves as an alternative to the traditional supervisor/trainee experience model. PAREA programs have to be AQB-approved and meet all the applicable AQB criteria. An applicant who meets the prerequisites of a PAREA program prior to commencement of training and who receives a valid certificate of completion from an AQB-approved PAREA program, has met the allotted experience obligations as outlined in the AQB criteria for that specific PAREA program. PAREA program experience allotment will be awarded per the AQB criteria at the time of program completion.

Applicants claiming PAREA experience credit are not allowed partial credit for PAREA training (rules 481—2035.1(543D) through 481—2035.7(543D)).

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2035.8(543D) Upgrade from a certified residential real estate appraiser to a certified general real estate appraiser. To upgrade from a certified residential real estate appraiser to a certified general real estate appraiser, an applicant has to satisfy all obligations of this rule, which include work product review and a state and national criminal history check as provided in Iowa Code section 543D.22.

2035.8(1) *Education.*

a. Collegiate education. Certified residential real estate appraisers have to satisfy the college-level education obligations of the AQB.

b. Core criteria. In addition to the formal education and core criteria educational obligations originally needed to obtain a certified residential credential, an applicant has to meet the current AQB obligations before taking the AQB-approved examination.

2035.8(2) *Examination.* An applicant has to satisfy the examination obligations.

2035.8(3) *Supervision and experience.*

a. Experience. An applicant has to satisfy all of the experience obligations while in active status and in accordance with AQB criteria.

b. Supervision. Subject to applicable exceptions, all nonresidential experience obtained and applied toward obtaining a certified general credential as part of the upgrade process will be performed under the tutelage of a certified general real property appraiser, subject to AQB-required coursework.

[**ARC 7842C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code sections 543D.5, 543D.8, 543D.9, and 543D.22.

[Filed ARC 7842C (Notice ARC 7262C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2036
DISCIPLINARY ACTIONS AGAINST CERTIFIED AND ASSOCIATE APPRAISERS

[Prior to 4/17/24, see 193F—Chapter 7]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2036.1(17A,272C,543D) Disciplinary authority. The board is empowered to regulate the real estate appraiser profession for the protection and well-being of the public trust. To perform these functions, the board is broadly vested with authority to review and investigate alleged acts or omissions of applicants and licensees and to address disciplinary concerns under Iowa law.
[**ARC 7843C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2036.2(543D) Standards of practice. All registered associate appraisers and certified real estate appraisers will comply with the USPAP edition applicable to each appraisal assignment.
[**ARC 7843C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2036.3(17A,272C,543D) Grounds for discipline. The board may initiate disciplinary action against a registered associate appraiser or a certified real estate appraiser based on any one or more of the following grounds:

2036.3(1) *Code violations.* Any violation of an Iowa Code provision that authorizes imposition of licensee sanctions:

a. False representation of a material fact, whether by word or by conduct, by false or misleading allegation, or by concealment of that which should have been disclosed;

b. Attempting to file or filing with the board any false or forged diploma, course certificate, identification, credential, license, registration, certification, examination report, affidavit, or other record;

c. Failing or refusing to provide complete information in response to a question on an application for initial or renewal registration or certification; or

d. Otherwise participating in any form of fraud or misrepresentation by act or omission.

2036.3(2) *Professional incompetence.* Professional incompetence includes, but is not limited to:

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

b. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other practitioners in the state of Iowa acting in the same or similar circumstances.

c. A failure to exercise the degree of care that is ordinarily exercised by the average practitioner acting in the same or similar circumstances.

d. Failure to conform to the minimal standards of acceptable and prevailing practice of registered associate appraisers or certified real property appraisers in this state.

e. A willful, repeated, or material deviation from USPAP standards, or other act or omission that demonstrates an inability to safely practice in a manner protective of the public's interest, including any violation of USPAP's competency rule.

2036.3(3) *Deceptive practices.* Deceptive practices are grounds for discipline, whether or not actual injury is established, and include but are not limited to:

a. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of real property appraising.

b. Use of untruthful or improbable statements in advertisements. Use of untruthful or improbable statements in advertisements includes, but is not limited to, an action by a registrant or certificate holder in making information or intention known to the public that is false, deceptive, misleading or promoted through fraud or misrepresentation.

c. Falsification of business records or appraisal logs through false or deceptive representations or omissions.

d. Submission of false or misleading reports or information to the board including information supplied in an audit of continuing education, reports submitted as a condition of probation, or any reports identified in this rule.

e. Making any false or misleading statement in support of an application for registration or certification submitted by another.

f. Knowingly presenting as one's own a certificate or registration, certificate or registration number, or signature of another or of a fictitious registrant or certificate holder, or otherwise falsely impersonating a certified appraiser or registered associate appraiser.

g. Representing oneself as a registered associate appraiser or certified appraiser when one's registration or certificate has been suspended, revoked, surrendered, or placed on inactive or retired status, or has lapsed.

h. Permitting another person to use the registrant's or certificate holder's registration or certificate for any purposes.

i. Fraud in representations as to skill or ability.

j. Misrepresenting a specialized service as an appraisal assignment in violation of Iowa Code section 543D.18(3) or (5).

2036.3(4) *Unethical, harmful or detrimental conduct.* Registrants and certificate holders engaging in unethical conduct or practices harmful or detrimental to the public may be disciplined whether or not injury is established. Behaviors and conduct that are unethical, harmful or detrimental to the public may include, but are not limited to, the following actions:

a. Verbal or physical abuse, improper sexual contact, or making suggestive, lewd, lascivious, offensive or improper remarks or advances, if such behavior occurs within the practice of real property appraising or if such behavior otherwise provides a reasonable basis for the board to conclude that such behavior within the practice of real estate appraising would place the public at risk.

b. Engaging in a professional conflict of interest, or otherwise violating the public trust, as provided in USPAP's ethics rule.

c. Aiding or abetting any unlawful activity for which a civil penalty can be imposed under rule 481—2042.2(543D).

2036.3(5) *Lack of proper qualifications.*

a. Continuing to practice as a registered associate appraiser or certified real property appraiser without satisfying the continuing education for registration or certificate renewal.

b. Acting as a supervisor without proper qualification, as provided in rule 481—2034.7(543D).

c. Habitual intoxication or addiction to the use of drugs, or impairment that adversely affects the registrant's or certificate holder's ability to practice in a safe and competent manner.

d. Any act, conduct, or condition, including lack of education or experience and careless or intentional acts or omissions, that demonstrates a lack of qualifications that are necessary to ensure a high standard of professional care as provided in Iowa Code section 272C.3(2)*"b,"* or that impairs a practitioner's ability to safely and skillfully practice the profession.

e. Failure to meet the minimum qualifications for registration as an associate appraiser or certification as a certified real property appraiser.

f. Practicing outside the scope of a certification, or outside the scope of a supervisor's certification.

2036.3(6) *Negligence by the registrant or certificate holder in the practice of the profession.* Negligence by the registrant or certificate holder in the practice of the profession includes but is not limited to:

a. A failure to exercise due care including negligent delegation of duties to or supervision of associate appraisers, or other employees, agents, or persons, in developing an appraisal, preparing an appraisal report, or communicating an appraisal, whether or not injury results.

b. Neglect of contractual or other duties to a client.

2036.3(7) *Professional misconduct.*

a. Violation of a regulation or law of this state, another state, or the United States, which relates to the practice of real estate appraising.

b. Engaging in any conduct that subverts or attempts to subvert a board investigation.

c. Revocation, suspension, or other disciplinary action taken by a licensing authority of this state or another state, territory, or country. A stay by an appellate court will not negate this obligation; however, if such disciplinary action is overturned or reversed by a court of last resort, discipline by the board based solely on such action will be vacated.

d. A violation of Iowa Code section 543D.18.

e. A violation of Iowa Code section 543D.20 (limitations on persons assisting in the development or reporting of a certified appraisal).

f. Failure to retain records as provided in Iowa Code section 543D.19.

g. Violation of the terms of an initial agreement with the impaired practitioner review committee or violation of the terms of an impaired practitioner recovery contract with the impaired practitioner review committee.

2036.3(8) *Willful or repeated violations.* The willful or repeated violation or disregard of any provision of Iowa Code chapter 272C or 543D, or any administrative rule adopted by the board in the administration or enforcement of such chapters.

2036.3(9) *Failure to report.*

a. Failure by a registrant or certificate holder or an applicant for a registration or certificate to report in writing to the board any revocation, suspension, or other disciplinary action taken by a licensing authority, in Iowa or any other jurisdiction, within 30 calendar days of the final action.

b. Failure of a registrant or certificate holder or an applicant for a registration or certificate to report, within 30 calendar days of the action, any voluntary surrender of a professional license to resolve a pending disciplinary investigation or action, in Iowa or any other jurisdiction.

c. Failure to notify the board of a criminal conviction within 30 calendar days of the action, regardless of the jurisdiction where it occurred.

d. Failure to notify the board within 30 calendar days after occurrence of any adverse judgment in a professional or occupational malpractice action, or settlement of any claim involving malpractice, regardless of the jurisdiction where it occurred.

e. Failure to report another registrant or certificate holder to the board for any violation listed in these rules, pursuant to Iowa Code section 272C.9(2), promptly after the registrant or certificate holder becomes aware that a reportable violation has occurred.

f. Failure to report to the board the appraiser's principal place of business and any change in the appraiser's principal place of business within 30 calendar days of such change.

g. Failure of an associate appraiser or supervisor to timely respond to board requests for information, as provided in 481—Chapter 2034.

2036.3(10) *Failure to comply with board order.* Failure to comply with the terms of a board order or the terms of a settlement agreement or consent order, or other decision of the board imposing discipline.

2036.3(11) *Conviction of a crime.*

a. Conviction, in this state or any other jurisdiction, of any felony offense that directly relates to the profession, or of any crime that is substantially related to the qualifications, functions, duties or practice of a person developing or communicating real estate appraisals to others. Any crime involving deception, dishonesty or disregard for the safety of others will be deemed directly related to the practice of real property appraising. A certified copy of the final order or judgment of conviction or plea of guilty in this state or in another jurisdiction will be conclusive evidence of the conviction. "Conviction" includes any plea of guilty or nolo contendere, including Alford pleas, or finding of guilt whether or not judgment or sentence is deferred, withheld, or not entered, and whether or not the conviction is on appeal. If such conviction is overturned or reversed by a court of last resort, discipline by the board based solely on the conviction will be vacated. A conviction qualifies as a felony offense if the offense is designated as a felony in the jurisdiction in which the conviction occurred, or if the offense is committed in this state, the offense would be a felony, without regard to its designation elsewhere. An offense directly relates to the profession if either:

(1) The actions taken in furtherance of an offense are actions customarily performed within the scope of practice of the profession, or

(2) The circumstances under which an offense was committed are circumstances customary to the profession.

b. Notwithstanding the foregoing, a conviction may be grounds for revocation or suspension only if an unreasonable risk to public safety exists because the offense directly relates to the duties and responsibilities of the profession.

[**ARC 7843C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A, 272C and 543D and 2007 Iowa Acts, Senate File 137.

[Filed ARC 7843C (Notice ARC 7263C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2037
INVESTIGATIONS AND DISCIPLINARY PROCEDURES

[Prior to 4/17/24, see 193F—Chapter 8]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2037.1(272C,543D) Disciplinary action. The real estate appraiser examining board has authority under applicable law to impose discipline for violations of law.
[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.2(17A,272C,543D) Initiation of disciplinary investigations. The board may initiate a licensee disciplinary investigation upon the board's receipt of information suggesting that a licensee may have violated the licensee's legal obligations under the Iowa Code or board rule.
[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.3(17A,272C,543D) Conflict of interest. If the subject of a complaint is a member of the board, or if a member of the board has a conflict of interest in any disciplinary matter before the board, that member will abstain from participation in any consideration of the complaint and from participation in any disciplinary hearing that may result from the complaint.
[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.4(272C,543D) Complaints. Written complaints need to be submitted to the board through the board's online system. The board may also initiate its own complaints.

2037.4(1) *Role of complainant.* The role of the complainant in the disciplinary process is limited to providing the board with factual information relative to the complaint. A complainant is not party to any disciplinary proceeding which may be initiated by the board based in whole or in part on information provided by the complainant.

2037.4(2) *Role of the board.* The board does not act as an arbiter of disputes between private parties, nor does the board initiate disciplinary proceedings to advance the private interest of any person or party. The role of the board in the disciplinary process is to protect the public by investigating complaints and initiating disciplinary proceedings in appropriate cases. The board possesses sole decision-making authority throughout the disciplinary process, including the authority to determine whether a case will be investigated, the manner of the investigation, whether a disciplinary proceeding will be initiated, and the appropriate licensee discipline to be imposed, if any.

2037.4(3) *Initial complaint screening.* Tips that are not complaints will be evaluated by the disciplinary committee but may not be assigned a case number or further investigated. Complaints that have been submitted and assigned a case number will be referred to the discipline committee. Final decisions on complaints will be made by the board.
[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.5(272C,543D) Case numbers. Whether based on written complaint received by the board or complaint initiated by the board, all complaint files will be tracked by a case numbering system. Once a case file number is assigned to a complaint, all persons communicating with the board regarding that complaint are encouraged to include the case file number to facilitate accurate records and prompt response.
[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.6(17A,272C,543D) Investigation procedures.

2037.6(1) *Disciplinary committee.* The board chairperson will annually appoint two to three members of the board to serve on the board's disciplinary committee. The disciplinary committee is a purely advisory body that reviews complaint files referred by the board's executive officer, generally supervises the investigation of complaints, and makes recommendations to the full board on the disposition of

complaints. Members of the committee will not personally investigate complaints, but they may review the investigative work product of others in formulating recommendations to the board.

2037.6(2) *Screening of complaints.* All complaints presented to the board will be screened, evaluated and, where appropriate, investigated.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.7(17A,272C,543D) Informal discussion. If the disciplinary committee considers it advisable, or if requested by the affected licensee, the committee may grant the licensee any opportunity to appear before the committee for a voluntary informal discussion of the facts and circumstances of an alleged violation, subject to the provisions of this rule.

2037.7(1) Because disciplinary investigations are confidential, only the licensee's legal representative may attend the information discussion with the board.

2037.7(2) Unless disqualification is waived by the licensee, board members or staff who personally investigate a disciplinary complaint are disqualified from making decisions or assisting the decision makers at a later formal hearing. Because board members generally rely upon investigators, peer review committees, or expert consultants to conduct investigations, the issue rarely arises. An informal discussion, however, is a form of investigation because it is conducted in a question and answer format. In order to preserve the ability of all board members to participate in board decision making and to receive the advice of staff, licensees who desire to attend an informal discussion waive their right to seek disqualification of a board member or staff based solely on the board member's or staff's participation in an informal discussion. Licensees would not be waiving their right to seek disqualification on any other ground. By electing to attend an informal discussion, a licensee accordingly agrees that participating board members or staff are not disqualified from acting as a presiding officer in a later contested case proceeding or from advising the decision maker.

2037.7(3) Because an informal discussion constitutes a part of the board's investigation of a pending disciplinary case, the facts discussed at the informal discussion may be considered by the board in the event the matter proceeds to a contested case hearing and those facts are independently introduced into evidence.

2037.7(4) The disciplinary committee, subject to board approval, may propose a consent order at the time of the informal discussion.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.8(272C,543D) Peer review committee (PRC). A peer review committee may be appointed by the board to investigate a complaint.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.9(17A,272C,543D) Closing complaint files.

2037.9(1) *Grounds for closing.* The board may close a complaint file, with or without prior investigation.

2037.9(2) *Cautionary letters.* The board may issue a confidential letter of caution to a licensee when a complaint file is closed that informally cautions or educates the licensee about matters that could form the basis for disciplinary action in the future if corrective action is not taken by the licensee. Informal cautionary letters do not constitute disciplinary action, but the board may take such letters into consideration in the future if a licensee continues a practice about which the licensee has been cautioned.

2037.9(3) *Reopening closed complaint files.* The board may reopen a closed complaint file if additional information arises after closure that provides a basis to reassess the merits of the initial complaint. Complaint files may also be reopened when a complaint has been previously closed due to the lapse of the licensee's license.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.10(17A,272C,543D) Initiation of disciplinary proceedings. Disciplinary proceedings may only be initiated by the affirmative vote of a majority of a quorum of the board at a public meeting. Board members who are disqualified will not be included in determining whether a quorum exists. If, for example, two members of the board are disqualified, three members of the board constitute a quorum of the remaining five board members for purposes of voting on the case in which the two members are

disqualified. When three or more members of the board are disqualified or otherwise unavailable for any reason, the executive officer may request the special appointment of one or more substitute board members pursuant to Iowa Code section 17A.11(5).

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.11(543D) Decisions. The board will make findings of fact and conclusions of law, and set forth the board's decision, order, or both in the case. The board's decision may include, without limitation, any of the following outcomes, either individually or in combination:

1. Dismissing the charges;
2. Suspending or revoking the appraiser's certification or associate's registration as authorized by law;
3. Imposing civil penalties, the amount to be set at the discretion of the board but not exceeding $1,000 per violation. Civil penalties may be imposed for any of the disciplinary violations specified in Iowa Code section 543D.17 and chapter 272C or for any repeat offenses;
4. Imposing a period of probation, either with or without conditions;
5. Obligating the licensee to undergo reexamination;
6. Obligating the licensee to take additional professional education, reeducation, or continuing education;
7. Issuing a citation and a warning;
8. Imposing desk review of the appraiser's work product;
9. Issuing a consent order either with or without conditions;
10. Imposing consultation with one or more peer reviewers;
11. Revoking an appraiser's eligibility to supervise;
12. Compelling submission of monthly logs;
13. Placing limitations on a licensee's practice, such as removing a licensee's authority to act as an instructor; and
14. Imposing any other form of discipline authorized by a provision of law that the board, in its discretion, believes is warranted under the circumstances of the case.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.12(272C,543D) Mitigating and aggravating factors. Factors the board may consider when determining whether to impose discipline and what type of discipline to impose include but are not limited to:

2037.12(1) History and background of respondent.

a. Whether the respondent was a registered associate appraiser or a certified appraiser at the time of the violation.

b. Prior disciplinary history or cautionary letters.

c. Length of certification or registration at the time of the violation.

d. Disciplinary history of current or prior supervisor.

e. Degree of cooperation with investigation.

f. Extent of self-initiated reform or remedial action after the date of the violation.

g. Whether the volume or geographic range of the respondent's practice is, or was at the time of the violation, reasonable under the circumstances.

h. Whether the respondent practiced with a lapsed, inactive, retired, suspended, revoked, or surrendered certificate or registration.

2037.12(2) Nature of violations, not limited to:

a. Length of time since the date of the violation.

b. Whether the violation is isolated or recurring.

c. Whether there are multiple violations or appraisals involved.

d. Whether the violation is in the nature of an error or situational carelessness or neglect, or reflects a more fundamental lack of familiarity with applicable appraisal methodology or standards.

e. Indicia of bad faith, false statements, deceptive practices, or willful and intentional acts, whether within the circumstances of the violation or in the course of the board's investigation or disciplinary proceeding.

f. Evidence of improper advocacy or other violation of the USPAP ethics rule or of Iowa Code section 543D.18 or 543D.18A(1).

g. The clarity of the issue or standard involved.

h. Whether the respondent practiced outside the scope of practice authorized by respondent's certification or registration.

i. Whether the violation relates to the respondent's supervisory role, the respondent's individual appraisal practice, or both.

2037.12(3) Interest of the public, not limited to:

a. Degree of financial or other harm to a client, consumer, lending institution, or others.

b. Risk of harm, whether or not the violation caused actual harm.

c. Economic or other benefit gained by respondent or by others as a result of the violation.

d. Deterrent impact of discipline.

e. Whether the respondent issued a corrected appraisal report when warranted.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.13(272C,543D) Voluntary surrender. The board may accept the voluntary surrender of a license to resolve a pending disciplinary contested case or pending disciplinary investigation. The board will not accept a voluntary surrender of a license to resolve a pending disciplinary investigation unless a statement of charges is filed along with the order accepting the voluntary surrender. Such voluntary surrender is considered disciplinary action and will be published in the same manner as is applicable to any other form of disciplinary order.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2037.14(272C,543D) Reinstatement. The following provisions apply to license reinstatement proceedings:

2037.14(1) The board may grant an applicant's request to appear informally before the board prior to the issuance of a notice of hearing on an application to reinstate if the applicant requests an informal appearance in the application and agrees not to seek to disqualify, on the ground of personal investigation, board members or staff before whom the applicant appears.

2037.14(2) An order granting an application for reinstatement may impose such terms and conditions as the board deems desirable, which may include one or more of the types of disciplinary sanctions described in rule 481—2037.14(272C,543D).

2037.14(3) The board will not grant an application for reinstatement when the initial order that revoked, suspended or placed limitations on the license, denied license renewal, or accepted a voluntary surrender was based on a criminal conviction and the applicant cannot demonstrate to the board's satisfaction that:

a. All terms of the sentencing or other criminal order have been fully satisfied;

b. The applicant has been released from confinement and any applicable probation or parole; and

c. Restitution has been made or is reasonably in the process of being made to any victims of the crime.

2037.14(4) A state and national criminal history check may be performed on any applicant applying to reinstate registration or credential consistent with Iowa Code section 543D.22.

[**ARC 7844C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code sections 543D.5, 543D.17, and 543D.18 and chapters 17A and 272C.

[Filed ARC 7844C (Notice ARC 7264C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2038
RENEWAL, EXPIRATION AND REINSTATEMENT OF CERTIFICATES AND REGISTRATIONS, RETIRED STATUS, AND INACTIVE STATUS

[Prior to 4/17/24, see 193F—Chapter 9]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2038.1(272C,543D) Biennial renewal.

2038.1(1) Licenses have to be renewed on a biennial basis or they lapse.

2038.1(2) Persons licensed before June 30, 2024, will maintain their biennial renewal timelines. For licensees initially licensed after June 30, 2024, all licenses will expire biennially on June 30.

Example: Certified general licensee obtains licensure on May 25, 2025. License will expire on June 30, 2026, with the first year being a partial year.

2038.1(3) An application to renew a certificate or registration has to be submitted through the board's online system.

2038.1(4) All continuing education claimed on a biennial renewal needs to have been acquired during the renewal period. In addition, all continuing education claimed on a biennial renewal has to have been taken and completed prior to submission of the renewal application.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.2(272C,543D) Notices.

2038.2(1) The board may send renewal notices to licensed appraisers. However, it is the licensee's responsibility to renew timely.

2038.2(2) Certified and associate appraisers have to ensure that their contact information on file with the board office is current and that the board is notified within 30 days of any changes.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.3(272C,543D) Renewal procedures.

2038.3(1) *Date of filing.* Certified and associate appraisers have to file a complete renewal application with the board by the June 30 deadline in the biennial renewal year. An application will be deemed filed on the date of board receipt, the date of electronic submission or, if payment is mailed, the date postmarked but not the date metered.

2038.3(2) *Continuing education.* An applicant for renewal has to report the applicant's compliance with the continuing education obligations provided in 481—Chapter 2040.

2038.3(3) *Background disclosures.* An applicant for renewal has to disclose such background and character information as the board requests, which may include disciplinary action taken by any jurisdiction regarding a professional license of any type, the denial of an application for a professional license of any type by any jurisdiction, and the conviction of any crime.

2038.3(4) *Insufficient applications.* The board will reject applications that are insufficient.

2038.3(5) *Resubmission of rejected applications.* The board will promptly notify an applicant of the basis for rejecting an insufficient renewal application. Applicants may correct deficiencies and resubmit an application. Resubmitted applications are deemed received on the date of electronic submission.

2038.3(6) *Administrative processing not determinative.* The administrative processing of an application to renew a certificate or registration will not prevent the board from subsequently challenging the application based on new information, such as after-acquired information of continuing education violations.

2038.3(7) *Denial of timely and sufficient application to renew.* If grounds exist to deny an application to renew, the board will send notification to the applicant stating the grounds for denial.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.4(272C,543D) Failure to renew.

2038.4(1) The certificate or registration of a certified or associate appraiser lapses unless the appraiser submits a timely and sufficient renewal application by the expiration date.

2038.4(2) Certified and associate appraisers are not authorized to practice or to hold themselves out to the public as certified or registered appraisers during the period of time that the certificate or registration is lapsed. Any violation of this subrule will be grounds for discipline.

2038.4(3) Reinstatement. The board may reinstate a lapsed certificate or registration upon the applicant's submission of an application to reinstate and completion of all of the following:

a. Paying a penalty as provided by board rule; and

b. Paying the current renewal fee as provided by board rule; and

c. Paying the Appraisal Subcommittee National Registry fee as provided by board rule; and

d. Completing a state and national criminal history check as required by law; and

e. Providing evidence of completed continuing education outlined in rule 481—2040.2(272C,543D), as modified for associate appraisers in subrule 2038.4(6), if the licensee wishes to reinstate to active status; and

f. Providing a written statement outlining the professional activities of the applicant in the state of Iowa during the period in which the applicant's license had lapsed. The statement will describe all appraisal services performed, with or without the use of the titles described in Iowa Code section 543D.15, for all appraisal assignments that federal or state law, rule, or policy mandate to be performed by a certified real estate appraiser.

2038.4(4) Reinstating associate appraisers are to follow special continuing education obligations. The board seeks to ensure that associate appraisers make progress toward full completion of all qualifying education needed for eventual certification, as provided in the rules. As a result, an associate appraiser applying to reinstate a registration that has been lapsed for 12 months or longer will complete the most recent seven-hour USPAP course, and only qualifying education toward the continuing education needed for reinstatement, until all qualifying education has been completed. If the applicant has already completed all qualifying education or has to have continuing education hours beyond those needed to fully complete all qualifying education, the applicant may use any approved continuing education course in addition to the mandatory seven-hour USPAP course.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.5(272C,543D) Inactive status.

2038.5(1) *General purpose.* A licensee who is not engaged in Iowa in any practice licensed by the board may allow a license to lapse or register as inactive. The board will continue to maintain a database of persons registered as inactive as well as those whose license has lapsed. A person registered in inactive status is not allowed to perform services in this state regulated by the board. Continuing education is not required for licensees in inactive status.

2038.5(2) *Eligibility.* A person holding an active license may apply on forms through the board's online system to register as inactive if the person is not engaged in appraisal practice in the state of Iowa for which a certificate or associate registration is needed. Inactive status is not available to an individual who has had a board-issued license revoked or suspended. A person seeking inactive status may be actively engaged in the practice of real estate appraising in another jurisdiction.

2038.5(3) *Affirmation.* The application form will contain a statement in which the applicant affirms that the applicant will not engage in any conduct that would require an Iowa license without first complying with all rules governing reactivation to active status. A person in inactive status may reactivate to active status at any time pursuant to subrule 2038.5(6).

2038.5(4) *Renewal.* A person registered as inactive will need to renew biennially. Licensees in inactive status may continue to renew in inactive status. Active licensees may register in inactive status if, for instance, they have not completed all continuing education obligations needed for active status renewal. Any licensee in inactive status must satisfy all outstanding continuing education obligations before reinstating to active status. Continuing education obligations do not accrue during the period of inactive registration.

2038.5(5) *Grounds for discipline.* Licensees are not authorized to practice or to hold themselves out to the public as board-licensed appraisers during the period of time that the licensee is in retired or inactive status. Any violation of this subrule will be grounds for discipline.

2038.5(6) *Reactivation.* A person registered as inactive will apply to reactivate to active status prior to engaging in any practice in Iowa that necessitates active licensure by the board. An application to reactivate to active status will be through the board's online system. Prior to reactivation to active status, the applicant has to complete all education that would have been needed had the applicant been on active status, including the required courses set by the AQB criteria. All such continuing education has to be verified whether or not the applicant has been in active practice in another jurisdiction. Such an applicant will be given credit for the most recent renewal fees previously paid if the applicant applies to reactivate in the same biennium at other than the applicant's regular renewal date. An associate licensee changing from active to inactive status during a biennial renewal period will not, however, be entitled to a refund of any of the fees previously paid to attain active status.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.6(272C,543D) Retired status. A certified licensee may place the licensee's license in retired status. For purposes of this rule, the term "retired" means the person has retired from working as a certified appraiser and has requested to be placed in retired status through the board's online system. A licensee in retired status may request that the license be placed back into active status so long as the licensee is still within the biennial period of the last active status. The board will not provide a refund of biennial registration and certification fees when an application for retired status is granted in a biennium in which the applicant has previously paid the biennial fees for either active or inactive status. Licensees in retired status are exempt from the renewal obligation. While in retired status, appraisers cannot hold themselves out to the public as being certified appraisers during the period of time that the license is in retired status.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2038.7(272C,543D) Property of the board. Every license issued by the board will, while it remains in the possession of the holder, be preserved by the holder but will, nevertheless, always remain the property of the board.

[**ARC 7845C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code section 543D.5.

[Filed ARC 7845C (Notice ARC 7265C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2039
RECIPROCITY

[Prior to 4/17/24, see 193F—Chapter 10]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 9]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2039.1(543D) Nonresident certification by reciprocity.

2039.1(1) A nonresident of Iowa seeking certification in this state can apply for reciprocity through the board's online system and pay the board-established fee.

2039.1(2) The board may issue a reciprocal certificate to a nonresident individual who is certified and demonstrates good standing in another state. An appraiser who is listed in good standing on the National Registry of the Appraisal Subcommittee satisfies the good standing obligation without additional documentation. An appraiser who is not listed in good standing on the National Registry of the Appraisal Subcommittee will need to supply an official letter of good standing issued by the licensing board of the appraiser's resident state and bearing its seal.

2039.1(3) A reciprocal certified appraiser will comply with all provisions of Iowa law and rules.

2039.1(4) Reciprocal certified appraisers are obligated to pay the federal registry fee as set forth in the board's rules.

[**ARC 7846C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2039.2(543D) Temporary practice permit.

2039.2(1) The board will recognize, on a temporary basis, the license of a certified appraiser issued by another state for a period of six months, unless the applicant requests, and is approved for, a one-time extension. An extension request has to be received prior to the expiration date of the issuance of the temporary practice permit. An extension may be granted for up to six months past the original expiration date so long as the applicant is still eligible for a temporary practice permit.

2039.2(2) The appraiser has to apply through the board's online system. The appraiser seeking a temporary practice permit must meet the other qualifying factors associated with reciprocity, including good standing and payment of the appropriate fee. The temporary practice permit will authorize the licensee to perform appraisal on the properties listed on the permit.

2039.2(3) An appraiser holding an inactive, retired, or lapsed certificate as a real estate appraiser in Iowa may apply for a temporary practice permit if the appraiser holds an active, unexpired certificate as a real estate appraiser in good standing in another jurisdiction and is otherwise eligible for a temporary practice permit.

2039.2(4) An appraiser who was previously a registered associate or certified appraiser in Iowa whose Iowa license has been revoked or surrendered in connection with a disciplinary investigation or proceeding is ineligible to apply for a temporary practice permit in Iowa.

2039.2(5) The board may deny an application for a temporary practice permit based on prior discipline in this jurisdiction or other jurisdictions.

2039.2(6) An appraiser holding an inactive, retired, or lapsed Iowa certificate who applies to reinstate to active status in Iowa will not be given credit for any fees paid during the biennial period for one or more temporary practice permits.

2039.2(7) An appraiser holding a license to practice as a real estate appraiser in another jurisdiction may practice in Iowa without applying for a temporary practice permit or paying any fees as long as the appraiser does not perform appraisal services in Iowa that require licensure in this state.

2039.2(8) The board will receive and approve an application for a temporary practice permit before the applicant is eligible to practice in Iowa under a temporary practice permit. Applicants will apply using the board's online system. The board will grant or deny all applications for temporary practice permits within the requirements set by the ASC. Applicants disclosing discipline or criminal convictions will need to attach supporting documentation so that the board can assess whether grounds exist to deny the application. Falsification of information or failure to disclose material information will be grounds to deny the application, deny subsequent applications, or to reinstate a lapsed or inactive Iowa license.

[**ARC 7846C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code sections 543D.10 and 543D.11.

[Filed ARC 7846C (Notice ARC 7266C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2040
CONTINUING EDUCATION
[Prior to 4/17/24, see 193F—Chapter 11]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2040.1(272C,543D) Definitions. For the purpose of these rules, the following definitions shall apply:

"Approved program" means a continuing education program, course, or activity that satisfies the standards set forth in these rules and has received advance board approval pursuant to these rules.

"Approved provider" means a person or an organization that has been approved by the board to conduct continuing education programs pursuant to these rules.

"Asynchronous" means that the instructor and student interact in an educational offering in which the student progresses at the student's own pace through structured course content and scheduled quizzes and examinations.

"Board" means the same as defined in Iowa Code section 543D.2(7).

"Continuing education" means education that is obtained by a person certified to practice real estate appraising in order to maintain, improve, or expand skills and knowledge obtained prior to initial certification or registration, or to develop new and relevant skills and knowledge, all as a condition of renewal.

"Credit hour" means the value assigned by the board, or the AQB, to a continuing or qualifying education program.

"Distance education" means any education process based on the geographical separation of student and instructor. "Distance education" includes asynchronous, synchronous, and hybrid educational offerings.

"Guest speaker" means an individual who teaches an appraisal education program on a one-time-only or very limited basis and who possesses a unique depth of knowledge and experience in the subject matter.

"Hybrid," also known as a blended course, means a learning environment that allows for both in-person and online (synchronous or asynchronous) interaction.

"Live instruction" means an educational program delivered in a classroom setting where both the student and the instructor are present in the same room.

"Qualifying education" means education that is obtained by a person seeking certification as a real property appraiser prior to initial certification or registration.

"Synchronous" means that in an educational offering the instructor and student interact online simultaneously, as in a phone call, video chat or live webinar, or web-based meeting.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.2(272C,543D) Continuing education obligations.

2040.2(1) Board-licensed appraisers have to demonstrate compliance with the continuing education set by the AQB criteria.

2040.2(2) All continuing education credit hours may be acquired in approved education programs.

2040.2(3) Instructors claiming continuing education credit may be requested to provide supporting documentation to ascertain course content and related details.

2040.2(4) An applicant seeking to renew an initial license issued less than 185 days prior to renewal is not obligated to report any continuing education. An applicant seeking to renew an initial certificate or registration issued for 185 days to 365 days prior to renewal has to demonstrate completion of at least 14 credit hours, including the National USPAP continuing education course or its AQB equivalent. An applicant seeking to renew an initial certificate or registration issued 365 days prior to renewal or more has to demonstrate completion of at least 28 credit hours, including seven credit hours of the most recent National USPAP continuing education.

2040.2(5) Prior to reinstatement or reactivation of a certified general or residential registration, a licensee in inactive, retired, or lapsed status has to complete all continuing education hours that would have been needed if the licensee was in active status. The hours will also include the most recent edition of a National USPAP Update course.

2040.2(6) During each two-year renewal period, a continuing education program may be taken for credit only once.

2040.2(7) At least 50 minutes of every class hour have to be attended by the student to count as an hour of continuing education.

2040.2(8) An applicant may claim continuing education credits that have been approved by another jurisdiction that has a continuing education obligation for license renewal in that jurisdiction if the applicable program was approved by the other jurisdiction's appraisal regulatory body or the AQB for continuing education purposes at the time the applicant completed the course. The burden of proof in this regard is on the applicant. All other programs have to be approved upon application to the board pursuant to this chapter.

2040.2(9) A person certified or registered to practice real estate appraising in Iowa will be deemed to have complied with Iowa's continuing education obligation for periods in which the person is a resident of another state or district having continuing education obligations for real estate appraising and meets all obligations of that state or district.

2040.2(10) A person certified or registered to practice real estate appraising in Iowa who completes an education course approved by both the board and another appraiser regulatory body, for which the approved hours vary, will only be allowed to claim the hours approved by the board to meet the obligations of renewal of the person's associate registration or certified credential in Iowa. A person certified or registered to practice real estate appraising in Iowa who completes an educational course not approved in Iowa, but approved by either the AQB or by another appraiser regulatory body, may claim the hours awarded by either the AQB or the appraiser regulatory body of the other jurisdiction.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.3(272C,543D) Minimum program qualifications.

2040.3(1) The board will only approve continuing education programs that provide a formal program of learning that contributes to the growth in the professional knowledge and professional competence of real estate appraisers.

2040.3(2) Continuing education programs as listed in the AQB criteria are accepted by the board, as well as the following appraisal topics, which the board has determined are integrally related to appraisal topics in the state:

a. Agriculture production and economics;

b. Agronomy/soil; and

c. Real estate appraisal technology (e.g., drones).

2040.3(3) The following programs will not be acceptable:

a. Sales promotion meetings held in conjunction with the appraiser's general business;

b. Time devoted to breakfast, lunch, or dinner;

c. A program certified by the use of a challenge examination. The number of hours will be completed to receive credit hours; and

d. Programs that do not provide at least two credit hours.

2040.3(4) Continuing education credit will be granted only for whole hours, with a minimum of 50 minutes constituting one hour.

2040.3(5) Continuing education credit may be approved for university or college courses, when an official transcript is provided, in qualifying topics according to the following formula: Each semester hour of credit will equal 15 credit hours and each quarter hour of credit will equal 10 credit hours.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.4(272C,543D) Standards for provider and program approval. Providers and programs will satisfy the following minimum standards in order to be preapproved in accordance with the procedures established in this chapter and in order to maintain approved status:

2040.4(1) The program will be taught or developed by individuals who have the education, training and experience to be considered experts in the subject matter of the program and competent in the use of teaching methods appropriate to the program.

2040.4(2) Programs will be taught by instructors who have successfully completed an instructor development workshop within 24 months preceding board approval of the program. Certified USPAP instructors and instructors approved via a course delivery mechanism approval per the AQB criteria will be considered to have met this obligation.

2040.4(3) In determining whether an instructor is qualified to teach a particular program, the board will consider whether the instructor has an ability to teach and an in-depth knowledge of the subject matter.

2040.4(4) An instructor may demonstrate the ability to teach by meeting one or more of the following criteria:

a. Hold a bachelor's degree or higher in education from an accredited college;

b. Hold a current teaching credential or certificate in any real estate or real estate-related fields;

c. Hold a certificate of completion in the area of instruction from an instructor institute, workshop or school that is sponsored by a member of the Appraisal Foundation;

d. Hold a full-time current appointment to the faculty of an accredited college; and

e. Other, as the board may determine.

2040.4(5) An instructor may demonstrate in-depth knowledge of the program's subject matter by meeting one or more of the following criteria:

a. Hold a bachelor's degree or higher from an accredited college with a major in a field of study directly related to the subject matter of the course the instructor proposes to teach, such as business, economics, accounting, real estate or finance;

b. Hold a bachelor's degree or higher from an accredited college and have five years of appraisal experience related to the subject matter of the course the instructor proposes to teach;

c. Hold a generally recognized professional real property appraisal designation or be a sponsor member of the Appraisal Foundation; and

d. Other, as the board may determine.

2040.4(6) Only AQB-certified USPAP instructors, listed on the website of the Appraisal Foundation may teach the National USPAP courses, or the AQB-approved equivalent.

2040.4(7) Course content and materials will be accurate, consistent with currently accepted standards relating to the program's subject matter and updated no later than 30 days after the effective date of a change in standards, laws, or rules.

2040.4(8) Programs will have an appropriate means of written evaluation by participants. Evaluations will include the relevance of the materials, effectiveness of presentation, content, facilities, and such additional features as are appropriate to the nature of the program.

2040.4(9) No part of any course will be used to solicit memberships in organizations, recruit appraisers for affiliation with any organization or advertise the merits of any organization or sell any product, or service.

2040.4(10) Providers will clearly inform prospective participants of the number of credit hours preapproved by the board for each program and all applicable policies concerning registration, payment, refunds, attendance obligations, and examination grading.

2040.4(11) Procedures will be in place to monitor whether the person receiving credit hours is the person who attended or completed the program.

2040.4(12) Providers will be accessible to students during normal business hours to answer questions and provide assistance as necessary.

2040.4(13) Providers will comply with or demonstrate exemption from the provisions of Iowa Code sections 714.14 to 714.25.

2040.4(14) Providers will designate a coordinator in charge of each program who will act as the board's contact on all compliance issues.

2040.4(15) Programs will not offer more than eight credit hours in a single day.

2040.4(16) Providers will not provide any information to the board, the public, or prospective students that is misleading in nature. For example, providers will not refer to themselves as a "college" or "university" unless qualified as such under Iowa law.

2040.4(17) Providers will establish and maintain for a period of five years complete and detailed records on the programs successfully attended by each Iowa participant.

2040.4(18) Providers will issue an individual certificate of attendance to each participant upon successful completion of the program.

2040.4(19) Program providers and instructors are solely responsible for the accuracy of all program materials, instruction, and examinations. Board approval of a provider or program is not an assurance or warranty of accuracy and will not be explicitly or implicitly marketed or advertised as such.

2040.4(20) Providers will apply for approval using the board's online system.

2040.4(21) Providers will notify the board within 30 days of a change in the provider's primary contact, name, business address, or any other change that may affect the provider's tax identification number or bond obligations with the Iowa college aid commission.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.5(272C,543D) Acceptable distance education courses. Distance education involves geographical separation of student and instructor. A distance education course is acceptable to meet class hour obligations if it complies with the generic education criteria in the current AQB criteria.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.6(272C,543D) Applications for approval of programs. Applications for approval of programs will be submitted through the board's online system. All non-AQB courses are approved for 24 months, including the month of approval. Programs approved for distance education or by the AQB may be approved by the board. Board approval of a program will only be valid for the shortest period of time such a program is approved by either organization.

2040.6(1) Approval will be obtained for each program separately. With the exception of hybrid courses, courses that are offered via more than one delivery method will require separate program approvals.

2040.6(2) A nonrefundable fee of $50 will be submitted for each program except for programs that are submitted for approval by the primary provider and that have been approved by the AQB through the AQB Course Approval Program (CAP).

2040.6(3) All online applications and attachments will be submitted for approval at least 30 days prior to the first offering of each program or, if renewing, within 30 days of the course expiration date. The board will approve or deny each program, in whole or part, within 15 days of the date the board receives a fully completed application. Upon approval of an application for course offering, the board will specify the number of credit hours allowed. Payments for course program applications will be made within 30 calendar days of board approval or the application approval may be reversed.

2040.6(4) Applications for non-AQB CAP courses will request information including, but not limited to, the following:

a. Program description;

b. Program purpose;

c. Learning objectives that specify the level of knowledge or competency the student should demonstrate upon completing the program;

d. Description of the instructional methods utilized to accomplish the learning objective;

e. Identifying information for all guest speakers or instructors and such documentation as is necessary to verify compliance with the instructor qualifications described in this chapter;

f. Copies of all instructor and student program materials or, in the case of a one-time course offering, a statement that attests all instructor and student materials will be submitted to the board within ten calendar days of the course offering;

g. Copies of all examinations and a description of all grading procedures;

h. A description of the diagnostic assessment method(s) used when examinations are not given;

i. Such information as needed to verify compliance with board rules;

j. The name, address, telephone number, and email address for the program's coordinator; and

k. Such other information as the board deems reasonably needed for informed decision making.

2040.6(5) Application forms for courses that are AQB CAP-approved will include information as deemed necessary for accurate documentation but may be more limited than information set forth in this chapter.

2040.6(6) The board will assign each provider and program a number. This number will be placed on all correspondence with the board, all subsequent applications by the same provider, and all certificates of attendance issued to participants.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.7(272C,543D) Waiver of application fees. Application fees may be waived for approved programs sponsored by a governmental entity when the program is offered at no cost or at a nominal cost to participants. A request for waiver of application fees should be made by the provider or certificate holder at the time the application is filed with the board.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.8(272C,543D) Authority to approve education. The executive officer has the authority to approve or deny education applications subject to the applicant's right to a hearing as provided for in this chapter.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.9(272C,543D) Appraiser request for preapproval of continuing education programs. An appraiser seeking credit for attendance and participation in a program that is to be conducted by a provider not accredited or otherwise approved by the board will apply for approval to the board at least 15 days in advance of the commencement of the activity. The board will approve or deny the application in writing. The online application for prior approval of a continuing education activity will include the following fee and information:

1. Application fee of $25;
2. School, firm, organization or person conducting the program;
3. Location of the program;
4. Title and hour-by-hour outline of the program, course or activity;
5. Credit hours requested for approval;
6. Date of program; and
7. Principal instructor(s).

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.10(272C,543D) Appraiser request for postapproval of continuing education program. An appraiser seeking credit for attendance and participation in a program that was not conducted by an approved provider or approved by the licensing authority in another state or otherwise approved by the board may submit a request for credit for the program. Within 15 days after receipt of the request, the board will advise the requester in writing whether the program is approved and the number of hours allowed. Appraisers not complying with the obligation of this rule may be denied credit for the program. Application for postapproval of a continuing education program will include the following fee and information:

1. Application fee of $25;
2. School, firm, organization or person conducting the program;
3. Location of the program;
4. Title of program and description of program;
5. Credit hours requested for approval;
6. Date(s) of program;
7. Student and instructor materials;
8. Principal instructor(s); and
9. Verification of attendance.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.11(272C,543D) Review of provider or program. The board on its own motion or upon receipt of a complaint or negative evaluation may monitor or review any approved program or provider and may withdraw approval of the provider or program and disallow all or any part of the approved hours granted to the provider based on evidence that the obligations of this chapter have not been met. The provider, as a condition of approval, agrees to allow the board or its authorized representatives to monitor ongoing

compliance with board rules through means including, but not limited to, unannounced attendance at programs.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2040.12(272C,543D) Hearings. Any person aggrieved by board action related to this chapter may request a contested case hearing before the board.

[**ARC 7847C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code sections 543D.5, 543D.9 and 543D.16 and chapter 272C.

[Filed ARC 7847C (Notice ARC 7267C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]
[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2041
FEES

[Prior to 4/17/24, see 193F—Chapter 12]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 11]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2041.1(543D) Fees.

Initial examination application fee	$150
Biennial registration fee for active status (initial, reciprocal, renewal):	
Associate/Certified real property appraiser > one year	$200
Associate/Certified real property appraiser < one year	$100
Biennial registration fee for inactive status (initial, reciprocal, renewal):	
Certified real property appraiser	$100
Associate real property appraiser	$50
Temporary practice permit fee (each request)	$100
Reinstatement of a lapsed or retired license (lapsed or retired to active status)	$150 (plus the registration fee)
Reactivation of an inactive or retired license (inactive or retired to active status)	$50 (plus the registration fee)
Formal wall certificate	$25
Work product review fees:	
Original submission, certified residential	$300
Original submission, certified general	$650
Additional residential reports as requested by the board	$150 per report
Additional nonresidential reports as requested by the board	$250 per report
Voluntary submission of residential reports for review	$150 per report
Voluntary submission of nonresidential reports for review	$250 per report
Course application fee (non-AQB-approved courses and secondary providers)	$50
Pre-/post-course application fee	$25
Background check	$51
Add supervisory appraiser	$25
Add course instructor	$10
Waiver to administrative rules	$25
Late renewal of associate or certified	$50
ASC National Registry fee > one year, separate from registration fee (collected by the board for FFIEC)	$80
ASC National Registry fee < one year, separate from registration fee (collected by the board for FFIEC)	$40
Examination fee (and reexamination fee) (to be paid to the examination provider)	Current provider rate

[**ARC 7848C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2041.2(543D) Prorating of registration fees. An applicant applying for initial or reciprocal registration or certification within 12 months from the applicant's renewal date, pursuant to rule 481—2038.1(543D), will pay half the fee. An applicant applying for initial or reciprocal registration or certification more than 12 months from the applicant's renewal date will pay the full registration fee. An applicant applying to reinstate or reactivate a lapsed registration or certification within 12 months from the applicant's renewal date, pursuant to rule 481—2038.1(543D), will pay half the renewal fee plus the applicable reactivation or reinstatement fee. An applicant applying to reinstate or reactivate a lapsed registration or certification more than 12 months from the applicant's renewal date will pay the full renewal fee plus the applicable reactivation or reinstatement fee.

[**ARC 7848C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code section 543D.6.

[Filed ARC 7848C (Notice ARC 7268C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2042
ENFORCEMENT PROCEEDINGS AGAINST NONLICENSEES

[Prior to 4/17/24, see 193F—Chapter 16]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 12]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2042.1(543D) Civil penalties against nonlicensees. The board may impose civil penalties by order against a person who is not licensed by the board based on the unlawful practices specified in Iowa Code section 543D.21.

[**ARC 7855C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2042.2(543D) Grounds for imposing civil penalties. Grounds for issuing an order requiring compliance with Iowa Code chapter 543D or imposing civil penalties up to $1,000 for each violation include:

2042.2(1) Violating Iowa Code section 543D.15(1)*"a."*

2042.2(2) Failing to obtain a temporary practice permit under Iowa Code section 543D.11(2).

2042.2(3) Falsely impersonating a licensee by using the certification or registration title, number or signature of a licensee, or by using the nonexistent certification or registration title, number or signature of a fictitious holder of a board-issued license.

2042.2(4) Violating Iowa Code section 543D.21(4)*"e."*

2042.2(5) Violating Iowa Code section 543D.20(1)*"a," "b," "c,"* or *"d."*

2042.2(6) Violating Iowa Code section 543D.18A.

[**ARC 7855C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2042.3(543D) Notice of intent to impose civil penalties.

2042.3(1) The notice of the board's intent to issue an order to compel compliance with Iowa Code section 543D.21 and to impose a civil penalty will be served upon the nonlicensee by certified mail, return receipt requested, or by personal service in accordance with Iowa Rule of Civil Procedure 1.305. Alternatively, the nonlicensee may accept service personally or through authorized counsel.

2042.3(2) The notice will include the following:

a. A statement of the legal authority and jurisdiction under which the proposed civil penalty would be imposed.

b. Reference to the particular sections of the statutes and rules involved.

c. A short, plain statement of the alleged unlawful practices.

d. The dollar amount of the proposed civil penalty and the nature of the intended order to compel compliance with Iowa Code section 543D.21.

e. Notice of the nonlicensee's right to a hearing and the time frame in which hearing has to be requested.

f. The address to which a written request for hearing has to be made.

[**ARC 7855C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2042.4(543D) Request for hearing.

2042.4(1) Nonlicensees have to request a hearing within 30 days of the date the notice is received or service is accepted. A request for hearing has to be in writing and is deemed made on the date of the non-metered United States Postal Service postmark or the date of personal delivery to the board office.

2042.4(2) If a request for hearing is not timely made, as described in the notice, the board chairperson or the chairperson's designee may issue an order imposing a civil penalty and requiring compliance with Iowa Code chapter 543D. The order may be mailed by regular first-class mail or served in the same manner as the notice of intent to impose a civil penalty.

2042.4(3) If a request for hearing is timely made, the board will issue a notice of hearing and conduct a hearing in the same manner as applicable to disciplinary cases against licensees. Hearings involving nonlicensees are open to the public.

2042.4(4) A nonlicensee may waive the right to hearing and all attendant rights and enter into a consent order imposing a civil penalty and requiring compliance with Iowa Code chapter 543D at any stage of the proceeding upon mutual consent of the board.

2042.4(5) The notice of intent to issue an order and the order are public records available for inspection and copying in accordance with Iowa Code chapter 22.

[**ARC 7855C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 17A and 543D.

[Filed ARC 7855C (Notice ARC 7272C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 6/10/26]

CHAPTER 2043
LICENSURE OF PERSONS LICENSED IN OTHER JURISDICTIONS

[Prior to 4/17/24, see 193F—Chapter 26]
[Prior to 6/10/26, see Real Estate Appraiser Examining Board[193F] Ch 13]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2043.1(272C) Definitions.

"Issuing jurisdiction" means the duly constituted authority in another state that has issued a professional license, certificate, or registration to a person.

"License" or *"licensure"* means any license that may be granted by the board.

[**ARC 7865C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

481—2043.2(272C) Licensure of persons licensed in other jurisdictions.

2043.2(1) An individual who establishes residency in this state or who is married to an active duty member of the military forces of the United States and who is accompanying the member on an official permanent change of station to a military installation located in this state may apply for licensure under this rule on forms provided by the board. A certification or registration will be issued if all of the following conditions are met:

a. The person is currently licensed, certified, or registered by at least one other issuing jurisdiction in the profession or occupation applied for with a substantially similar scope of practice and is in good standing in all issuing jurisdictions in which the person holds a license, certificate, or registration. A license, certificate, or registration issued by another jurisdiction that is classified as a licensed residential real property credential or with a scope of practice of a licensed residential real property appraiser, as defined by the AQB criteria, other applicable federal law, rule, or policy, will not be considered a profession or occupation with a substantially similar scope of practice as it relates to a certification or registration as an associate real property appraiser, certified residential real property appraiser, or a certified general real property appraiser.

b. The person has been licensed, certified, or registered by the other issuing jurisdiction forming the basis of the application.

c. When the person was licensed by the other issuing jurisdiction forming the basis of the application, the issuing jurisdiction imposed minimum educational and experience obligations, and the issuing jurisdiction verifies that the person met those obligations in order to be licensed in that issuing jurisdiction. Generally, given federal mandates, the minimum educational and experience obligations to become certified as a real estate appraiser are substantially the same nationwide within the applicable classification and scope of practice.

d. The person previously passed an AQB-approved examination by the other issuing jurisdiction for licensure, certification, or registration.

e. The person has not had a license, certificate, or registration revoked and has not voluntarily surrendered a license, certificate, or registration in any other issuing jurisdiction or country while under investigation for unprofessional conduct.

f. The person has not had discipline imposed by any other regulating entity in this state or another issuing jurisdiction or country. If another jurisdiction has taken disciplinary action against the person, the appropriate licensing board shall determine if the cause for the action was corrected and the matter resolved. If the licensing board determines that the matter has not been resolved by the jurisdiction imposing discipline, the licensing board will not issue or deny a license, certificate, or registration to the person until the matter is resolved.

g. The person does not have a complaint, allegation, or investigation pending before any regulating entity in another issuing jurisdiction or country that relates to unprofessional conduct. If the person has any complaints, allegations, or investigations pending, the appropriate licensing board shall not issue or deny a license, certificate, or registration to the person until the complaint, allegation, or investigation is resolved.

h. The person pays all applicable fees. The fees for applying for licensure under this rule will be the same as the fees for reciprocal licensure.

i. The person does not have a criminal history that would prevent the person from holding the license applied for in this state.

2043.2(2) An individual applying for licensure under this rule will provide, as applicable, proof of current residency in the state of Iowa or proof of the military member's official permanent change of station to the state of Iowa.

a. Proof of residency may include, by way of example:

(1) Residential mortgage, lease, or rental agreement;

(2) Utility bill;

(3) Bank statement;

(4) Paycheck or pay stub;

(5) Property tax statement;

(6) A federal or state government document; or

(7) Any other document that reliably confirms Iowa residency.

b. Proof of permanent change of station to the state of Iowa includes documentation issued by the appropriate branch of the military requiring a permanent change of station or otherwise indicating or demonstrating a permanent change of station has occurred.

2043.2(3) In order to be considered a sufficient application, an application for licensure under this rule must include all appropriate information as required by this rule and, if applicable, the submission of fingerprints and an appropriate authorization of release as may be necessary to facilitate the board's completion of a criminal history check and any corresponding fee.

2043.2(4) A person issued a license under this rule is subject to the jurisdiction of the board.

2043.2(5) An applicant who is aggrieved by the board's decision to deny an application for a license under this rule may request a contested case hearing. A request for such a contested case hearing will be granted only if the board receives the request within 30 days of issuance of the board's decision.

[**ARC 7865C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 6/10/26]

These rules are intended to implement Iowa Code chapters 543D and 272C and 2019 Iowa Acts, House File 288.

[Filed ARC 7865C (Notice ARC 7275C, IAB 1/24/24), IAB 4/17/24, effective 5/22/24]

[Editorial change: IAC Supplement 6/10/26]

CHAPTERS 2044 to 2049
Reserved

APPRAISAL MANAGEMENT COMPANIES

CHAPTER 2050
APPRAISAL MANAGEMENT COMPANIES
[Prior to 1/22/25, see Banking Division[187] Ch 25]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—2050.1(17A,543E) Definitions. For the purposes of this chapter, the definitions in Iowa Code chapter 543E shall apply. In addition, unless the context otherwise requires, the following definitions shall apply:

"Nationwide multistate licensing system" or *"NMLS"* means a mortgage licensing system owned and operated by the State Regulatory Registry, LLC, a wholly owned subsidiary of the Conference of State Bank Supervisors.

"Owner" means a person who owns or has the power to vote more than 10 percent of the shares of an appraisal management company.

"Ownership" means being an owner or otherwise having the power to vote more than 10 percent of the shares of an appraisal management company.

"Registrant" means a person who is registered as an appraisal management company in this state.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.2(17A,543E) Application for registration.

2050.2(1) An application for registration to operate an appraisal management company in Iowa shall be submitted to the administrator through the NMLS or as otherwise prescribed by the administrator. All information requested in the application shall be provided on or with the application form, including but not limited to any and all information required by Iowa Code section 543E.8(2). The administrator may consider an application withdrawn if the application does not contain all of the information required and the missing information is not submitted to the administrator within 30 days after the administrator requests the missing information.

2050.2(2) Appraiser panel. The application shall include a list of all certified and licensed appraisers who are independent contractors and are currently on the applicant's appraiser panel and shall also include any additional certified and licensed appraisers who are independent contractors and who in the 12 months immediately preceding submission of the application have performed appraisals, for the applicant or for persons that have ordered appraisals through the applicant, for covered transactions or for secondary mortgage market participants in connection with covered transactions in which the dwelling is located in this state. The application shall include the name, the certification or license number, the date the appraiser joined the panel, and the date the appraiser left the panel, if applicable, for each appraiser included on the applicant's appraiser panel. The applicant's appraiser panel shall include all appraisers the applicant has engaged to perform one or more appraisals for or in connection with a covered transaction or for a secondary mortgage market participant in connection with a covered transaction in this state and all appraisers the applicant has accepted for future consideration for such appraisal assignments.

2050.2(3) All owners and controlling persons of the applicant must authorize a fingerprint background check, through the NMLS or as otherwise prescribed by the administrator, for the purpose of conducting a national criminal history background check through the Federal Bureau of Investigation. This requirement applies to all owners and controlling persons, regardless of whether the individual has previously applied as an owner or controlling person of an appraisal management company under Iowa Code chapter 543E.

2050.2(4) The applicant shall submit an application fee, initial registration fee, and background investigation fee in the amounts provided in subrule 2050.8(5), as well as the fee required for registration on the appraisal management company national registry maintained by the appraisal subcommittee as specified in subrule 2050.8(5). The applicant shall also pay any additional fees required by the NMLS, including but not limited to, the following: system processing fees and background check fees. The applicant will be refunded the initial registration fee and the appraisal management company national registry fee if the application is denied.

2050.2(5) If any information material to the application changes after the applicant files the initial application but before the administrator approves or denies the application, the applicant shall provide updated information to the administrator in writing within 10 calendar days of the change. The administrator may deny the application when such a material change in information has occurred and the applicant has failed to provide updated information within the prescribed time frame.

2050.2(6) An applicant for registration to operate an appraisal management company in Iowa must file with the administrator a $25,000 surety bond in compliance with the provisions of Iowa Code section 543E.19.

2050.2(7) A registration shall lapse on the next succeeding December 31 after it is issued, but a registration granted on or after November 1 and before December 31 shall not lapse until December 31 of the following year. For example, a registration granted on November 17, 2017, would not expire until December 31, 2018. An applicant whose registration is granted on or after November 1 and before December 31 may be required, as determined by the appraisal subcommittee, to pay the fee for registration on the appraisal management company national registry in full for both calendar years. For example, while a registration granted on November 17, 2017, would not lapse until December 31, 2018, the registrant may be required to pay the national registry fee in full for 2017 and 2018.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.3(17A,543E) Grounds for denial of a registration. The administrator may deny an application for registration to operate an appraisal management company, or issue a registration subject to restriction, for any of the reasons that follow.

2050.3(1) This state or another state or jurisdiction has canceled, revoked, denied, suspended, or refused to renew the applicant's registration to operate an appraisal management company or has denied, suspended, or refused to renew a similar registration under this state's or the other state's or jurisdiction's law. An agreement made between a person and this state or another state or jurisdiction not to operate as an appraisal management company may be considered a denial of that person's registration to operate an appraisal management company in this state or the other state or jurisdiction.

2050.3(2) An owner or controlling person of the applicant has been barred, removed, or prohibited from owning or serving as the controlling person of an appraisal management company, or from serving in any capacity in a financial institution by any state or federal regulatory agency, including but not limited to the Office of the Comptroller of the Currency, the Federal Deposit Insurance Corporation (FDIC), the Board of Governors of the Federal Reserve System, or the U.S. Department of Housing and Urban Development.

2050.3(3) An owner or controlling person of the applicant is or was the owner or controlling person of another appraisal management company in another state or jurisdiction, if such other state or jurisdiction has canceled, revoked, denied, suspended, or refused to renew the registration or application for registration of such other appraisal management company under this state's or the other state's or jurisdiction's law. An agreement made between a person and this state or another state or jurisdiction not to operate as the owner or controlling person of an appraisal management company may be considered a denial of that person's application to serve as the owner or controlling person of an appraisal management company in this state or the other state or jurisdiction.

2050.3(4) An owner or controlling person of the applicant has been convicted of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, conspiracy to defraud, tax evasion, or another similar offense, in a court of competent jurisdiction in this state or in any other state, territory, or district of the United States or in any foreign jurisdiction. For the purposes of this subrule, "convicted of" includes a guilty plea, deferred judgment, deferred sentence, or other similar finding of guilt by a court of competent jurisdiction.

2050.3(5) The applicant, or an owner or controlling person of the applicant, has made a false submission of material fact on an application for registration or has been otherwise implicated in the submission of a false application.

2050.3(6) An owner or controlling person of the applicant has demonstrated a lack of moral character in a manner that the administrator reasonably believes will impair the ability of the owner or controlling

person to operate an appraisal management company in full compliance with the public interest and state policies described in Iowa Code chapter 543E.

2050.3(7) For any reason listed in Iowa Code section 543E.17(1).

2050.3(8) The applicant has failed to include all of the information required in the application or has failed to pay any fee required under Iowa Code chapter 543E or this chapter.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.4(17A,543E) Renewal of registration.

2050.4(1) To remain registered to operate an appraisal management company in Iowa, a registrant must renew a registration before the date the registration lapses. A registrant who holds a lapsed registration shall not directly or indirectly engage in or attempt to engage in business as an appraisal management company or advertise or hold itself out as engaging in or conducting business as an appraisal management company in Iowa until the administrator has reinstated the lapsed registration or has approved a new registration.

2050.4(2) An application to renew a registration shall be submitted to the administrator, through the NMLS or as otherwise prescribed by the administrator, no earlier than November 1 and no later than December 1 of the year for which the registration is valid. For example, for a registration that will lapse on December 31, 2017, an application for renewal shall be submitted by December 1, 2017. All requested information, including any material change to information contained in the original application, shall be provided to the administrator as directed by the NMLS or as otherwise prescribed by the administrator. Applications for renewal of a registration must be accompanied by a fee as specified in subrule 2050.8(5). The administrator may also assess late fees as specified in subrule 2050.8(5) for applications submitted after December 1.

2050.4(3) The administrator shall grant an application to renew a registration if:

a. The administrator receives the application and the appropriate renewal fee by December 1, or the administrator receives the application after December 1 but before January 1 and it is accompanied by the appropriate renewal fee and the appropriate late fee;

b. The application is fully completed and includes all necessary information; and

c. The application does not reveal grounds that would be sufficient to deny initial registration, or issue a registration subject to restriction, pursuant to rule 481—2050.4(17A,543E).

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.5(17A,543E) Reinstatement of lapsed registration.

2050.5(1) The registration of an appraisal management company that has lapsed for failure to satisfy the minimum standards for renewal may be reinstated if the registrant meets the following requirements:

a. The application for reinstatement is submitted between January 1 and February 28 of the year immediately following the year the registration lapsed.

b. All minimum requirements for renewal of registration for the year in which the registration lapsed are satisfied prior to submission of the application for reinstatement. The registrant seeking to reinstate a registration must submit all information required to renew a registration pursuant to rule 481—2050.4(17A,543E).

c. The registrant pays a reinstatement fee as specified in subrule 2050.8(5), in addition to the renewal fee, and any late charges.

2050.5(2) An appraisal management company whose registration has lapsed and who fails to meet the requirements for reinstatement specified in this rule must apply for a new registration and meet the requirements in effect at that time for a new registration.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.6(17A,543E) Changes in the registrant's name, location, or ownership.

2050.6(1) A registrant wishing to change the principal location of an appraisal management company shall notify the administrator through the NMLS, or as otherwise prescribed by the administrator, within 15 days of making the change. The notice shall include proof that the registrant has either obtained a new bond

or amended the existing mandatory bond to reflect the new location. The registrant shall submit a fee as specified in subrule 2050.8(5) in association with the change.

2050.6(2) Registrants must notify the administrator no later than 15 days following a change in name and must submit to the administrator a fee as specified in subrule 2050.8(5).

2050.6(3) The prior written approval of the administrator is required whenever a change in ownership of a registrant is proposed. When a change in ownership of a registrant is proposed, the party that will assume ownership of the registrant shall give notice to the administrator through the NMLS, or as otherwise prescribed by the administrator, at least 30 days before the proposed change will take effect. The party that will assume ownership of the registrant shall furnish the administrator through the NMLS, or as otherwise prescribed by the administrator, with the same information required of initial applicants for registration, along with a fee as specified in subrule 2050.8(5). The administrator shall approve or deny the request in accordance with the provisions of rule 481—2050.3(17A,543E).

2050.6(4) The prior written approval of the administrator is required whenever a change of the designated controlling person of a registrant is proposed. When change of the designated controlling person of a registrant is proposed, the party that will become the designated controlling person of the registrant shall give notice to the administrator through the NMLS, or as otherwise prescribed by the administrator, at least 30 days before the proposed change will take effect. The party that will become the designated controlling person of the registrant shall furnish the administrator through the NMLS, or as otherwise prescribed by the administrator, with the same information required of initial applicants for designation as a controlling person, along with the appropriate fee. The administrator shall approve or deny the request in accordance with the provisions of rule 481—2050.3(17A,543E).

2050.6(5) Failure to notify the administrator within the prescribed time as required by this rule may subject the registrant to disciplinary action. However, in the event the death, incapacity, or unexpected resignation of a designated controlling person, or a similar circumstance, makes it impossible for a registrant to provide 30 days' advance notice, no disciplinary action shall be taken if the party that will become the designated controlling person of the registrant provides the notice described in subrule 2050.6(4) promptly and no later than 10 days after learning that a new controlling person must be designated.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.7(17A,543E) Notice of significant events. A registrant shall notify the administrator immediately and in writing within 15 calendar days of the occurrence of any of the following events.

2050.7(1) The registrant or any of the registrant's officers, directors, owners, or affiliates file for bankruptcy protection or commence reorganization proceedings.

2050.7(2) A prosecuting authority files criminal charges against the registrant or any of a registrant's officers, directors, owners, or affiliates.

2050.7(3) Another state or jurisdiction institutes registration denial, cease and desist, suspension or revocation procedures, or other regulatory action against the registrant or any of the registrant's officers, directors, owners, or affiliates.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.8(17A,543E) Fees.

2050.8(1) *Examination or investigation fees.* A registrant shall pay an investigation or examination fee as determined by the administrator based on the actual cost of the operation of the finance bureau of the banking division, as described in Iowa Code section 543E.10(1).

2050.8(2) *Examination or investigation late fees.* A registrant shall pay the administrator the total charge for an examination or investigation within 30 days after the administrator has requested payment. If a registrant fails to pay an examination or investigation fee by the due date, the administrator may assess an additional penalty as identified in subrule 2050.8(5) for each day the fee is overdue.

2050.8(3) *Late fees for failing to respond.* In the process of administering this chapter, the administrator may require a person to provide responses to formal orders, examinations, or complaint inquiries. If a person fails to respond within 30 days of the request, the administrator may assess a fee as specified in subrule 2050.8(5).

2050.8(4) *NMLS system processing fees.* In addition to the fees set forth in this chapter, the applicant or registrant shall pay any fee assessed by the NMLS attributed to the registrant's record in the NMLS system including but not limited to the initial set-up fee, an annual processing fee, and any fees associated with changing or updating the registrant's record.

2050.8(5) *Fees.*

Application for registration fee	$250
Registration fee (initial) (not applicable to preregistration)	$750
Registration fee (annual renewal)	$750
Background investigation fee	$51
Appraisal management company national registry fee (not applicable to preregistration)	As determined by the appraisal subcommittee
NMLS fees	As determined by the NMLS
Fee for late submission of application for renewal	$50
Fee to reinstate a lapsed registration	$250
Reissuance or replacement of a lost, destroyed, or stolen registration	$25
Fee for change of principal location	$25
Fee for change of name	$25
Fee for change of ownership	$150
Fee for change of controlling person	$150
Fee for late payment of examination or investigation fees	5 percent of amount due per day beyond 30 days past due
Fee for late response to examination request	$10 per day beyond 30 days past due
Conversion fee for preregistered persons (applicable only when converting a preregistration to a registration)	$150
Dishonored check fee	$30
Examination or investigation fee	$100 per hour
Mailing list fee	$30
Fee for letter of good standing	$25

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.9(17A,543E) Registrant records.

2050.9(1) *General record requirements.* The following requirements apply to all records a registrant is required to keep pursuant to Iowa Code section 543E.13 and this chapter:

a. The registrant may keep records as a hard copy or in an electronic equivalent.

b. The registrant shall maintain all books and records in good order and shall produce books and records for the administrator upon request. Failure to produce such books and records within 30 days of the administrator's request may be grounds for disciplinary action against the registrant.

c. The obligation to maintain required records continues even after the registrant ceases business operations in Iowa and turns in or surrenders its registration. The owners and directors of the registrant are responsible for ensuring that this requirement is met for the period required under Iowa Code section 543E.13 and this chapter.

d. The registrant shall keep all required records for at least five years from the date the record was created, unless a longer retention period is required by statute.

2050.9(2) *Required records.* A registrant operating an appraisal management company shall keep, and be able to retrieve or access from its principal place of business, an appraisal request and assignment log, a true and complete copy of each appraisal performed, a payment log, applications for registration, a dispute resolution policy, and certain corporate records.

a. Appraisal request and assignment log. A registrant shall maintain a log of all appraisal services requested, including those requests for service that the registrant does not fulfill. A record of the appraiser assigned to each request for appraisal services accepted by the registrant shall also be kept. The record shall include a description of the assignment, the certification or registration number of the assigned appraiser, the certification possessed by the assigned appraiser, and the expiration date of the appraiser's certification.

b. Appraisal files. For each appraisal service assigned by a registrant to an appraiser, the registrant shall keep a record of the award or engagement letter giving the appraisal assignment to the appraiser;

the assigned appraiser's acceptance of the assignment; all material communications between the registrant, the assigned appraiser, and the service requestor regarding a consumer credit transaction secured by the principal dwelling of an Iowa consumer, or the securitization thereof; and the appraisal report created by the assigned appraiser.

c. Payment log. A record shall be kept of all payments made by a registrant in association with the provision of appraisal services and shall include the date the payment was made, the amount paid, the appraisal services for which payment was made, and the date on which the appraiser provided the results of the completed appraisal service to the registrant.

d. Dispute resolution policy. A registrant shall maintain a copy of a dispute resolution policy for appraisers who request a review of a decision made by the registrant. The dispute resolution policy shall provide for a written response to the appraiser's request for review, a written statement of the outcome of the dispute resolution process, and a copy of all relevant documents to the appraiser upon request. The dispute resolution policy shall provide for external review of the decision in question or internal review of the decision in question by an officer or employee of a registrant who holds a higher position than the individual who made the decision in question.

e. Corporate records. A registrant shall maintain lists of all owners, directors, officers, and employees, as well as the minutes from meetings of the registrant's board of directors if the registrant's corporate structure includes a board of directors.

2050.9(3) *General business records.* In addition to the required records, a registrant must keep the following general business records for at least five years from the date the record was created:

a. All checkbooks, check registers, bank statements, deposit slips, withdrawal slips, and canceled checks (or copies thereof) relating to the registrant's operation of an appraisal management company.

b. Complete records (including invoices and supporting documentation) for all expenses and fees paid in connection with each appraisal, including a record of the date and amount of all such payments actually made in connection with each appraisal.

c. Copies of all federal tax withholding forms, reports of income for federal taxation, and evidence of payments to all employees, independent contractors, and others compensated by a registrant in connection with the operation of an appraisal management company.

d. All correspondence and other records relating to the maintenance of any surety bond required by Iowa Code chapter 543E.

e. Copies of all reports of audits, examinations, inspections, reviews, investigations, or other similar functions performed by any third party, including but not limited to the administrator or any other regulatory or supervisory authority.

2050.9(4) *Disposal of records.* If a registrant or former registrant disposes of records at the end of the retention period, the registrant or former registrant shall dispose of the records in a reasonable manner that safeguards any identification information, as defined in Iowa Code section 715A.8(1)*"a."* The owners and directors of registrants and former registrants are responsible for ensuring that this requirement is met.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.10(17A,543E) Examinations, investigations, and complaints.

2050.10(1) The administrator may, at any time and as often as the administrator deems necessary, examine a registrant's books, accounts, records, and files and investigate a registrant to assess potential violations of applicable appraisal-related laws, regulations, rules, or orders.

2050.10(2) The administrator may investigate complaints about, or alleged violations committed by, any registrant.

2050.10(3) The following shall constitute a complaint or alleged violation:

a. A written complaint received from a consumer, member of the public, employee, business affiliate, or other governmental agency.

b. Notice to the administrator from any source that the registrant, or any owner or controlling person thereof, has been the subject of disciplinary proceedings in another jurisdiction.

c. Notice to the administrator from any source that any owner or controlling person of the registrant has been convicted of forgery, embezzlement, obtaining money under false pretenses, extortion, conspiracy

to defraud, or other similar offense, in a court of competent jurisdiction in this state or in any other state, territory, or district of the United States, or in any foreign jurisdiction.
[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.11(17A,543E) Disciplinary action.

2050.11(1) The administrator has authority pursuant to Iowa Code chapters 543E and 17A to impose discipline for violations of Iowa Code chapter 543E and this chapter.

2050.11(2) Grounds for discipline. The administrator may impose any of the disciplinary sanctions set out in Iowa Code section 543E.17(1) when the administrator finds any of the following:

a. The registrant, or an owner or controlling person thereof, has violated a provision of Iowa Code chapter 543E or this chapter.

b. The registrant, or an owner or controlling person thereof, fails to fully cooperate with an examination or investigation, including failing to respond to an inquiry from the administrator within 30 calendar days of the date the administrator mails a written communication directed to the registrant's last-known address on file with the administrator.

c. The registrant, or an owner or controlling person thereof, has engaged in any conduct that subverts or attempts to subvert an examination or investigation by the administrator.

d. The registrant continues to operate an appraisal management company without an active and current registration.

e. The registrant fails to timely notify the administrator of the occurrence of any of the significant events set forth in rule 481—2050.7(17A,543E).

f. The registrant fails to notify the administrator of a change in ownership, controlling person, name, or principal place of business.

g. Another state or jurisdiction has denied, suspended, revoked, or refused to renew the registrant's registration or authorization to operate an appraisal management company under the other state's or jurisdiction's law.

h. The registrant fails to create and maintain complete and accurate records as required by state or federal law, regulation, or rule.

i. The registrant, or an owner or controlling person thereof, has violated an order of the administrator.

j. The registrant has abandoned its place of business for 60 or more days.

k. The registrant fails to pay any fee required by Iowa Code chapter 543E or this chapter or to maintain a bond required by Iowa Code chapter 543E.

l. A fact or condition exists which, had it existed at the time of the original application for registration, would have warranted the administrator to refuse to issue the original registration.

2050.11(3) A registrant may surrender a registration by delivering to the administrator a written notice of surrender.
[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.12(17A,543E) Appraisal management company national registry maintained by the appraisal subcommittee. The administrator shall transmit to the appraisal subcommittee information and fees as necessary for inclusion on the appraisal management company national registry.

2050.12(1) *Registered appraisal management companies.* The administrator shall transmit to the appraisal subcommittee all information regarding registered appraisal management companies required for inclusion on the appraisal management company national registry, including but not limited to a roster of appraisal management companies registered in this state and records relating to any disciplinary action taken against a registrant.

2050.12(2) *Federally regulated appraisal management companies.* The administrator shall collect from a federally regulated appraisal management company all fees required for registration on the appraisal management company national registry maintained by the appraisal subcommittee. A federally regulated appraisal management company shall also pay all fees associated with the administration of this rule, including but not limited to fees required by the NMLS. The administrator shall collect from a federally regulated appraisal management company the following information necessary for the fulfillment of this

obligation: the name, address, and telephone number of the company; the national registry identification number and tax identification number of the company; the start date of the company's registration on the appraisal management company national registry; the name of and contact information for a contact person for the company; and any other information as required by the administrator.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

481—2050.13(17A,543E) Preregistration.

2050.13(1) A person who is not required to register as an appraisal management company because its appraiser panel does not meet or exceed the size requirements specified in Iowa Code section 543E.3(2) may apply to the administrator for preregistration as an appraisal management company. If the administrator approves the application, the applicant will receive a preliminary notice indicating that the administrator intends to approve the applicant for registration as an appraisal management company, based on the information submitted, as soon as the appraiser panel that the applicant oversees meets or exceeds the statutory size requirements. The administrator's preliminary intent to approve registration will remain subject to change in the event that the administrator receives additional information indicating that registration should be denied.

2050.13(2) An applicant seeking preregistration as an appraisal management company must follow the application procedures prescribed in rule 481—2050.2(17A,543E), including providing all required information. The applicant shall indicate that the applicant is applying for preregistration as an appraisal management company. The applicant shall submit the application fee required by rule 481—2050.2(17A,543E), but an applicant under this provision need not submit the initial registration fee or the fee required by the appraisal management company national registry. The administrator shall approve or deny the application for preregistration based on the criteria enumerated in rule 481—2050.3(17A,543E). Even if the administrator approves the application for preregistration, the applicant will not be registered on the appraisal management company national registry.

2050.13(3) A person who has received preregistration as an appraisal management company must apply for registration as an appraisal management company at least 30 days before the appraisal panel that the preregistered person oversees meets or exceeds the size requirements specified in Iowa Code section 543E.3(2). The applicant shall submit a conversion application to the administrator, through the NMLS or as otherwise prescribed by the administrator, specifying the new size of the applicant's appraiser panel as required by subrule 2050.2(2), updating all required information as necessary, and including any other information as prescribed by the administrator. The applicant shall also submit a conversion fee, the initial registration fee, and the fee required by the appraisal management company national registry as specified in subrule 2050.8(5).

2050.13(4) The administrator shall approve the application for registration unless additional information submitted by the applicant, or otherwise received by the administrator, indicates that the applicant is ineligible for registration based on the criteria enumerated in rule 481—2050.3(17A,543E). After the administrator approves registration, the applicant will be registered on the appraisal management company national registry and must comply with the provisions of Iowa Code chapter 543E and this chapter.

[**ARC 2869C**, IAB 12/21/16, effective 1/1/17; Editorial change: IAC Supplement 1/22/25]

These rules are intended to implement Iowa Code chapters 17A and 543E.

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CHAPTERS 2051 to 2059
Reserved

HEARING AID SPECIALISTS

CHAPTER 2060
LICENSURE OF HEARING AID SPECIALISTS

[Prior to 5/29/02, see 645—120.2(154A) to 120.6(154A) and 120.10(154A)]
[Prior to 10/30/24, see Professional Licensure Division[645] Ch 121]
[Prior to 5/29/02, see 481—120.2(154A) to 120.6(154A) and 120.10(154A)]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/18/30

481—2060.1(154A) Definitions. For purposes of these rules, the following definitions apply:

"Active license" means a license that is current and has not expired.

"Department" means the department of inspections, appeals, and licensing.

"Dispense" or *"sell"* means a transfer of title or of the right to use by lease, bailment, or any other means, but excludes a wholesale transaction with a distributor or hearing aid specialist, and excludes the temporary, charitable loan or educational loan of a hearing aid without remuneration.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Hearing aid specialist" means any person engaged in the fitting, dispensing and sale of hearing aids and providing hearing aid services or maintenance by means of procedures stipulated by Iowa Code chapter 154A or the department. These rules are not intended to regulate unlicensed people who sell, dispense, market, use, distribute, or provide customer support to over-the-counter hearing aids as regulated by the U.S. Food and Drug Administration.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"License" means a license issued by the state to a hearing aid specialist.

"Licensee" means any person licensed to practice as a hearing aid specialist in the state of Iowa.

"Licensure by endorsement" means the issuance of an Iowa license to practice as a hearing aid specialist to an applicant who is or has been licensed in another state.

"National examination" means the standardized licensing examination of the International Hearing Society (IHS) or its successor organization.

"Reactivate" or *"reactivation"* means the process as outlined in rule 481—2060.8(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C). Once the license is reinstated, the licensee may apply for active status.

"Temporary permit" means a permit issued while the applicant is in training to become a licensed hearing aid specialist.

"Trainee" means the holder of a temporary permit.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.2(154A) Temporary permits.

2060.2(1) The applicant will submit a completed online application and pay the nonrefundable licensure fee specified in rule 481—507.7(147,154A). The application will be accompanied by a statement from the employer, which includes the following information:

a. The type of supervision to be provided to the trainee;

b. A list of the subjects to be covered;

c. The books and other training materials to be used for training; and

d. An outline of the training program to prepare the trainee for examination.

2060.2(2) A temporary permit is valid for two years and shall not be renewable.

2060.2(3) The department reserves the right to deny an application for a temporary permit or rescind a temporary permit once issued.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.3(154A) Supervision requirements.

2060.3(1) The supervisor(s) of temporary permit holders will:

a. Have a current hearing aid specialist license valid for the preceding 24 months;

b. Have two years of actual experience in testing, fitting, and dispensing of hearing aids;

c. Supervise no more than three trainees at the same time;

d. Be responsible for training the temporary permit holder;

e. For the first 90 days, provide a minimum of 20 hours of direct supervision;

f. Provide direct supervision for any client activity that would require dispensing of hearing aids, including evaluation, selection, fitting or selling of hearing aids in the first 90 days;

g. Evaluate the audiograms and determine which hearing aid and ear mold will best compensate for hearing loss;

h. Cosign all audiometric evaluations and contracts processed by the trainee for the duration of the temporary permit;

i. Submit, on a department-approved form, a supervision report for trainees prior to taking the department-approved examination. A supervision report is required each time the temporary permit holder submits a request to take the examination; and

j. Notify the department within 15 days of the termination of the holder of a temporary permit.

2060.3(2) A trainee with a temporary permit will notify the department in writing within ten days of an interruption of training due to loss of supervision and, within 30 days, obtain a replacement supervisor for continuance of the training period. A statement will be signed by each supervisor.

2060.3(3) If a statement by the replacement supervisor is not submitted, the trainee will revert to new trainee status.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.4(154A) Requirements for initial licensure. The following criteria apply to licensure:

2060.4(1) The applicant will submit a completed online application and pay the nonrefundable licensure fee specified in rule 481—507.7(147,154A).

2060.4(2) The applicant will provide verification of passing one of the following examinations:

a. The national examination through IHS. The applicant may not take the national examination through IHS more than six times without department approval.

b. The Praxis Examination in audiology through the Educational Testing Service.

2060.4(3) Applicants who hold a temporary permit are required to submit a supervisory report in accordance with paragraph 2060.3(1)*"i."*

2060.4(4) An applicant who has been licensed in another state will provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the department. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification directly from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

2060.4(5) An applicant who has relocated to Iowa from a state that did not require licensure to practice the profession may submit proof of work experience in lieu of educational and training requirements, if eligible, in accordance with rule 481—501.2(272C).

2060.4(6) Incomplete applications that have been on file in the department for more than two years will be considered invalid and destroyed unless requested in writing by the candidate.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.5(154A) Licensure by endorsement.

2060.5(1) Applicants who have been a licensed hearing aid specialist under the laws of another jurisdiction may apply for licensure by endorsement by submitting the following:

a. Verification the applicant meets the requirements of rule 481—2060.4(154A);

b. Evidence of licensure requirements that are similar to those required in Iowa;

c. Official verification of one of the following:

(1) A passing score on the national examination determined by IHS;

(2) A passing score on an examination that the department determines is equivalent to the national examination; or

(3) Current certification from the National Board for Certification in Hearing Instrument Sciences; and

d. Evidence of:

(1) Completing a minimum of 24 continuing education hours within the 24 months prior to application; or

(2) Continuing education certificates that verify that the minimum hours of continuing education required by a state(s) in which the licensee is currently licensed have been met.

2060.5(2) A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.6(154A) Display of license. Hearing aid specialists will display their original licenses in a conspicuous public place at the primary site of practice.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.7(154A) License renewal.

2060.7(1) The biennial license renewal period for a hearing aid specialist license will begin on January 1 of each odd-numbered year and end on December 31 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration.

2060.7(2) A licensee applying for renewal will:

a. Meet the continuing education requirements of rule 481—2061.2(154A) and the mandatory reporting requirements of subrule 2060.7(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the next renewal two years later.

2060.7(3) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. The licensee will be assessed a late fee as specified in 481—subrule 507.7(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

2060.7(4) Mandatory reporter training requirements.

a. A licensee who examines, attends, counsels, or treats children, dependent adults or both in the scope of the licensee's professional practice will complete the applicable department of health and human services training relating to the identification reporting of child abuse, dependent adult abuse, or both. Written documentation of training completion should be maintained for three years. The training is not required if the licensee is engaged in active duty military service or holds a waiver demonstrating a hardship in complying with these training requirements.

b. The department may select licensees for audit of compliance with the requirements in rule 481—2061.2(154A).

2060.7(5) A two-year license will be issued after the requirements of the rule are met. If the department receives adverse information on the renewal application, the department will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

2060.7(6) Inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice until the license is reactivated.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.8(17A,147,272C) License reactivation. To apply for reactivation of an inactive license, a licensee will:

2060.8(1) Submit a completed online reactivation application and payment of the nonrefundable application fee.

2060.8(2) Provide verification of current competence to practice as a hearing aid specialist by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant will provide the following:

(1) Verification of the license(s) from the jurisdiction in which the applicant has most recently been licensed showing the licensee's name, date of initial licensure, current licensure status and any disciplinary action taken against the license; and

(2) Verification of completion of 24 hours of continuing education within two years of application for reactivation.

b. If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license(s) from the jurisdiction in which the applicant has most recently been licensed showing the licensee's name, date of initial licensure, current licensure status and any disciplinary action taken against the license; and

(2) Verification of completion of 48 hours of continuing education within two years of application for reactivation.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

481—2060.9(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive department-approved reinstatement of the license and must apply for and be granted reactivation of the license prior to practicing as a hearing aid specialist in this state.

[**ARC 9285C**, IAB 5/14/25, effective 6/18/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 154A and 272C.

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◊ Two or more ARCs

CHAPTER 2061
CONTINUING EDUCATION FOR HEARING AID SPECIALISTS
[Prior to 10/30/24, see Professional Licensure Division[645] Ch 122]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2061.1(154A) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means a license that is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

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

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"Independent study" means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules.

"License" means a license issued by the state to a hearing aid specialist.

"Licensee" means any person licensed to practice as a hearing aid specialist in the state of Iowa.

[**ARC 7818C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

481—2061.2(154A) Continuing education requirements.

2061.2(1) The biennial continuing education compliance period extends for a two-year period beginning on January 1 of each odd-numbered year and ending on December 31 of the next even-numbered year. Each biennium, each person who is licensed to practice as a hearing aid specialist in this state is required to complete a minimum of 24 hours of continuing education. A minimum of two hours will be in the content areas of Iowa hearing aid specialist law and rules, or ethics. Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 12 hours from the previous renewal period.

2061.2(2) Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used.

2061.2(3) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity.

2061.2(4) The licensee is responsible for the cost of continuing education.

[**ARC 7818C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24; **ARC 9286C**, IAB 5/14/25, effective 6/18/25]

481—2061.3(154A,272C) Standards.

2061.3(1) *General criteria.* A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Is an organized program of learning fundamental to the practice of the profession that contributes directly to the professional competency of the licensee;

b. Is conducted by individuals who have specialized education, training and experience in the subject matter of the program;

c. Fulfills stated program goals, objectives, or both; and

d. Provides proof of attendance including:

(1) Date, place, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

2061.3(2) *Specific criteria.* Continuing education hours of credit may be obtained by completing the following in person or virtually:

a. Academic coursework if the coursework is offered by an accredited postsecondary educational institution. The maximum number of continuing education hours of credit for academic coursework per biennium is 15 hours with:

b. 1 academic semester hour = 15 continuing education hours; and 1 academic quarter hour = 10 continuing education hours.

c. A maximum of four hours of credit may be obtained by independent study. Independent study hours are subject to the requirements stated in the rules in this chapter and in 481—Chapter 500.

d. Attending programs or conferences or business, technical, or professional seminars that enhance a licensee's ability to provide quality hearing health care services.

e. Mandatory reporter training as specified in 481—subrule 2060.7(4). Hours reported for credit shall not exceed the hours required for compliance.

[**ARC 7818C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24; Editorial change: IAC Supplement 8/20/25]

These rules are intended to implement Iowa Code section 272C.2 and chapter 154A.

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[Editorial change: IAC Supplement 8/20/25]

◊ Two or more ARCs

CHAPTER 2062
PRACTICE OF HEARING AID DISPENSING
[Prior to 10/30/24, see Professional Licensure Division[645] Ch 123]

Chapter rescission date pursuant to Iowa Code section 17A.7: 5/22/29

481—2062.1(154A) Definitions. For the purposes of these rules, the following definitions apply:

"Health history" means a series of questions pertaining to all of the following: client hearing needs and expectations, communication issues, otological conditions, medications, and previous amplification.

"Hearing aid fitting" means any of the following: the measurement of human hearing by any means for the purpose of selections, adaptations, and sales of hearing aids, and the instruction and counseling pertaining thereto, and demonstration of techniques in the use of hearing aids, and the making of earmold impressions as part of the fitting of hearing aids.

"Sales receipt" means a written record that is provided to a person who purchases a hearing aid. The sales receipt must be in compliance with these rules and be signed by the purchaser and the licensed hearing aid specialist. The requirements for the sales receipt may be found in rule 481—2062.3(154A).

[**ARC 7819C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

481—2062.2(154A) Requirements prior to sale of a hearing aid.

2062.2(1) Except as otherwise stated in these rules, no hearing aid shall be sold to an individual 18 years of age or older unless the individual:

a. Provides a health history to a licensed hearing aid specialist;

b. Presents a physician statement verifying that a medical evaluation, preferably by a physician specializing in diseases of the ear, has been done within the previous six months and stating the individual's hearing loss, and that the individual may benefit from a hearing aid. In lieu of this requirement, the individual may verify in writing that the individual has been advised to obtain a medical evaluation by a licensed physician specializing in diseases of the ear, or if no such licensed physician is available in the community, then a duly licensed physician, and that the individual chooses to waive said evaluation; and

c. Is given a hearing examination that utilizes appropriate established procedures and instrumentation for the measurement of hearing and the fitting of hearing aids and that includes but is not limited to an assessment of the following: air conduction, bone conduction, masking capability, speech reception thresholds, speech discrimination, uncomfortable loudness levels (UCL), and most comfortable levels (MCL).

2062.2(2) Any medical evaluation completed by a licensed physician requires all of the following prior to the sale of a hearing aid to an individual: receipt of the physician statement and clearance for amplification; and completion by the licensed hearing aid specialist of a current written health history and hearing examination that includes all of the procedures required in these rules, unless the physician order specifies otherwise. In the event an audiogram is provided by the physician, this testing requirement is waived. All records provided to the licensed hearing aid specialist will be maintained in the individual's records in accordance with the recordkeeping requirements in these rules.

2062.2(3) Whenever any of the following conditions are found to exist either from observations by the licensed hearing aid specialist or person holding a temporary permit or on the basis of information furnished by a prospective hearing aid user, the hearing aid specialist or person holding a temporary permit will, prior to fitting and selling a hearing aid to any individual, suggest to that individual in writing that the individual should consult a licensed physician specializing in diseases of the ear, or if no such licensed physician is available in the community, then a duly licensed physician:

a. Visible congenital or traumatic deformity of the ear.

b. History of, or active drainage from the ear within the previous 90 days.

c. History of sudden or rapidly progressive hearing loss within the previous 90 days.

d. Acute or chronic dizziness.

e. Unilateral hearing loss of sudden or recent onset within the previous 90 days. Significant air-bone gap (greater than or equal to 15dB ANSI 500, 1000 and 2000 Hz. average).

f. Obstruction of the ear canal by structures of undetermined origin, such as foreign bodies, impacted cerumen, redness, swelling, or tenderness from localized infections of the otherwise normal ear canal.

2062.2(4) Testing is not required in cases in which replacement hearing aids of the same make or model are sold within one year of the original sale, unless a medical evaluation occurs during this period, which requires compliance with the requirements stated in 2062.2(2).

2062.2(5) Except as otherwise provided in these rules, for individuals younger than 18 years of age, all of the requirements stated in these rules are applicable. In addition, the following are required:

a. Written authorization of a parent or legal guardian consenting to the services covered in these rules, and

b. An original signature on all documents required by law or these rules to be signed, including all sales transactions and receipts, required notifications, and warranty agreements.

2062.2(6) For individuals 12 years of age or younger, all of the requirements stated in these rules are applicable. In addition, the parent or legal guardian must first present a written, signed recommendation for a hearing aid from a licensed physician specializing in otolaryngology. The recommendation must have been made within the preceding six months. In the event of a lost or damaged hearing aid, a replacement of an identical hearing aid may be provided within one year, unless a medical evaluation occurs during this period, which requires compliance with the requirements stated in 2062.2(2).

[**ARC 7819C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

481—2062.3(154A) Requirements for sales receipt. Upon sale of a hearing aid device, the licensee shall provide to the person a sales receipt, which will include the following:

1. Licensee's signature.
2. Licensee's business address.
3. Licensee's license number.
4. Client signature and address.
5. Make, model, and serial number of the hearing aid furnished.
6. Statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, if that is the fact.
7. Full terms of sale, including:

- The date of sale;
- Specific warranty terms, including whether any extended warranty is available through the manufacturer;
- Specific return policy; and
- Whether any trial period is available.

8. The following statement in type no smaller than the largest used in the body copy portion of the receipt:

"The purchaser has been advised that any examination or representation made by a licensed hearing aid specialist in connection with the fitting or selection and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore, must not be regarded as medical opinion or advice."

[**ARC 7819C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

481—2062.4(154A) Requirements for recordkeeping. A licensee shall keep and maintain records in the licensee's office or place of business at all times, and each such record shall be kept and maintained for a seven-year period.

2062.4(1) The records for each person will include:

a. A complete record of each test performed and the results of the test.

b. A copy of any written recommendations.

c. A copy of medical clearances or waivers.

d. A copy of the written sales receipt.

e. A copy of terms of sale, including any warranty. A record of any adjustments or services provided on the hearing aid device, including whether such services were provided under warranty or other agreement.

f. A notation that the client consented, either verbally or in writing, to a service or services provided through a telehealth appointment, if applicable.

2062.4(2) No less than 30 days prior to closure of a licensee's business, the licensee will provide written notification to clients of the location at which records will be maintained for a period of no less than 30 days following closure and the procedure to obtain those records. The licensee may arrange the transfer of records to another licensee for the purpose of maintenance of the records, provided that all contractual agreements have been satisfied.

[**ARC 7819C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

481—2062.5(154A) Telehealth appointments. A licensee may conduct a telehealth appointment so long as the services are provided in accordance with this rule.

2062.5(1) A "telehealth appointment" is one wherein the licensee provides testing or adjustment services to a client using technology where the hearing aid specialist and the client are not at the same physical location during the appointment.

2062.5(2) Conducting a telehealth appointment with a client who is physically located in Iowa during the appointment, regardless of the location of the hearing aid specialist, requires Iowa licensure.

2062.5(3) When conducting a telehealth appointment, a licensee will utilize technology that is secure, HIPAA-compliant (Health Insurance Portability and Accountability Act of 1996, PL 104–191, August 21, 1996, 110 Stat 1936), and that includes, at a minimum, audio and video equipment that allows for two-way, real-time interactive communication between the licensee and the client. The licensee may use non-real-time technologies to prepare for an appointment or to communicate with clients between appointments.

2062.5(4) A licensee who conducts a telehealth appointment will be held to the same standard of care as a licensee who provides in-person services. A licensee will not utilize a telehealth appointment if the standard of care for the particular service cannot be met using telehealth technology.

2062.5(5) Prior to the first telehealth appointment with a client, the licensee will obtain informed consent from the client that is specific to the service or services that will be provided in the telehealth appointment. The informed consent will specifically inform the client of, at a minimum, the following:

a. The risks and limitations of the use of technology to the specific service;

b. The potential for unauthorized access to protected health information; and

c. The potential for disruption of technology during a telehealth appointment.

2062.5(6) A licensee will only conduct a telehealth appointment if the licensee is competent to provide the particular service using telehealth technology. A licensee's competence to provide a particular service using telehealth technology will be established by the licensee's education, training, and experience.

2062.5(7) A licensee who conducts a telehealth appointment will note in the client's record that the service or services were provided through a telehealth appointment.

[**ARC 7819C**, IAB 4/17/24, effective 5/22/24; Editorial change: IAC Supplement 10/30/24]

These rules are intended to implement Iowa Code chapter 154A.

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CHAPTER 2063
DISCIPLINE FOR HEARING AID SPECIALISTS

[Prior to 5/29/02, see 645—120.11(272C)]
[Prior to 10/30/24, see Professional Licensure Division[645] Ch 124]

Chapter rescission date pursuant to Iowa Code section 17A.7: 9/10/30

481—2063.1(154A,272C) Grounds for discipline. The department may impose any of the disciplinary sanctions provided in rule 481—504.3(272C) when the department determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

2063.1(1) Failure to comply with the current Code of Ethics of the International Hearing Society (2023). The department hereby adopts by reference the current Code of Ethics of the International Hearing Society, available at www.ihsinfo.org.

2063.1(2) Advertising that hearing testing or hearing screening is a medical examination used to diagnose or refer.

2063.1(3) Except in cases of selling replacement hearing aids of the same make or model within one year of the original sale, a hearing aid will not be sold without adequate diagnostic testing and evaluation using established procedures to assess hearing needs as defined in 481—Chapter 2062. Testing equipment will be calibrated to current standards at least annually or more often if necessary. The distributor will keep with the testing equipment a certificate indicating the date of calibration.

[**ARC 9470C**, IAB 8/6/25, effective 9/10/25]

This rule is intended to implement Iowa Code chapters 147, 154A and 272C.

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[1] April 13, 2011, effective date of 124.2(6) delayed 70 days by the Administrative Rules Review Committee at its meeting held April 11, 2011.

CHAPTER 2064
ADOPTION OF UNIFORM AND MODEL RULES
[Prior to 10/30/24, see Professional Licensure Division[645] Ch 125]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/28/29

481—2064.1(17A,272C) Board of hearing aid specialists adoption of uniform and model rules. The board hereby adopts by reference the following:

2064.1(1) to **2064.1(9)** Reserved.

2064.1(10) Model rules for licensee review committee, 481—Chapter 505.

This rule is intended to implement Iowa Code chapter 272C.

[**ARC 8148C**, IAB 7/24/24, effective 8/28/24; Editorial change: IAC Supplement 10/30/24]

[Filed ARC 8148C (Notice ARC 7296C, IAB 1/24/24), IAB 7/24/24, effective 8/28/24]
[Editorial change: IAC Supplement 10/30/24]

CHAPTERS 2065 to 2201
Reserved

CERTIFICATE OF NEED PROGRAM

CHAPTER 2202
CERTIFICATE OF NEED PROGRAM

[Prior to 7/29/87, Health Department[470] Ch 202]
[Prior to 9/4/24, see Public Health Department[641] Ch 202]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—2202.1(10A) Definitions. For purposes of this chapter, the following definitions apply:

"Acute care category of bed usage," as the term applies in Iowa Code section 10A.713(2)*"k,"* is the same as the acute care categories listed in the state survey section of the American Hospital Association Annual Survey of Hospitals.

"Any expenditure in excess of five hundred thousand dollars," as defined in Iowa Code section 10A.711(18)*"e,"* means new capital expenditures necessary to operate the service for a year.

"Any mobile health service with a value in excess of one million five hundred thousand dollars," as defined in Iowa Code section 10A.711(18)*"l,"* means the value of all equipment used to provide the service, including the trailer. The party providing the equipment is the applicant regardless of the location of that party.

"Appropriate geographic service area," as the term applies to defining affected persons in Iowa Code section 10A.711(1)*"c,"* is defined as follows:

1. For applications regarding hospitals, hospitals located in the same county and in Iowa counties contiguous to the county wherein the applicant hospital's proposed project will be located.
2. For applications regarding health care facilities, other health care facilities located in the same county and in Iowa counties contiguous to the county wherein the applicant's proposed health care facility will be located.
3. For applications sponsored by other than the hospitals or health care facilities specified in paragraphs "1" and "2," those providers within the same county who offer similar service or might logically be viewed as potential providers of such service.

"Bed capacity" is defined as follows:

1. For hospitals, bed capacity is defined as the total facility licensed beds as reported on the state survey section of the American Hospital Association Annual Survey of Hospitals.
2. For health care facilities, bed capacity is defined as a facility's licensed bed capacity according to the department of inspections, appeals, and licensing.

"Cardiac catheterization service," as the term applies to a new or changed institutional health service in Iowa Code section 10A.711(18)*"m"*(1), means the initiation or expansion of this service.

"Consumers served by a new institutional health service" means those consumers residing in the service area as determined by the department.

"Long-term (acute) care hospital," for purposes of these rules, means a hospital that has been approved to participate in the Title XVIII (Medicare) program as a long-term care hospital-prospective payment system (LTCH-PPS) hospital in accordance with 42 CFR Part 412 as amended to March 29, 1985.

"Open heart surgical service," as the term applies to new or changed institutional health service in Iowa Code section 10A.711(18)*"m"*(2), means the initiation or expansion of this service.

"Organ transplantation service," as the term applies to a new or changed institutional health service in Iowa Code section 10A.711(18)*"m"*(3), means the initiation or expansion of this service. Each type of organ transplant shall be considered separately.

"Permanent change in bed capacity of an institutional health facility" includes but is not limited to the following:

1. A conversion of a long-term acute care hospital, a rehabilitation hospital or a psychiatric hospital as defined by federal regulations to a general acute care hospital or to a different type of specialty hospital.
2. A hospital that has deleted beds pursuant to Iowa Code section 10A.713(2)*"g"* for the purpose of receiving designation as a critical access hospital reestablishes the deleted beds at a later time, provided

that the number of beds reestablished does not exceed the number of beds maintained prior to the deletion as reported on the bed reduction form.

"Physical facility," as the term applies in Iowa Code section 10A.711(18)*"f,"* means a separately licensed facility.

"Private offices and private clinics of an individual physician, dentist, or other practitioner or group of health care providers." The meaning of this term as used in Iowa Code section 10A.713(2)*"a"* is determined by looking at factors that include but are not limited to:

1. The type of health care service delivered.
2. The control and supervision of medical judgment in the care of and treatment of patients.
3. The control and supervision of professional assistants, including nurses, physician associates, and technicians.
4. The ownership and maintenance of medical records of patients.

This term excludes an ambulatory surgical center as defined in Iowa Code section 135R.1.

"Radiation therapy service applying ionizing radiation for the treatment of malignant disease using megavoltage external beam equipment," as the term applies to new or changed institutional health service in Iowa Code section 10A.711(18)*"m"*(4), means the initiation or expansion of this service.

"Rehabilitation hospital," for the purposes of these rules, means a hospital that has been approved to participate in the Title XVIII (Medicare) program as an inpatient rehabilitation facility-prospective payment system (IRF-PPS) hospital in accordance with 42 CFR Part 412.23(b), 412.25 or 412.29 as amended to March 29, 1985.

"Relocation of an institutional health facility," as the term applies to new or changed institutional health service in Iowa Code section 10A.711(18)*"b,"* means the replacement of a facility located in one county with a facility located in another county.

"Value in excess of one million five hundred thousand dollars," as used in Iowa Code section 10A.711(18)*"g,""h,""i"* and *"j,"* means the value of the equipment including any applicable sales tax, delivery charge and installation charge. With respect to the initiation of radiation therapy services applying ionizing radiation for the treatment of malignant disease using the megavoltage external beam equipment, the term includes the cost of constructing a vault.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24; Editorial change: IAC Supplement 6/10/26]

481—2202.2(10A) Letter of intent.

2202.2(1) Before applying for a certificate of need, the sponsor of a proposed new institutional health service or changed institutional health service will electronically submit a letter of intent meeting the criteria noted in Iowa Code section 10A.715(1) and containing the project's estimated cost (site costs, land improvements, facility costs, movable equipment and financing costs, and any applicable sales tax for movable equipment, any applicable delivery charge for movable equipment, and any applicable installation charge for movable equipment).

2202.2(2) The department will make available on the certificate of need web page all criteria and standards that are pertinent to an application.

2202.2(3) A letter of intent received by the department is valid for a period of one year from the date of receipt by the department. The sponsor may renew the validity of a letter of intent by providing written notification to the department prior to the one-year expiration date.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.3(10A) Determination of reviewability. A sponsor of a proposed project may submit a written request for a determination of reviewability as to whether the project requires a certificate of need.

2202.3(1) The request should include sufficient details of the proposed project and cite the sections of the Iowa Code that the sponsor relies upon to assert the project is not reviewable.

2202.3(2) Upon receipt of a written request from the sponsor of a project, the department will determine if a proposed project requires a certificate of need under Iowa Code sections 10A.711 through 10A.729. The department may request additional information about the project to make the determination.

a. If it is determined that a certificate of need is required, the sponsor will be notified by the department and the request for nonreviewability will be considered the letter of intent for purposes of 2202.2(2).

b. If it is determined that a certificate of need is not required, the sponsor will be notified by the department and the determination of nonreviewability will be placed on the next agenda of the state health facilities council for consideration.

c. The notification to the sponsor of the results of the department's review of the request will include specific Iowa Code citations relied upon to support the determination.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.4(10A) Submission of application.

2202.4(1) *Application form.*

a. A sponsor of a proposed project for a new or changed institutional health service will submit to the department an application for certificate of need by using the appropriate application form found on the certificate of need web page. All information requested in the application form will be required in the absence of a waiver by the department.

b. An original application and all attachments shall be submitted via electronic mail.

c. The department will establish and maintain electronic files on each application.

2202.4(2) *Application fee.* The application fee specified in Iowa Code section 10A.713(1) is based on the total cost of the project, including site costs, land improvements, facility costs, movable equipment, and financing costs.

a. The fee for leased or donated new institutional health services is calculated in the same manner as if the new institutional health services were purchased.

(1) The leased equipment fee is based on total value of the lease, plus sales tax, delivery and installation.

(2) The lease of space includes the cost of a one-year-lease payment for the space, in addition to other costs associated with the project.

(3) Financing costs are not applicable on leases or cash purchases.

b. The application fee will be refunded by the department for any application that is voluntarily withdrawn from the review process in the amounts specified in Iowa Code section 10A.713(1).

c. For purposes of this subrule and Iowa Code section 10A.713(1), the term "submission" means the day the application is received by the department.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.5(10A) Organizational procedures.

2202.5(1) The presence of three members of the council shall constitute a quorum.

2202.5(2) The chair and all other council members present will cast votes or abstain, as the case may be, on all council action. No proxy votes shall be allowed.

2202.5(3) A vote of a majority of those present will be necessary to take action on any motion before the council. A tie vote means no action on the motion.

2202.5(4) The council will, at the first meeting after July 1 of each odd-numbered year, elect a vice-chair to perform the duties of the chair in the chair's absence, when the chair has a conflict of interest or when the chair so directs.

2202.5(5) A council member will refrain from participating in an application review process if the member:

a. Has a personal bias or prejudice concerning the applicant;

b. Has acted as counsel to the applicant or a competitor of the applicant in the same or adjoining county within the past two years;

c. Has a financial interest in the outcome of the application process or any other significant personal interest that could be substantially affected by the outcome of the case;

d. Has a spouse or relative within the third degree of relationship that (1) is affiliated with or represents the applicant or a competitor of the applicant in the same or adjoining county; (2) has a known financial or significant personal interest that could be substantially affected by the outcome of the

application process; or (3) is likely to testify on behalf of the applicant or an affected person at public hearing; or

e. Has any other legally sufficient cause to refrain from participating in the application review process.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.6(10A) Public hearing on application. Public hearings conducted pursuant to Iowa Code section 10A.716(3)*"b"* are not contested cases. Judicial review pursuant to Iowa Code section 17A.19 of final agency decisions under Iowa Code section 10A.719 will be treated as other agency action.

2202.6(1) The council will use the following meeting format:

a. Announcement of application under review.

b. Presentation of department report.

c. Applicant presentation.

d. Affected persons' presentation.

e. Applicant's rebuttal.

f. Council discussion, motion and final decision.

2202.6(2) The notice of an accepted application issued pursuant to Iowa Code section 10A.716(2) will inform the applicant and affected persons of the deadlines for the electronic submission to the department of written statements or other materials. These deadlines will also be posted on the certificate of need web page.

Written submissions received by the department after the deadlines established in this notice will not be considered by the department or the council unless submitted at the public hearing solely to support oral testimony or upon a showing of good cause.

2202.6(3) The applicant, affected persons, or their designated representatives will be given the opportunity to make oral presentations to the council. Other interested persons may be given the opportunity to make oral presentations to the council.

2202.6(4) Oral testimony that simply duplicates material received in writing will not be heard. The applicant and affected persons will present only one witness for each issue raised unless permission is requested and granted by the chair.

2202.6(5) All questions to an applicant or affected person presenting oral testimony will be directed from the council or council staff unless permission is requested and granted by the chair. Persons making oral presentations to the council are not expected to be placed under oath.

2202.6(6) The council may designate technical consultants or experts to assist in its activities as defined by the council.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.7(10A) Summary review. Pursuant to Iowa Code section 10A.717, an applicant requesting a summary review will abide by the following procedures:

2202.7(1) Electronically submit a written request for summary review and a copy of the application and all attachments. The applicant is not required to submit a letter of intent pursuant to Iowa Code section 10A.715 prior to submitting a written request for a summary review.

2202.7(2) The eligibility of an application for summary review pursuant to Iowa Code section 10A.717 does not mandate or require such review. The department will make the decision as to whether an application will be reviewed in the summary review process.

2202.7(3) Upon receipt of a written request for summary review, an application, and the fee required by Iowa Code section 10A.713(1), the department will notify the applicant in writing within 15 calendar days if the application is complete and if a summary review will be granted.

2202.7(4) If an application is deemed incomplete, the department will state specifically in writing what information is needed to make the application complete.

2202.7(5) If the department notifies the applicant that a summary review will not be performed, this decision is binding on the applicant and the application will be entered into the formal review process on the date of written notice that such application will not be reviewed summarily.

2202.7(6) A summary review of an application for a certificate of need will be completed within 60 calendar days of the acceptance of an application by the department.

2202.7(7) At any time during the summary review process, an application may be withdrawn without prejudice from the process. The applicant may then submit the application for a formal 90-day review.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.8(10A) Extension of review time.

2202.8(1) A formal review of an application for a certificate of need pursuant to Iowa Code section 10A.716 may be extended by the department on the basis of any of the following criteria:

a. In order to review competing applications simultaneously;

b. In the case of technologically innovative equipment, to obtain additional information necessary to evaluate the proposal. The department will specify in writing such additional information as necessary;

c. At the request of the applicant;

d. At the request of at least two members of the state health facilities council in order to allow additional time for deliberation on all evidence present. The council will specify the time of the delay and the date on which the final decision will be rendered.

2202.8(2) An extension by the department made pursuant to 2202.8(1) will in no case be more than 60 calendar days beyond the time a decision is required under Iowa Code section 10A.719 unless the applicant and department agree.

2202.8(3) Where none of the provisions of 2202.8(1) are applicable and where an application will be automatically denied because of the expiration of time required by Iowa Code section 10A.719 for the issuance of a written decision by the council, the department will notify the applicant of the likelihood of an automatic denial and will ask the applicant to request in writing an extension of the review time. Where an extension is so requested, the application will be heard at the next regularly scheduled meeting of the council or at any time agreeable to the applicant and the department.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.9(10A) Rehearing of certificate of need decision.

2202.9(1) The applicant or any affected person who has participated or sought unsuccessfully to participate in the formal review procedure prescribed in Iowa Code section 10A.716 may, for good cause shown, file an application for rehearing in writing with the department stating the specific grounds therefor and the relief sought, within 20 calendar days after the date of the issuance of the final decision on an application for certificate of need.

2202.9(2) Grounds for rehearing include but are not limited to:

a. New significant, relevant information that was unavailable at the date of the hearing;

b. Significant changes in factors or circumstances relied upon by the council in reaching its decision;

c. Demonstration that the council has materially failed to follow its adopted procedures in reaching its decision; or

d. Such other bases as the council determines constitute good cause.

2202.9(3) An application for rehearing is deemed to have been denied unless the council grants the application in writing within 20 calendar days after its filing.

2202.9(4) If the application for rehearing is granted, the council may issue an order modifying the initial final order, or may set the matter for consideration at a subsequent meeting date. If public hearing is granted on the application for rehearing, notice will be provided ten calendar days prior to hearing to the person applying for rehearing, the applicant and other affected persons upon request pursuant to 481—2202.10(10A).

2202.9(5) The council will issue the final decision on rehearing, stating the basis for its decision, within 30 calendar days after the application for rehearing was granted or 30 calendar days after public hearing on rehearing, whichever is later.

2202.9(6) If a rehearing is not requested or an affected party remains dissatisfied after the request for rehearing, an appeal may be taken in the manner provided by Iowa Code chapter 17A. A request for rehearing is not required prior to appeal under Iowa Code section 17A.19.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.10(10A) Status reports to affected persons. Affected persons are entitled to status reports from the department while a formal application review is in progress pursuant to Iowa Code section 10A.718. The department will maintain a log of all requests for written status reports by affected persons. Affected persons who request written status reports will submit an electronic request, identifying the specific information requested, which may include notification of the council's final decision, any application for rehearing, or the filing of a petition for judicial review. The formal process does not preclude informal contacts with department staff for verbal status reports. Printed copies of the council's final decision, an application for rehearing, a petition for judicial review, or any other public record will be provided upon request.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.11(10A) Finality. The certificate of need application process is continuous beginning with submission of a letter of intent or request for waiver of a letter of intent through issuance of a final decision by the council subject to judicial review under Iowa Code chapter 17A.

2202.11(1) The following stages of the process are intermediate and subject to judicial review only to the extent they meet criteria for intermediate review under Iowa Code section 17A.19:

a. A decision by the department pursuant to 481—2202.3(10A) that a proposed project does not require a certificate of need;

b. A decision by the department to waive submission of the letter of intent and substitute summary review; and

c. The rejection of an application by the department that fails to provide all information required under Iowa Code section 10A.713(1).

2202.11(2) The following stages of the process are final decisions subject to judicial review as final agency action under Iowa Code section 17A.19:

a. A decision by the department to disallow summary review;

b. A decision by the council that a proposed project does not require a certificate of need;

c. A decision by the council to approve or deny an application;

d. The council's final ruling on an application for rehearing; and

e. A decision by the council to revoke a certificate of need pursuant to 481—2202.13(10A).

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.12(10A) Project progress reports.

2202.12(1) The sponsor of an approved application will submit a progress report using the form available on the certificate of need web page six months after approval at hearing.

2202.12(2) Progress reports shall fully identify the project and indicate the current status of the project in descriptive terms. The reports should also reflect an amended project schedule if necessary.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.13(10A) Request for extension of certificate.

2202.13(1) A request by the applicant for an extension of a certificate of need should be filed with the department using the form available on the certificate of need web page no later than 30 days prior to the expiration of the certificate of need.

2202.13(2) A request for extension should fully identify the project and indicate the current status of the project in descriptive terms.

2202.13(3) Any affected person has the right to submit to the department in writing, or orally at the council meeting at which the extension request is considered, information that may be relevant to the question of granting an extension.

2202.13(4) When an extension has been requested, the council will approve or deny the request at a meeting of the council preceding the expiration of the certification. The certificate of need may be revoked by the council at the end of the certification period for insufficient progress in developing the project.

2202.13(5) If the extension is denied, the applicant has the right to appeal under the provisions of Iowa Code section 10A.720.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.14(10A) Application changes after approval.

2202.14(1) Once a project has been approved by the council, no changes that vary from or alter the number of approved beds, the approved services or the approved cost by an amount indicated in 2202.14(2) may be made unless requested by the applicant and approved by the council. Requests should be made in writing and filed with the department electronically.

2202.14(2) An increase in the actual cost of the project over and above that originally approved will automatically generate review by the council if the increase exceeds the originally approved amount by:

a. Fifteen percent for projects up to $999,999.99;

b. Twelve percent for projects from $1,000,000.00 to $4,999,999.99;

c. Eight percent for projects $5,000,000.00 and over.

An increase in the approved cost that falls below the above percentages will be reported to the department.

2202.14(3) Failure to notify and receive permission of the council to change the project as originally approved may result in the imposition of sanctions provided in Iowa Code section 10A.723. The council may make a recommendation to the department regarding the imposition of a sanction and the amount of the fine to be imposed.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2202.15(10A) Sanctions. Hearings to determine class I or class II violations pursuant to Iowa Code section 10A.723 will be conducted in accordance with the department's procedural rules for contested cases found at 7—Chapter 2506.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24; Editorial change: IAC Supplement 8/5/26]

481—2202.16(10A) Reporting requirements. For the purposes of the annual reports and data compilation required in Iowa Code sections 10A.725 and 10A.727, the department will utilize the AHA Annual Survey of Hospitals with the state survey addendum for hospitals and the cost reports for health care facilities submitted to the Medicaid enterprise of the department of health and human services.

[**ARC 7932C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

These rules are intended to implement Iowa Code sections 10A.711 through 10A.729.

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◊ Two or more ARCs

CHAPTER 2203
STANDARDS FOR CERTIFICATE OF NEED REVIEW

[Prior to 7/29/87, Health Department[470] Ch 203]
[Prior to 9/4/24, see Public Health Department[641] Ch 203]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/5/29

481—2203.1 Reserved.

481—2203.2(10A) Cardiac catheterization and cardiovascular surgery standards.

2203.2(1) *Purpose and scope.*

a. These standards are measures of some of those criteria found in Iowa Code sections 10A.714(1) *"a"* through *"q"* and 10A.714(3). Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these cardiac catheterization and cardiovascular surgery standards include:

(1) Proposals to commence or expand capacity to perform cardiac catheterization.

(2) Proposals to add new or replace cardiovascular surgery services.

(3) Any other applications that relate to cardiac catheterization or cardiovascular surgery.

2203.2(2) *Definitions.*

a. Adult cardiac catheterization laboratory—a diagnostic facility exclusively for intracardiac or coronary artery catheterization on adults.

b. Pediatric cardiac catheterization laboratory—the same as adult cardiac catheterization laboratory, except exclusively for children and infants.

c. Cardiac catheterization—

(1) Intracardiac—a diagnostic study of the heart, pulmonary arteries, or both, in which a small catheter passes through a vein or artery in the neck, leg or arm and advances into the great vessels, the heart or the pulmonary arteries. Through this procedure one can measure pressure within the heart and in adjacent veins and arteries, collect blood samples for blood gas analysis and inject radiopaque material, and visualize cardiac and vessel anatomy. The procedure permits detection of congenital and acquired heart abnormalities, the study of ventricular function, the estimation of the orifice size, the placement of pacemakers, etc. Cardiac catheterization is incomplete without cineangiography, intracardiac pressure measurements, blood gas analysis and the ability to diagnose intracardiac shunts.

(2) Coronary artery catheterization—a diagnostic study of the coronary arteries, in which a small catheter passes through an artery in the leg, neck or arm into a coronary artery orifice. Intravascular pressure measurements are taken, and angiography of the coronary arteries is performed. Catheterization and cineangiocardiography of the left ventricle are an integral part of this procedure.

d. Angiography—

The photographic recording of X-ray or radiologic images of blood vessels, in any part of the body—the heart, the head, the great vessels, the kidney, etc. In the procedure blood vessels are injected with a radiopaque chemical. Immediately following injection, X-rays are employed to image the path of the injected chemical. These X-ray images are then photographically recorded.

e. Angiocardiography—

The recording of moving X-ray images (fluoroscopic images) of the heart and great vessels. After injection of radiopaque chemicals, moving X-rays of the chemical's flow are projected on a screen called a fluoroscope. Moving pictures (cineangiocardiography) or still pictures in sequence (serialography) may be recorded of the X-ray image.

f. Adult cardiovascular surgery—cardiovascular surgery exclusively for adults.

g. Pediatric cardiovascular surgery—cardiovascular surgery exclusively for infants and children.

h. Cardiovascular surgery—the services associated with and surgery performed for congenital or acquired diseases of the heart, great vessels, or pericardium, including the placement of travenous and epicardial pacemakers.

(1) Open heart surgery—cardiovascular surgery in which an incision of sufficient size is made to allow direct vision of the area. Open heart surgery requires temporary use of a heart-lung (cardiopulmonary bypass) machine, as blood flow through the heart is greatly reduced or stopped altogether.

(2) Coronary artery surgery—surgery to correct inadequate blood flow to the heart using revascularization techniques to bypass significantly obstructed coronary artery lesions.

i. Closed heart surgery—cardiovascular surgery in which a small incision and repairs are made without direct vision of the area.

2203.2(3) *Availability of services.*

a. Minimum utilization—cardiovascular surgery (Iowa Code section 10A.714(1)*"c,""g,""h"*).

(1) Adult cardiovascular surgical programs should project an annual minimum rate of over 200, or no approval will be granted. Higher case loads over 200 per annum are encouraged.

(2) Pediatric cardiovascular surgical units should project a minimum of 100 pediatric heart operations after the first year, at least 75 of which must be open heart procedures.

(3) Combined adult/pediatric cardiovascular surgery units should project the minimum projected annual rates for both adult and pediatric surgery.

(4) Applicants should project utilization of cardiovascular surgery, catheterization and cardiac care units based upon service area population demographics, current regional or national utilization rates of the service, disease incidence and prevalence rates, current cardiac care treatment modes, and in consideration those adult cardiovascular surgery units currently operating in Iowa, and bordering states within the project's service area.

b. Expansions—cardiovascular surgery (Iowa Code section 10A.714(1)*"c,""d,""e,""g,""h"*).

(1) There should be no additional adult cardiovascular surgery units initiated, unless each existing unit within the project's service area is operating at a minimum of 200 open heart surgery cases per year.

(2) There should be no additional pediatric cardiovascular surgery units initiated, unless each existing unit within the project's service area is operating at 100 surgeries per year. If one team serves more than one institution, the numbers for those institutions should be combined.

(3) If the annual utilization of the other cardiovascular surgery units within the area is below the levels noted above, future utilization above that current level must be reasonably projected or reasons for permanently utilizing the equipment below the level must be demonstrated.

(4) The applicant will demonstrate that an attempt was made to determine with the cooperation of existing providers whether such a reduction would occur. Existing providers of consequence are generally within two hours' surface travel time for adult services and within three for pediatric services.

c. Minimum utilization—cardiac catheterization (Iowa Code section 10A.714(1)*"c,""d,""g,""h"*).

(1) Adult cardiac catheterization laboratories should be projected to operate at a minimum of 300 catheterizations per annum.

(2) Pediatric catheterization laboratory units should project a minimum of 150 catheterizations annually.

(3) Combined units should meet each of the adult and pediatric standards.

(4) Applicant should project utilization of cardiac catheterization units based upon service area population demographics, current regional or national utilization rates of the service, disease incidence and prevalence rates, current cardiac care treatment modes, and in consideration those adult cardiovascular surgery units currently operating in Iowa, and bordering states within the project's service area.

d. Expansions—cardiac catheterizations (Iowa Code section 10A.714(1)*"c,""d,""e,""g,""h"*).

(1) There should be no additional adult cardiac catheterization unit opened unless the number of studies per year in each existing unit within the project's service area is greater than 300. No additional pediatric unit should be opened unless the number of studies per year in each existing unit within the project's services area is greater than 150.

(2) If the annual utilization of the other cardiovascular surgery units within the area is below the levels noted above, future utilization above that current level must be reasonably projected or reasons for permanently utilizing the equipment below the level must be demonstrated.

(3) The applicant must demonstrate that an attempt was made to determine with the cooperation of existing providers whether such a reduction would occur. Existing providers of consequence are those within two hours' surface travel time for adults or three for pediatrics.

2203.2(4) *Costs.*

a. Financial feasibility. (Iowa Code section 10A.714(1)*"f,""i,""p"*) Cardiovascular surgery and catheterization equipment and associated remodeling or construction should be depreciated over a period consistent with generally accepted accounting standards.

b. Cost-effectiveness. Proposed new or replacement cardiac catheterization laboratories cost per catheterization and cardiovascular surgery services estimated costs per surgery should when compared to their peers demonstrate cost-effectiveness.

2203.2(5) *Accessibility.* (Iowa Code section 10A.714(1)*"c,""d"*)

a. Cardiovascular surgery units and cardiac catheterization labs should meet the needs of the communities that the units and labs are meant to serve.

b. Cardiac catheterization and cardiovascular surgery service should be provided regardless of ability to pay, in consideration of those programs available in the state that serve the medically indigent.

2203.2(6) *Quality.* (Iowa Code section 10A.714(1)*"i,""k"*)

a. Each surgery unit and cardiac catheterization lab shall demonstrate a reasonable set of criteria that are used in selecting appropriate candidates for surgery and catheterization.

b. Staffing minimums.

(1) The open heart surgery team should minimally consist of:

1. At least two certified or board-eligible cardiovascular surgeons for the first 75 to 130 pediatric open heart surgeries. If pediatric surgery is performed, one surgeon must have special training and experience in surgery for congenital cardiac defects.
2. Board-certified or board-eligible adult or pediatric cardiologist(s). The latter only if pediatric surgery is performed, the former only if adult surgery is performed.
3. Board-certified or board-eligible anesthesiologist with special training in the management of cardiovascular cases' respiratory care.
4. Radiologist trained in the cardiovascular field.
5. Pathologist familiar with cardiac problems.
6. Surgical nursing staff specially trained in heart disease.
7. Cardiopulmonary bypass pump technicians.
8. Other ancillary staff as needed.

(2) Each applicant will document that the proposed surgery unit can be so staffed when completed and operational.

c. Equipment and facilities. The applicant seeking to provide cardiovascular surgery should demonstrate that the following support services will be available:

(1) General X-ray diagnostic facilities and facilities for emergency X-rays on a 24-hour basis.

(2) A cardiac catheterization laboratory or angiography lab available on a 24-hour basis.

(3) A cardiographics laboratory, with facilities for recording the following tests: EKG, vector cardiogram, phonocardiogram, echocardiogram, and exercise stress testing.

(4) A supporting blood bank and hematology laboratory.

(5) A microbiology laboratory.

d. Cardiac catheterization labs serving infants and children should have biplane angiographic equipment, either cineangiocardiographic or cut film. Pediatric cardiac catheterization labs should be supervised by board-certified or board-eligible pediatric cardiologists; adult cardiac catheterization labs should be supervised by a board-certified or board-eligible adult cardiologist.

2203.2(7) *Continuity.* (Iowa Code section 10A.714(1)*"g,""h,""i,""k"*)

a. The applicant should demonstrate that an attempt was made to solicit letters of support from area hospitals and physicians to indicate a community need.

b. The applicant should provide documentation that emergency medical transport services will be available.

c. Institutions providing cardiovascular surgery services should include mechanisms for comprehensive medical followup including adequate medical records exchange.

2203.2(8) *Acceptability.* (Iowa Code section 10A.714(1)) Facilities with cardiovascular surgery and cardiac catheterization indicate a willingness to observe and respect the rights of patients.

[**ARC 7933C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2203.3(10A) Radiation therapy standards.

2203.3(1) *Purpose and scope.*

a. These standards provide guidelines to assist the council in applying those criteria in Iowa Code sections 10A.714(1)*"a"* through *"r"* and 10A.714(3). Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these radiation therapy standards include:

(1) Proposals to commence or expand the kind or capacity of megavoltage radiation therapy services.

(2) Proposals to replace a megavoltage radiation therapy unit.

(3) Any other applications that relate to megavoltage radiation therapy.

2203.3(2) *Definitions.*

"Conjoint radiation oncology center" or *"cancer center"* means a multi-institution, multidisciplinary network to provide radiation therapy for cancer patients. Integration of patient care management, common utilization of personnel and equipment, and a single system of records between center institutions ensures optimal care regardless of entry portal.

"Dosimetrist" means a staff member who calculates, verifies, and develops treatment plans for the radiation dose distributions that will be delivered to patients. The dosimetrist is an essential member of the treatment planning team and works closely with radiation oncologists and radiation physicists.

"Megavoltage therapy" means the use of ionizing radiation in excess of one million electron volts. Energies above one million electron volts cause considerably less skin damage, increase depth dose markedly, and result in much less scatter from the therapeutic beam. Megavoltage machines are classified as follows:

1. Electron accelerator. A machine such as a linear accelerator that uses a supply of electrons, which are accelerated into high energy beams. These electron beams are either caused to strike a target resulting in high energy X-ray production or are used themselves as the treatment beam. Electron accelerators generate over one million electron volts.

2. Heavy particle accelerator. A machine such as a cyclotron that produces beams of high energy particles such as protons, neutrons, pions, carbon ions, or other heavy ions with masses greater than that of an electron.

3. Isotope sources (gamma ray teletherapy units).

Cobalt 60 units—emit gamma rays of approximately 1.2 million electron volts.

"Megavoltage therapy unit" means a piece of megavoltage therapeutic radiologic equipment that provides megavoltage therapy.

"New occurrence" means a course of treatment for a new occurrence on a given patient at a given radiation therapy facility. First-time radiation therapy at a new facility is based on each round of treatment.

"Radiation modality" means the method of applying ionizing radiation in the treatment of patients with malignant disease using megavoltage external beam equipment.

"Radiation oncologist" means a physician authorized user trained in accordance with 641—subrule 41.3(5).

"Radiation therapy facility" or *"facility"* means the physical space that houses a megavoltage therapy unit and accompanying support equipment.

"Radiation therapy physicist" means an individual who works closely with radiation oncologists and is responsible for the safe and accurate delivery of radiation to patients. A radiation therapy physicist conducts quality control programs for the equipment and procedures, as well as calibrating the equipment. A radiation therapy physicist shall practice in accordance with 641—subrule 41.3(6).

"Radiation therapy technologist" means an individual who possesses an Iowa permit to practice as a radiation therapist in accordance with rule 641—42.7(136C).

"Service area" means the county in which the facility is located and any other counties from which the applicant expects to draw patients with a cancer diagnosis who need radiation therapy treatment.

"Simulation" means the precise mock-up of a patient treatment with an apparatus that uses planar X-rays, magnetic resonance imaging device, or computed tomography scanner, which is used in reproducing the two-dimensional or three-dimensional internal or external geometry to the patient, for use in treatment planning and delivery.

"Superficial X-ray therapy" means the use of a conventional X-ray machine, which generates X-rays of up to 150 kilovolts (150 kv), to treat superficial lesions, such as skin cancer.

"Treatment" means radiation fields applied in a single patient visit fraction or delivery session.

2203.3(3) *Availability.*

a. Minimum utilization. (Iowa Code section 10A.714(1)*"c,""g,""h"*)

(1) A megavoltage radiation therapy unit and cobalt units should treat at least 250 new occurrences annually within three years after initiation of the service.

(2) The expected number of new occurrences needing megavoltage radiation therapy annually in a service area should be calculated as follows:

1. Multiply the service area population times 0.00582 (5.82/1,000 population was the mean cancer incidence rate in 2017 in Iowa as filed by the Surveillance, Epidemiology, and End Results (SEER) Program).

2. Multiply this product times .5 (50 percent of all new occurrences receive radiation therapy).

(3) The expected volume of utilization sufficient to support the need for a new megavoltage therapy unit should be calculated as follows: each unit shall provide a minimum of 5,000 treatments per annum. Megavoltage treatments should be projected by multiplying the number of projected new occurrences needing megavoltage therapy times 20, which will result in no fewer than 5,000 treatments per annum.

(4) Applicants shall account for other providers of radiation therapy in the service area including, but not limited to, factors such as technological capability and quality. Applicants shall address in their application other providers and the impact on those providers in the service area and compare technological capability and quality.

(5) Applicants should provide a map of the expected service area.

(6) Institutions that form a conjoint oncology center should have at least 500 new occurrences annually.

b. Simulator availability. A simulator should be available within a radiation oncology department.

2203.3(4) *Accessibility.* (Iowa Code section 10A.714(1)*"c,""d"*) Radiation therapy services should be provided regardless of ability to pay, in consideration of those programs available in the state that serve the medically indigent.

2203.3(5) *Quality.* (Iowa Code section 10A.714(1)*"i,""k"*)

a. Minimum staffing requirements for radiation therapy facilities:

(1) Each facility will have the services of at least one radiation oncologist.

(2) Each facility will have the services of at least one radiation therapy physicist.

(3) Each facility will have the services of radiation therapy technologists that should be staffed at a level of two technologists per megavoltage unit.

(4) Each facility should have the services of nurses.

(5) Each facility should have the services of at least one dosimetrist.

(6) Each facility should have the services of one radiation therapist or radiation technologist competent to operate a CT simulator.

b. Each conjoint center will have at least two cancer biologists available.

c. Each conjoint center will have one radiation technologist available for each simulator.

d. The long-range plans for radiation therapy services shall be submitted to the Iowa department of health and human services.

e. Multidisciplinary tumor boards should be established in all institutions housing megavoltage machines.

f. A source of continuing education should exist within each conjoint center to reach participating community referral hospitals and physicians.

g. Each conjoint center should have a unified training program in radiation therapy for radiation oncologists.

h. Each radiation therapy facility should offer psychosocial counseling services and nutritional counseling.

2203.3(6) *Continuity.* (Iowa Code section 10A.714(1)*"g," "h," "i," "k"*) The applicant should demonstrate that an attempt was made to solicit letters and establish referral agreements from area hospitals and physicians to indicate their willingness to participate in a cooperative endeavor to refer to the proposed service.

[**ARC 7933C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2203.4(10A) Computerized tomography standards.

2203.4(1) *Purpose and scope.*

a. These standards are measures of some of those criteria in Iowa Code section 10A.714(1)*"a"* through *"l."* Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these computerized tomography standards include:

(1) Proposals to commence or expand the capacity of computerized tomography services.

(2) Any other applications that relate to computerized tomography services.

2203.4(2) *Definitions.*

a. Computerized tomographic (CT) scanner—a diagnostic tool that rotates about and that sends X-ray beams through the body or brain. The X-ray beams that emerge from the body or brain are absorbed by a detector. Differences in the amount of X-rays absorbed by the detector indicate differences in tissue density. As the scanner rotates, it takes many images of a volume or cross-section. The images on the detector are transmitted to a computer that displays on a monitor a reconstructed cross-sectional slice or volume. Contrast media is often injected to alter absorption of the detector. If the scan is repeated, it is called enhancement. Studies of the heart, arteries and veins may be done with contrast only.

(1) Whole body scanner—one capable of imaging the entire body.

(2) Head scanner—one capable of imaging only the brain and structures adjacent to the head.

b. Enhanced scan—a scan performed on a patient who has been administered a contrast medium so that specific organs or areas of the body will be displayed more distinctly on the scan image.

c. Minimum shared-market area for a scanner (hereafter referred to as "area")—the smallest geographic area within which any scanner installation is judged to affect the utilization rate of any other scanner is the community (as defined by the U.S. Bureau of the Census) or a Standard Metropolitan Statistical Area (where an area is so designated).

d. Emergency medical service (EMS) level II trauma service—the level of various services and staffing that qualify a facility to be designated by the emergency medical service division of the Iowa department of health and human services, using the facilities categorization criteria of such services that is in effect on the date of the enactment of this standard.

e. Shared service agreements—a multi-institutional arrangement for coordination or consolidation of services or sharing of support services. Among the various types of arrangements are referred services, purchased or joint contract services, multisponsored services and regional services.

f. CT consortia—a cooperative venture in which two or more institutions form a separate entity that is created for the purpose of owning, leasing, planning for, and maintaining the use of the scanner. Each facility in the consortium maintains its autonomy for all other services.

g. Applicant—an applicant may be a facility or a consortium of facilities within an area, or a physician or group of physicians.

h. General imaging procedures—a radiological diagnostic procedure performed on an X-ray machine or similar radiological diagnostic instrument.

i. Active oncology service—full, multidisciplinary cancer care, provided by a medical team that would include: surgery, gynecology, medical oncology, radiation oncology, pathology, diagnostic radiology and nuclear medicine. The surgery specialties that might be available would include: thoracic, abdominal, genitourinary and gynecological. The active oncology staff would include those specialists with training in oncology, hematology, and pathology and who spend at least half of their time at the institution.

j. Radiotherapy service—the therapeutic application of megavoltage radiation, using a linear accelerator or cobalt unit. The availability of such service at a hospital would necessitate personnel trained in the therapeutic application of radiology.

k. Chemotherapy service—the treatment of cancer by chemical agents.

2203.4(3) *Determination of need.*

a. Applicants who do not have a scanner, or who have a scanner and seek a certificate for one or more additional scanners.

(1) Applicants in areas with no other scanners.

1. Applicants must have performed at least 30,000 general imaging procedures during the past calendar year or 12 months, or

2. Demonstrate that during the past calendar year or 12 months, the applicant performed diagnostic procedures equivalent to 1500 HECTs (head equivalent CTs), using the following:

100% of the number of patients referred to other facilities for CT diagnosis × 1.75 (in the case of head scans) and 2.75 (in the case of body scans)

(2) Applicants in areas with one or more scanners.

1. An applicant must meet the requirement of need, described in subparagraph 2203.4(3)*"a"*(1), and

2. The average level of utilization for scanners within the area was at least 3000 HECTs (plus or minus 10 percent) for the past calendar year or 12 months. The average level of utilization will be determined by adding the number of HECTs performed during the period at all area facilities divided by the number of facilities.

3. The University of Iowa Hospitals and Clinics is specifically exempted from consideration under numbered paragraph 2203.4(3)*"a"*(2)"2" because it has a service area that encompasses the entire state and adjoining states. The utilization statistics for the University Hospital will therefore neither affect nor be affected by Mercy Hospital, Iowa City. Additionally, the utilization statistics for scanners at the University of Nebraska Hospitals and Clinics and St. Joseph's Hospital (both in Omaha) will not affect the need for scanners at hospitals in Council Bluffs.

b. Replacement scanners—applicants who currently have a scanner.

(1) All applicants seeking to replace a scanner with another scanner, head or body.

1. The applicant must demonstrate that the applicant's use of the applicant's current scanner was at least at the operating capacity level during the last calendar year or 12 months, or

2. Below the operating capacity level, but above 1500 CT scan level, and the applicant must demonstrate reasons for permanently utilizing their scanner below operating capacity level and demonstrate that discontinuation of their scanner service would impair the applicant's ability to respond to the emergency needs of the area. Reasons for utilizing the scanner below the capacity should include a unique patient or procedure mix that would define the capacity level differently for this applicant.

(2) Reserved.

2203.4(4) *Costs and financial feasibility.* (Iowa Code section 10A.714(1)*"f," "i," "p"*) CT scanners should be depreciated over a period of not less than seven years. Remodeling shall be depreciated as appropriate by generally accepted accounting principles.

a. Cost-effectiveness. Applicants should demonstrate for themselves and the health care system that the most cost-effective method of providing CT services has been chosen. Proposed new and replacement CT scanner's cost per CT scan should, when compared to their peers, demonstrate cost-effectiveness.

b. Reserved.

2203.4(5) *Accessibility.* (Iowa Code section 10A.714(1)*"c," "d"*)

a. All scanners must be available to meet the needs of the communities the scanners are meant to serve.

b. Services should be provided to all patients regardless of the patient's ability to pay, taking into consideration the availability of those programs available in the state that serve the medically indigent.

c. Applicants will demonstrate a willingness to accept referrals for CT services from all area physicians.

2203.4(6) *Quality.* (Iowa Code section 10A.714(1)*"i," "k"*)

a. Data on use and costs of the CT scanners should be submitted to the Iowa department of health and human services as a condition of approval. (Iowa Code section 10A.714(1)*"a," "h"*)

b. All scanners.

(1) All applicants must demonstrate that they have on their staff or will acquire on their staff a full-time diagnostic radiologist, trained in the use of the CT scanner, or other physicians with comparable training and expertise.

(2) All applicants must document that they have on their medical staff individuals who are qualified to operate a scanner and interpret and act upon the diagnostic results. Such documentation may include reference to board certification, apprenticeship, academic credentials or such other qualifications that would prompt a medical staff to accept the responsibility for offering this new service. Applicants who intend to acquire staff with the desired expertise should provide signed letters of intent from the incoming medical personnel. Applicants who intend to upgrade the specialty skills of their staff should document a plan for training their current staff in the use of CT scanners.

(3) All applicants should have a complement of other diagnostic modalities available. Applicants seeking body scanners should also have available ultrasound and conventional X-ray services.

(4) All applicants should have the facilities for treating the conditions diagnosed by imaging with the scanner or should demonstrate referral agreements with treatment facilities, in the event that the scanner will be used as a screening device.

(5) All applicants should have on their staff or available on a consultative basis the services of a biomedical engineer or medical physicist, with special training in CT applications. These functions may also be provided by contract with the scanner manufacturer.

2203.4(7) *Continuity.* (Iowa Code section 10A.714(1)*"g," "h," "i," "k"*)

a. The applicant should demonstrate that an attempt was made to solicit letters of support from area hospitals and physicians to indicate a community need for the proposed service.

b. The applicant should provide documentation that emergency medical transport services will be available.

c. The applicant should demonstrate an emphasis on the availability of outpatient CT procedures and that an appropriate percentage of all CT procedures will be done on an outpatient basis.

2203.4(8) *Acceptability.* (Iowa Code section 10A.714(1)*"k"*) Providers of CT services should indicate a willingness to observe the rights of patients.

[**ARC 7933C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2203.5(10A) Long-term care.

2203.5(1) *Purpose and scope.*

a. These standards are measures of criteria found in Iowa Code section 10A.714(1)*"a"* through *"g."* Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these standards include applications to:

(1) Construct, develop, offer new, modernize, replace, renovate, or relocate intermediate care or skilled nursing care beds in nursing homes or hospitals.

(2) Expand bed capacity in intermediate care or skilled nursing care facilities or designated units in hospitals.

2203.5(2) *Definitions.*

"Intermediate care facility" or *"ICF"* means any institution, place, building, or agency providing for a period exceeding 24 consecutive hours accommodation, board, and nursing services, the need for which is certified by a physician, to three or more individuals, not related to the administrator or owner thereof within the third degree of consanguinity, who by reason of illness, disease, or physical or mental infirmity require nursing services that can be provided only under the direction of a registered nurse or a licensed practical nurse.

"Rural counties" means all counties not designated by the U.S. Census as SMA (Standard Metropolitan Area) counties.

"Skilled nursing facility" or *"SNF"* means any institution, place, building, or agency providing for a period exceeding 24 consecutive hours accommodation, board, and nursing services, the need for which

is certified by a physician, to three or more individuals not related to the administrator or owner thereof within the third degree of consanguinity who by reason of illness, disease, or physical or mental infirmity require continuous nursing care services and related medical services, but do not require hospital care. The nursing care services provided must be under the direction of a registered nurse on a 24-hour-per-day basis.

"Urban counties" means those counties designated by the U.S. Census as SMA (Standard Metropolitan Area) counties.

2203.5(3) *Availability and need.* (Iowa Code section 10A.714(1)*"c," "d," "e," "g," "h"*)

a. The following formula shall be used as a means of projecting the approximate number of intermediate and skilled nursing care beds needed to serve the projected population five years into the future:

(1) Rural counties:

[.09(65 + population) + .0015 (64 – population)] × 110% equals total long-term care bed need
Combined SNF and ICF bed need equals 2/3 (total long-term care bed need)
Assumed RCF bed need equals 1/3 (total long-term care bed need).

(2) Urban counties:

[.07(65 + population) + .0015 (64 – population)] × 110% equals total long-term care bed need
Combined SNF and ICF bed need equals 2/3 (total long-term care bed need)
Assumed RCF bed need equals 1/3 (total long-term care bed need).

(3) Economic development authority population projections are adopted for use in the determination of long-term care bed need.

(4) The department of inspections, appeals, and licensing will calculate long-term care bed need figures annually, using population projections five years into the future.

b. For purposes of comparing "need" to "existing" beds in a given county, the following shall be considered in the calculation of "existing" beds:

(1) ICF and SNF beds licensed at freestanding facilities in the county.

(2) Additional ICF and SNF beds previously approved through certificate of need but not yet licensed.

(3) ICF and SNF beds in designated units in hospitals in the county.

c. The statistical calculation of bed need shall serve as a guideline for the health facilities council in reviewing need for the proposed long-term care beds. Other factors that may be considered by the council include, but are not limited to:

(1) The availability and utilization of other ICF and SNF services in the county, or within the applicant's service area.

(2) The availability and utilization of other long-term care services in nearby hospitals, such as skilled care available through the swing bed program.

(3) The availability of supportive living arrangements that may or may not be licensed as residential care facilities (RCF).

(4) The availability of home health and other in-home services.

(5) The availability of other services to the elderly.

(6) The availability of ICF and SNF services in neighboring counties.

(7) Utilization by out-of-state residents of facilities in counties bordering other states, where the applicant provides evidence that in-migration of long-term care patients exceeds out-migration to the bordering state.

(8) Programs and services directed at special populations whose needs cannot otherwise be met, or whose needs cannot be met cost-effectively at other facilities.

d. In documenting need for a project, the applicant shall identify the service area and target population, including a description of the methodology used by the applicant in determining need for the requested beds and the expected sources of referrals. The applicant shall document that the number of beds requested is appropriate to address the identified need. The applicant shall also identify how the target population is currently being cared for, and what hardship is being experienced by the absence of the proposed beds.

2203.5(4) *Quality.* (Iowa Code section 10A.714(1)*"i," "k"*) The applicant shall document that the applicant has contacted the health and safety division of the department of inspections, appeals, and

licensing to conform with physical standards, staffing requirements, and other licensing requirements to assess the potential for provision of quality care at the facility. When necessary, the applicant shall attempt to arrange an on-site visit to the facility to determine compliance with physical requirements, and shall provide documentation of this site visit or attempts to arrange such a site visit.

2203.5(5) *Continuity.* (Iowa Code section 10A.714(1)*"g," "h," "k"*)

a. The applicant shall document the relationship of the facility's proposed services to other health and long-term care services in the community such as physician and hospital services, habilitation, rehabilitation, transportation or other services. The facility should be capable of providing or arranging for the provision of a continuum of long-term care services.

b. The facility should be capable of providing or arranging for the provision of a comprehensive program of coordinated patient services. The applicant shall provide evidence of contracts for services, appropriate staffing patterns and ratios, and licensure of personnel as necessary.

2203.5(6) *Accessibility and acceptability.* (Iowa Code section 10A.714(1)*"c," "d"*)

a. Population subgroups that have traditionally been underserved, such as adolescents, the elderly, women, racial minorities, mentally ill, intellectually disabled, and developmentally disabled should be considered when planning for or reviewing long-term care facilities.

b. The applicant shall document to what extent Medicaid patients will be served by the proposed beds, using past Medicaid utilization as an indicator or, in the case of a new facility, projecting anticipated Medicaid utilization.

2203.5(7) *Costs and financial feasibility.* (Iowa Code section 10A.714(1)*"e," "f," "i," "p"*)

a. The applicant shall identify capital and operating costs associated with the project, identify sources of funding to cover those costs, and demonstrate that the project is financially feasible.

b. Construction costs shall be in line with construction costs of other similar projects.

c. The applicant shall provide budgets for the first three years of operation, including documentation of all assumptions used. The budget shall include anticipated sources of revenue, including the percentage of revenue from private pay, Medicaid, Medicare and other patient revenues.

d. Proposed charges per patient day should be justifiable when compared to current charges of other similarly licensed facilities in the applicant's service area, or other similar facilities elsewhere in the state. If charges are significantly higher or lower, the applicant shall provide a description of proposed programs or services that explain the difference in charges.

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These rules are intended to implement Iowa Code section 10A.722.

481—2203.6 to **2203.11** Reserved.

481—2203.12(10A) Magnetic resonance imaging services standards.

2203.12(1) *Purpose and scope.*

a. These standards are measures of some of those criteria in Iowa Code section 10A.714(1)*"a"* through *"q."* Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these standards include:

(1) Proposals to commence or expand the capacity of magnetic resonance imaging services.

(2) Proposals to replace a magnetic resonance imaging unit.

(3) Any other applications that relate to magnetic resonance imaging.

2203.12(2) *Definitions.*

"Area" means the community or a metropolitan statistical area (as defined by the U.S. Office of Management and Budget and used by the U.S. Census Bureau).

"CT (computed tomography) procedure" means a CT study of a single site of anatomic interest during an individual patient visit.

"Magnetic resonance imaging (MRI)" means a diagnostic modality that employs a combination of magnetic and radio frequency fields and computers to produce images of body organs and tissues.

"MRI procedure" means each discrete MRI study of one patient.

"MRI unit" means the essential equipment and facility necessary to operate one MRI system.

2203.12(3) *Availability and need.* (Iowa Code section 10A.714(1)*"c," "d," "e," "g," "h"*)

a. Applicants in areas with no other MRI units. Applicant must document a future utilization of reasonably projected MRI procedure volume for the fiscal year period after projected installation.

b. Applicants in areas with one or more MRI units currently in operation or approved by certificate of need for operation.

(1) Applicant must meet the requirement of need described in paragraph 2203.12(3)*"a,"* and

(2) The other MRI unit(s) within the area must have been operating at a minimum of 2,000 MRI procedures annually (or 500 in three months), or proportionately more if the MRI unit runs more than one ten-hour shift.

(3) If the annual utilization of the other MRI unit(s) within the area has been below 2,000 procedures, future utilization above that current level must be reasonably projected or reasons for permanently utilizing the equipment below the 2,000 procedure level must be demonstrated.

c. Applicants seeking to replace an MRI unit.

(1) The applicant must demonstrate that the existing MRI unit has been operating at the level of at least 3,000 procedures during the most recent annual period.

(2) If the applicant's annual utilization has been below 2,000 procedures, the applicant must reasonably project future utilization above that level or demonstrate reasons for permanently utilizing the equipment below that level.

d. Applicants seeking to add an additional MRI unit.

(1) The applicant must demonstrate that the existing MRI unit(s) has been operating at the level of at least 3,500 procedures during the most recent annual period.

(2) The applicant must demonstrate that the demand significantly exceeds the 2,000 procedures annually.

(3) If the applicant's annual utilization has been below 2,000 procedures, the applicant must reasonably project future utilization above that level or demonstrate reasons for permanently utilizing the equipment below that level.

2203.12(4) *Quality and continuity.* (Iowa Code section 10A.714(1)*"g," "h," "i," "k"*)

a. The proposed MRI unit should function as a component of a comprehensive inpatient or outpatient diagnostic service. The proposed MRI unit must have the following modalities on-site or through referral arrangements:

(1) Ultrasound.

(2) Computed tomography.

(3) Angiography.

(4) Nuclear medicine.

(5) Conventional radiography.

b. The proposed MRI unit must be located in a facility that has, either in-house or through referral arrangement, the resources necessary to treat most of the conditions diagnosed or confirmed by MRI. The following medical specialties must be available during MRI service hours on-site or by referral arrangements: neurology or neurosurgery, oncology and cardiology.

c. A proposal to provide new or expanded MRI must include satisfactory assurances that the services will be offered in a physical environment that conforms to federal standards, manufacturer's specifications, and licensing agencies' requirements.

d. The applicant must provide evidence that the proposed MRI equipment has been certified for clinical use by the U.S. Food and Drug Administration or will be operated under the approval and authority of an institutional review board whose membership is consistent with U.S. Department of Health and Human Services regulations.

e. Applicants for MRI should document that the necessary qualified staff are available to operate the proposed unit. The following minimum staff will be available to the MRI unit:

(1) A board-eligible or board-certified radiologist or any other board-eligible or board-certified licensed physician whose exclusive responsibility for at least a two-year period prior to submission of a certificate of need request has been in the acquisition and interpretation of clinical images. This individual shall have a knowledge of MRI through training, experience, or documented postgraduate education. The individual shall also have training with a functional MRI facility.

(2) Qualified engineering personnel, available to the institution during MRI service hours, with training and experience in the operation and maintenance of the MRI equipment.

(3) Diagnostic radiologic technologists or other certified technologists with expertise in computed tomography or other cross-sectional imaging methods, at a staffing level consistent with the hospital's expected MRI service volume.

(4) Other appropriate physicians shall be available during MRI service hours in clinical specialties such as neurology or neurosurgery, oncology and cardiology.

f. The applicant shall demonstrate how emergencies within the MRI unit will be managed in conformity with accepted medical practice.

2203.12(5) *Accessibility and acceptability.* (Iowa Code section 10A.714(1)*"c," "d"*)

a. MRI facilities should have adequate scheduled hours to avoid an excessive backlog of cases and to meet the needs of the communities the scanners are meant to serve.

b. Selection of patients for clinical MRI studies must guarantee equal access to all persons regardless of insurance coverage or ability to pay.

2203.12(6) *Costs and financial feasibility.* (Iowa Code section 10A.714(1)*"e," "f," "i," "p"*)

a. The applicant shall identify capital and operating costs associated with the proposed MRI unit, identify sources of funding to cover those costs, and demonstrate that the project is financially feasible.

b. The applicant shall provide budgets for the first three years of operation, including documentation and justification of all assumptions used.

c. The applicant must document its projected average cost per procedure and charge per procedure for the first three years. Charges for MRI should be reasonably related to service cost, and comparable to MRI charges at other facilities in the state.

d. The applicant shall demonstrate that alternatives were considered and the proposed application is the most cost-effective and will accomplish the goals of the project.

[**ARC 7933C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

481—2203.13(10A) Positron emission tomography services standards.

2203.13(1) *Purpose and scope.*

a. These standards are measures of some of those criteria in Iowa Code section 10A.714(1)*"a"* through *"q."* Criteria that are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications that are to be evaluated against these standards include:

(1) Proposals to commence or expand the capacity of positron emission tomography services.

(2) Proposals to replace a positron emission tomography unit.

(3) Any other applications that relate to positron emission tomography.

2203.13(2) *Definitions.*

"Area" means the community or a metropolitan statistical area (as defined by the U.S. Office of Management and Budget and used by the U.S. Census Bureau).

"CT (computed tomography)" means an imaging method in which a cross-sectional image of the structures in a body plane is reconstructed by a computer program from the X-ray absorption of beams projected through the body in the image plane.

"Cyclotron" means an apparatus for accelerating protons or neutrons to high energies by means of a constant magnet and an oscillating electric field.

"MRI (magnetic resonance imaging)" means a diagnostic modality that employs a combination of magnetic and radio frequency fields and computers to produce images of body organs and tissues.

"Radiopharmaceutical" means a radioactive pharmaceutical used for diagnostic or therapeutic purposes.

"PET procedure" means an image-scanning sequence derived from a single administration of PET, equated with a single injection of the tracer.

"Positron emission tomography (PET)" means an imaging method in which positron-emitting radionuclides, which are produced either by a cyclotron or generator, and a nuclear camera are used to create pictures of organ function rather than structure.

"SPECT (single photon emission computed tomography)" means a camera-based imaging system using the radionuclides in the routine practice of nuclear medicine.

2203.13(3) *Availability and need.* (Iowa Code section 10A.714(1)*"c," "d," "e," "g," "h"*)

a. Applicants in areas with no other PET units.

(1) Applicants should demonstrate a reasonable potential utilization of a PET unit based on diversified inpatient and outpatient case mix thresholds including:

1. Intracranial cases.

- Primary brain tumors 50/year
- Metastasis 100/year
- Cerebral vascular disease 200/year
- Organic brain disease and dementia/psychiatric diagnoses (including epilepsy-seizure disorders) 500/year
- Spinal 100/year

2. Cardiovascular cases.

- Ischemic heart disease (including acute and chronic infarction) 1200/year

3. Neoplasms (head, neck, thorax (excluding heart), abdomen, pelvic, prostate and musculoskeletal 1300/year.

(2) Applicants should have other diagnostic capabilities, on-site or through referral arrangements, with appropriate volumes including:

	Proposed Threshold
Nuclear medicine imaging services	5,600
Single photon emission computed tomography (including brain, bone, liver, Gallium and Thallium stress)	1,600
CT	8,000
MRI	2,400

(3) Applicants should demonstrate secondary and tertiary service capability, on-site or through referral arrangements, including cardiac surgery, cardiology, internal medicine, general surgery, hematology/oncology, neurology, pathology, thoracic surgery and psychiatry.

b. Applicants in areas with one or more PET units currently in operation or approved by the certificate of need program for operation.

Existing PET units within the area (whether basic or enhanced) should have been operating at a minimum of 1000 PET procedures during the most recent annual period as reported to the certificate of need program according to paragraph 2203.13(6)*"e."*

2203.13(4) *Quality and continuity.* (Iowa Code section 10A.714(1)*"g," "h," "i," "k"*)

a. The proposed PET unit should function as a component of a comprehensive inpatient or outpatient diagnostic service. The proposed PET unit should have the following modalities (and capabilities) on-site or through referral arrangements:

(1) Computed tomography.

(2) Magnetic resonance imaging.

(3) Nuclear medicine — (cardiac, SPECT).

(4) Conventional radiography.

b. The proposed PET unit should be located in a facility that has, either in-house or through referral arrangement, the resources necessary to treat most of the conditions diagnosed or confirmed by PET. The following medical specialties should be available during PET service hours on-site or by referral arrangements: cardiology, neurology, neurosurgery, oncology, and psychiatry.

c. A proposal to provide new or expanded PET must include satisfactory assurances that services will be offered in a physical environment that conforms to federal standards, manufacturer's specifications, and licensing agencies' requirements. The following areas are to be addressed:

(1) Quality control and assurance of radiopharmaceutical production of generator or cyclotron-produced agents;

(2) Quality control and assurance of PET tomograph and associated instrumentation;

(3) Radiation protection and shielding;

(4) Radioactive emissions to the environment.

d. The applicant will provide evidence that the proposed PET equipment has been certified for clinical use by the U.S. Food and Drug Administration or will be operated under the approval and authority of an institutional review board whose membership is consistent with U.S. Department of Health and Human Services regulations.

e. Applicants for PET will document that the necessary qualified staff are available to operate the proposed unit. The applicants will document the PET training and experience of the staff. The following minimum staff will be available to the PET unit:

(1) One or more nuclear medicine imaging physician(s) available to the PET unit who have been licensed by the state for the handling of medical radionuclides and whose primary responsibility for at least a one-year period prior to submission of the certificate of need application has been in acquisition and interpretation of tomographic images. This individual shall have knowledge of PET through training, experience, or documented postgraduate education. The individual shall also have training with a functional PET facility.

(2) Qualified PET radiochemist or radiopharmacist personnel, available to the facility during PET service hours, with at least one year of training. The individual(s) will demonstrate experience in the testing of chemical, radiochemical, and radionuclidic purity of PET radiopharmaceutical syntheses.

(3) Qualified engineering and physics personnel, available to the facility during PET service hours, with training and experience in the operation and maintenance of the PET equipment.

(4) Qualified radiation safety personnel, available to the facility at all times, with training and experience in the handling of short-lived positron-emitting nuclides.

(5) Certified nuclear medicine technologists with expertise in computed tomographic nuclear medicine imaging procedures, at a staffing level consistent with the proposed center's expected PET service volume.

(6) Other appropriate personnel should be available during PET service hours, which may include certified nuclear medicine technologists, computer programmers, nurses, and radiochemistry technicians.

f. The applicant will demonstrate how emergencies within the PET unit will be managed in conformity with accepted medical practice.

2203.13(5) *Accessibility and acceptability.* (Iowa Code section 10A.714(1)*"c," "d"*)

a. PET facilities should have adequate scheduled hours to avoid an excessive backlog of cases.

b. Selection of patients for clinical PET studies will guarantee equal access to all persons regardless of insurance coverage or ability to pay.

c. In addition to accepting patients from participating institutions, facilities performing clinical PET procedures should accept appropriate referrals from other local providers. These patients will be accommodated to the extent possible by extending the hours of service and by prioritizing patients according to standards of need and appropriateness rather than source of referral.

2203.13(6) *Costs and financial feasibility.* (Iowa Code section 10A.714(1)*"e," "f," "i," "p"*)

a. The applicant will identify capital and operating costs associated with the proposed PET unit, identify sources of funding to cover those costs, and demonstrate that the project is financially feasible.

b. The applicant will provide budgets for the first three years of operation, including documentation and justification of all assumptions used.

c. The applicant will document its projected average cost per procedure and charge per procedure for the first three years. Charges for PET should be reasonably related to service cost and comparable to PET charges at other facilities in the state.

d. The applicant should verify whether the service is eligible for reimbursement by public and private third-party payers.

e. The applicant should demonstrate that alternatives were considered and the proposed application is the most cost-effective and should accomplish the goals of the project.

[**ARC 7933C**, IAB 5/1/24, effective 6/5/24; Editorial change: IAC Supplement 9/4/24]

These rules are intended to implement Iowa Code sections 10A.711 through 10A.729.

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CHAPTERS 2204 to 2499
Reserved

UNIFORM RULES ON AGENCY PROCEDURE

CHAPTER 2500
DEFINITIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/31

The Uniform Rules on Agency Procedure, 7—Chapters 2500 through 2506, are rules generally applicable to agencies pursuant to Iowa Code section 17A.24. Additions, exceptions, or amendments to the corresponding chapter are below.
[**ARC 0435D**, IAB 7/22/26, effective 6/19/26]

481—2500.2(17A) Scope and applicability. 7—Chapter 2500 provides the definitions used by the agency in uniform rule proceedings. The following are additions to and expansions of the definitions found in 7—Chapter 2500 and applicable to 7—Chapters 2501 through 2506:

"Custodian" means an agency that owns and exercises control over public records. The originating agency, if any, is the custodian of records that are used to perform work or a service for the originating agency.

"Department" means the department of inspections, appeals, and licensing authorized by Iowa Code chapter 10A or, for purposes of this chapter, a division, board, or commission under the administrative authority of the department pursuant to Iowa Code chapter 10A that has rulemaking and waiver authority to whom this chapter is applicable.

"Director" means the director of the department, the director's designee, or a division, board, or commission under the administrative authority of the department pursuant to Iowa Code chapter 10A that has rulemaking and waiver authority or such division's, board's, or commission's designee.

"Originating agency" means any government agency that has requested the department to perform work or a service on its behalf. An originating agency retains custody of all records provided by the originating agency to the department.

"Person" means an individual, corporation, limited liability company, government or governmental subdivision or association, or any legal entity.
[**ARC 0435D**, IAB 7/22/26, effective 6/19/26]

[Filed Emergency ARC 0435D, IAB 7/22/26, effective 6/19/26]